

## CLINICAL SITE INFORMATION FORM

### I. Information About the Clinical Site

Date ( 03/06/08 )

Person Completing Questionnaire		Amber Swedberg DPT, ATC			
E-mail address of person completing questionnaire		aswedberg@proclub.com			
Name of Clinical Center	PRO Sports Club Physical Therapy				
Street Address	4455 148 <sup>th</sup> Ave. NE				
City	Bellevue	State	WA	Zip	98007
Facility Phone	(425)885-5566		Ext.		
PT Department Phone	(425) 861-6255		Ext.		
PT Department Fax	(425) 861-6277				
PT Department E-mail	aswedberg@proclub.com, ctuohy@proclub.com				
Web Address	www.proclub.com				
Director of Physical Therapy	Chris Tuohy				
Director of Physical Therapy E-mail	ctuohy@proclub.com				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Amber Swedberg				
CCCE / Contact Person Phone	(425) 861-6255 or (425) 869-4750				
CCCE / Contact Person E-mail	aswedberg@proclub.com				

Complete the following table(s) if there are multiple sites that are part of the same health care system or practice. Copy this table before entering information if you need more space.

Name of Clinical Site	PRO Sports Club Physical Therapy-Seattle				
Street Address	501 Eastlake Ave. 2 <sup>nd</sup> Floor				
City	Seattle	State	WA	Zip	98109
Facility Phone	206-332-1873		Ext.		
PT Department Phone	206-292-3826		Ext.		
Fax Number	206-343-4340		Facility E-mail		
Director of Physical Therapy	Leah Stralka		E-mail	<a href="mailto:lstralka@proclub.com">lstralka@proclub.com</a>	
Center Coordinator of Clinical Education/contact (CCCE)	Amber Swedberg		E-mail	<a href="mailto:aswedberg@proclub.com">aswedberg@proclub.com</a>	

Name of Clinical Site	Pro Sports Club Physical Therapy- Performance Center				
Street Address	9911 Willows Road Building D				
City	Redmond	State	WA	Zip	98052
Facility Phone	425-869-4750		Ext.		
PT Department Phone	425-869-4750		Ext.		
Fax Number	425-869-4751		Facility E-mail		
Director of Physical Therapy	Shelly Hack		E-mail	<a href="mailto:shaack@proclub.com">shaack@proclub.com</a>	
Center Coordinator of Clinical Education/contact (CCCE)	Amber Swedberg		E-mail	<a href="mailto:aswedberg@proclub.com">aswedberg@proclub.com</a>	

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number			Facility E-mail		
Director of Physical Therapy			E-mail		
Center Coordinator of Clinical Education/contact (CCCE)			E-mail		

*Clinical Site Accreditation/Ownership*

Yes	No		Date of Last Accreditation/Certification
	X	1. Is your clinical site certified/ accredited? If no, go to #3.	
		2. If yes, by whom?	
		JCAHO	
		CARF	
		Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
		Other	
		3. Who or what type of entity owns your clinical site? <input type="checkbox"/> PT owned <input type="checkbox"/> Hospital Owned <input checked="" type="checkbox"/> General business / corporation <input type="checkbox"/> Other (please specify) _____	

4. Place the **number 1** next to your clinical site's primary classification -- noted in **bold type**. Next, if appropriate, mark (X) **up to four additional bold typed categories** that describe other clinical centers associated with your primary classification. Beneath each of the **five possible bold typed categories**, mark (X) the specific learning experiences/settings that best describe that facility.

