

**Metropolitan Community College-Penn Valley-HSI  
Physical Therapist Assistant  
Student Portfolio Checklist**

A notebook containing the following portfolio and supporting documents are to be updated each semester. The student will be given a grade of "I" until the supporting documents are compiled and shown to the individual instructor at the end of each academic semester.

**Professional Values**

- Fall Semester Conference \_\_\_\_\_
- Spring Semester Conference \_\_\_\_\_
- Fall Semester Conference \_\_\_\_\_
  
- Attends one continuing education workshop \_\_\_\_\_  
Event
  
- Participates in one volunteer activity \_\_\_\_\_  
Event
  
- Participates in one activity to promote  
Knowledge of PT or health \_\_\_\_\_  
Event

**Fall Semester**

**Physical Therapy Fundamentals**

Exam	Score	Areas for additional study
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Fire Safety Competency Exam \_\_\_\_\_
- Standard Precautions \_\_\_\_\_
- Body Mechanics Assignment \_\_\_\_\_
- Wound Care Observation Assign \_\_\_\_\_
- Wound Documentation Assignment \_\_\_\_\_

**Basic Patient Care & Modality Competency Checks**

- Hand washing and PPE \_\_\_\_\_
- Bed Mobility and Transfers \_\_\_\_\_
- Cryotherapy \_\_\_\_\_
- Superficial Heat \_\_\_\_\_
- Ultrasound \_\_\_\_\_
- Whirlpool \_\_\_\_\_
- Pulsed lavage (Pulsavac) \_\_\_\_\_
  
- Massage \_\_\_\_\_

**Practical Examinations**

- 1. Data collection(Vitals, Observation, Pain, PROM  
Positioning and Draping) \_\_\_\_\_
- Areas for improvement* \_\_\_\_\_

2. Wound Care Practical \_\_\_\_\_  
 (dressing removal, data collection, wound care, adjunctive therapies, dressing application, sterile technique, and patient education)

Areas for improvement: \_\_\_\_\_

3. Final Practical  
 (utilization of any technique learned in course after reviewing therapist's plan of care)

Areas for improvement: \_\_\_\_\_

**Collaborative Presentation of Research Article** \_\_\_\_\_

**Medical Disease**

Exam	Score	Areas for Additional Study
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Spring Semester**

**Kinesiology**

Exam	Score	Areas for Additional Study
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Practical Examinations**

LE ID	_____	_____
UE ID	_____	_____
Practical-Ankle and Knee		_____
Practical-Hip		_____
Practical-Spine		_____
Practical-Shoulder		_____
Practical-Elbow, Wrist, Hand		_____

**Collaborative Presentation** \_\_\_\_\_

**Orthopedic Pathology**

Exam	Score	Areas for Additional Study
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Applied Neurology**

<b>Exam</b>	<b>Score</b>	<b>Areas for Additional Study</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Quiz total to date \_\_\_\_\_ Average of Quizzes \_\_\_\_\_

**Physical Therapy Fundamentals II**

<b>Exam</b>	<b>Score</b>	<b>Areas for Additional Study</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Documentation Assign.** \_\_\_\_\_  
**HIPAA examination** \_\_\_\_\_

**Competency Checks**  
Cervical traction \_\_\_\_\_  
Lumbar traction \_\_\_\_\_  
TENS \_\_\_\_\_  
EMS \_\_\_\_\_  
High Voltage & Interferential \_\_\_\_\_

**Emergency Patient Care** \_\_\_\_\_  
CPR Certification \_\_\_\_\_  
First Aid examination \_\_\_\_\_

**Summer Semester**

Clinical Review Examination \_\_\_\_\_  
Clinical Log \_\_\_\_\_  
Clinical Performance Evaluation \_\_\_\_\_  
Clinical Review \_\_\_\_\_  
Mi-term Report \_\_\_\_\_

**Fall Semester**

**Clinical Seminar**

<b>Exam</b>	<b>Score</b>	<b>Areas for Additional Study</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Pediatrics and Gerontology**

Exam	Score	Areas for Additional Study
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Haight's Life Review \_\_\_\_\_  
Community Service Assign. \_\_\_\_\_  
Other \_\_\_\_\_

**Therapeutic Exercise**

Exam	Score	Areas for Additional Study
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Competency Checks**

<b>PROM</b>	_____	_____
<b>Stretching</b>	_____	_____
<b>PRE</b>	_____	_____
<b>Manual Resist</b>	_____	_____

**Practical Examinations**

Techniques to increase ROM  
And flexibility \_\_\_\_\_

Techniques to improve  
Motor control, strength, endurance  
Coordination and balance \_\_\_\_\_

Final Practical \_\_\_\_\_

**Rehabilitation**

Exam	Score	Areas for Additional Study
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Gait Practical \_\_\_\_\_  
PNF \_\_\_\_\_

Quiz total to date \_\_\_\_\_ Average of Quizzes \_\_\_\_\_

**Clinical Experience II**

Clinical Review Practical \_\_\_\_\_

Clinical Log \_\_\_\_\_  
Clinical Performance Eval \_\_\_\_\_  
Mi-term Report \_\_\_\_\_

**Clinical Experience III**

<b>Review Examinations</b>		
<b>Exam</b>	<b>Score</b>	<b>Areas for Additional Study</b>
_____		_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Clinical #1 Clinical Performance**  
Eval \_\_\_\_\_  
In-Service Project \_\_\_\_\_  
\_\_\_\_\_

**Diagnosis log** \_\_\_\_\_  
\_\_\_\_\_

**Clinical #1 Clinical Performance**  
Eval \_\_\_\_\_  
In-Service Project \_\_\_\_\_  
\_\_\_\_\_

**Diagnosis log** \_\_\_\_\_  
\_\_\_\_\_

**Program Comprehensive Final** \_\_\_\_\_