	<b>Acute Care/Hospital Facility</b>	Functional Capacity Exam- FCE		spinal cord injury
	university teaching hospital	industrial rehab		traumatic brain injury
	pediatric	other (please specify)		other
	cardiopulmonary	<b>Federal/State/County Health</b>		<b>School/Preschool Program</b>
	orthopedic	Veteran's Administration		school system
	other	pediatric develop. ctr.		preschool program
1	<b>Ambulatory Care/Outpatient</b>	adult develop. ctr.		early intervention
	geriatric	other		other
	hospital satellite	<b>Home Health Care</b>	X	<b>Wellness/Prevention Program</b>
	medicine for the arts	agency	X	on-site fitness center
X	orthopedic	contract service		other
	pain center	hospital based		<b>Other</b>
	pediatric	other		international clinical site
X	podiatric	<b>Rehab/Subacute Rehab</b>		administration
X	sports PT	inpatient		research
	other	outpatient		other
	<b>ECF/Nursing Home/SNF</b>	pediatric		
	<b>Ergonomics</b>	adult		
	work hardening/conditioning	geriatric		

4a. Which of these best characterizes your clinic's location? Indicate with an 'X'.

rural		Suburban- Bellevue	X	Urban -Seattle	X
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5. If your clinical site provides inpatient care, what are the number of:

	Acute beds
	ECF beds
	Long term beds
	Psych beds
	Rehab beds
	Step down beds
	Subacute/transitional care unit
	Other beds (please specify):
0	<b>Total Number of Beds</b>

**II. Information about the Provider of Physical Therapy Service at the Primary Center**

6. PT Service hours

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday	6:00	9:00	
Tuesday	7:30	9:00	
Wednesday	6:00	9:00	
Thursday	7:00	9:00	
Friday	6:00	7:30	
Saturday	8:00	5:00	
Sunday	closed		

7. Describe the staffing pattern for your facility: Standard 8 hour day \_\_\_ Varied schedules X  
 (Enter additional remarks in space below, including description of weekend physical therapy staffing pattern).

Weekly-Each full-time therapist works either an 8 hour shift 5 days a week or 10 hour shift, 4 days per week, with either a half-hour or hour lunch.  
 Weekend- Every 8<sup>th</sup> Saturday a therapist will be required to work and will get the Friday before off.

8. Indicate the number of full-time and part-time budgeted and filled positions:

	Full-time budgeted	Part-time budgeted
PTs	9	4
PTAs	1	0
Aides/Techs	8	3

9. Estimate an average number of **patients per therapist treated per day** by the provider of physical therapy.

INPATIENT		OUTPATIENT	
Individual PT	13	Individual PT	
Individual PTA	10	Individual PTA	

Total PT service per day	13	Total PT service per day
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### III. Available Learning Experiences

10. Please mark (X) the *diagnosis related* learning experiences available at your clinical site:

	Amputations		Critical care/Intensive care		Neurologic conditions
X	Arthritis		Degenerative diseases		Spinal cord injury
X	Athletic injuries		General medical conditions		Traumatic brain injury
	Burns		General surgery/Organ Transplant		Other neurologic conditions
	Cardiac conditions		Hand/Upper extremity		Oncologic conditions
	Cerebral vascular accident		Industrial injuries	X	Orthopedic/Musculoskeletal
X	Chronic pain/Pain		ICU (Intensive Care Unit)		Pulmonary conditions
	Connective tissue diseases		Mental retardation		Wound Care
	Congenital/Developmental				Other (specify below)

11. Please mark (X) all *special programs/activities/learning opportunities* available to students during clinical experiences, or as part of an independent study.

	Administration		Industrial/Ergonomic PT		Prevention/Wellness
X	Aquatic therapy	X	Inservice training/Lectures		Pulmonary rehabilitation
X	Back school		Neonatal care		Quality Assurance/CQI/TQM
X	Biomechanics lab		Nursing home/ECF/SNF		Radiology
	Cardiac rehabilitation		On the field athletic injury		Research experience
	Community/Re-entry activities		Orthotic/Prosthetic fabrication	X	Screening/Prevention
	Critical care/Intensive care		Pain management program	X	Sports physical therapy
	Departmental administration		Pediatric-General (emphasis on):		Surgery (observation)
	Early intervention		Classroom consultation		Team meetings/Rounds
X	Employee intervention		Developmental program		Women's Health/OB-GYN
X	Employee wellness program		Mental retardation		Work Hardening/Conditioning
	Group programs/Classes		Musculoskeletal		Wound care
	Home health program		Neurological		Other (specify below)
		X	Bike/cycling assessment	X	Podiatry/orthotic fabrication

12. Please mark (X) all *Specialty Clinics* available as student learning experiences.

	Amputee clinic		Neurology clinic		Screening clinics
	Arthritis		Orthopedic clinic		Developmental
	Feeding clinic		Pain clinic		Scoliosis
	Hand clinic		Preparticipation in sports		Sports medicine clinic
	Henrophilia Clinic		Prosthetic/Orthotic clinic		Other (specify below)
	Industry		Seating/Mobility clinic	X	Injury Screenings

13. Please mark (X) all *health professionals* at your clinical site with whom students might observe and/or interact.

X	Administrators		Health information technologists		Psychologists
X	Alternative Therapies		Nurses		Respiratory therapists
X	Athletic trainers		Occupational therapists		Therapeutic recreation therapists
	Audiologists		Physicians (list specialties)		Social workers
	Dietitians		Physician assistants		Special education teachers
	Enterostomal Therapist	X	Podiatrists		Vocational rehabilitation counselors
	Exercise physiologists		Prosthetists /Orthotists	X	Others (specify below)

Personal Trainers, acupunctarist

14. List all PT and PTA education programs with which you currently affiliate.

Washington University	
Eastern Washington University	
Northeastern University	
University of Washington	
Pacific University	
Duke University	

15. What criteria do you use to select clinical instructors? (mark (X) all that apply):

	APTA Clinical Instructor Credentialing	X	Demonstrated strength in clinical teaching
	Career ladder opportunity		No criteria
	Certification/Training course	X	Therapist initiative/volunteer
X	Clinical competence	X	Years of experience
	Delegated in job description		Other (please specify)

16. How are clinical instructors trained? (mark (X) all that apply)

	1:1 individual training (CCCE:CI)		Continuing education by consortia
	Academic for-credit coursework	X	No training
	APTA Clinical Instructor Credentialing		Professional continuing education (eg, chapter, CEU course)
	Clinical center inservices		Other (please specify)
	Continuing education by academic program		

17. On *pages 9 and 10* please provide information about individual(s) serving as the CCCE(s), and on *pages 11 and 12* please provide information about individual(s) serving as the CI(s) at your clinical site.

**ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL  
EDUCATION**

*Please update as each new CCCE assumes this position.*

<b>NAME:</b> Amber Swedberg		<b>Length of time as the CCCE:</b> 1 yr
<b>DATE:</b> (mm/dd/yy) 06/28/2007		<b>Length of time as the CI:</b> 1 yr
<b>PRESENT POSITION:</b> (Title, Name of Facility)  PT, PRO Sports Club PT- Bellevue	<b>Mark (X) all that apply:</b> <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	<b>Length of time in clinical practice:</b>  2.5 years
<b>LICENSURE:</b> (State/Numbers) WA-09851		<b>Credentialed Clinical Instructor:</b> Yes _____ No <input checked="" type="checkbox"/>
<b>Eligible for Licensure:</b> Yes _____ No _____		<b>Certified Clinical Specialist:</b>
		<b>Area of Clinical Specialization:</b>
		<b>Other credentials:</b>

**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (start with most current):**

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of Washington	2002	2005	PT	DPT
Western Washington University	1998	2000	Athletic training	BS

**SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):**

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO
PRO Sports Club Physical Therapy	Physical Therapist	7/06	present
Redmond Physical therapy	Physical therapist	8/05	7/06





**CLINICAL INSTRUCTOR INFORMATION**

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs.

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure
Chris Toohy	Eastern Washington University	PT	1992	16	12	Other Certified CI	0586	WA
Mary Francis Miller	University of Washington	PT	1994	12	3		8753	WA
Erin Simon	University of Washington	PT	2005	3	1		9900	
Nathan Lowry	University of Washington	PT	2005	2	1		9877	WA
Dominic Chambers	Ohio State University	PT	2005	2	1		10074	WA

(Continued on next page)

**CLINICAL INSTRUCTOR INFORMATION (continued)**

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialled CI Specialist Certification	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure
Lea Stralka	University of Colorado-Health Sciences Center	PT	2003	5	3	Other APTA Clinical Instructor/ Pilates Certification	10028	
Rachael Stoner	Eastern Washington University	PT	1998	9	1		7877	WA
Rebecca White	Cleveland State	PT	1995	12	6	Certified CI	7338	WA
Shelly Hack	University of Wisconsin-Madison	PT	1995	13	5		7093	WA
Susan Hourigan	Mayo Clinic	PT	1989	18	2		5949	WA
Cheryl Thorndike	Arcadia University	PT	2005	2.5	0		9831	WA

18. Indicate professional educational levels at which you accept PT and PTA students for clinical experiences (**mark (X) all that apply**).

Physical Therapist		Physical Therapist Assistant	
X	First experience		First experience
X	Intermediate experiences		Intermediate experiences
X	Final experience		Final experience
X	Internship		

	PT		PTA	
	From	To	From	To
19. Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.	any			
20. Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.	any			

	PT	PTA
21. Average number of PT and PTA students affiliating <u>per year</u> .	4	

22. What is the procedure for managing students with exceptional qualities that might affect clinical performance (eg, outstanding students, students with learning/performance deficits, learning disability, physically challenged, visually impaired)?

Our department and facility will try to adapt to any changes that may be needed in order for the student to get the most out of their learning experience. We would like to discuss with the school and the student the types of accommodations that would be needed in order for the student to complete their clinical experience so that we can be sure that we can provide the most effective learning experience.

23. Answer if the clinical center employs only one PT or PTA. Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Yes	No	
	X	24. Does your clinical site provide written clinical education objectives to students? If no, go to # 27.
		25. Do these objectives accommodate:
		the student's objectives?
		students prepared at different levels within the academic curriculum?
		academic program's objectives for specific learning experiences?
		students with disabilities?
		26. Are all professional staff members who provide physical therapy services acquainted with the site's learning objectives?

27. When do the CCCE and/or CI discuss the clinical site's learning objectives with students?  
(mark (X) all that apply)

X	Beginning of the clinical experience	X	At mid-clinical experience
	Daily	X	At end of clinical experience
	Weekly		Other

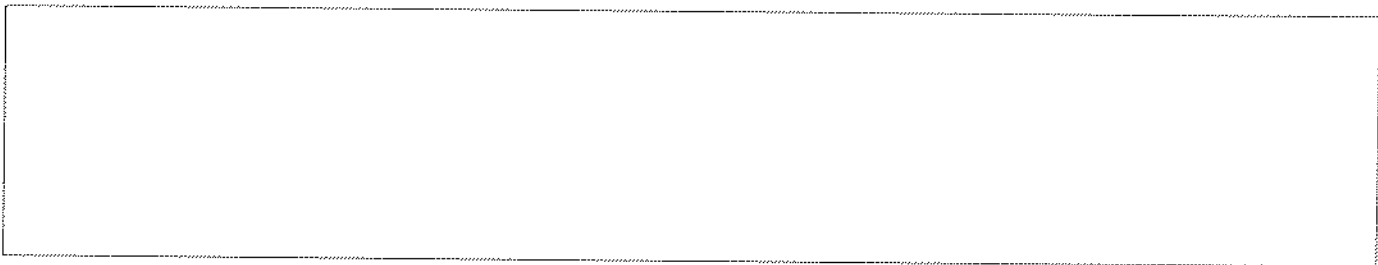
28. How do you provide the student with an evaluation of his/her performance? (mark (X) all that apply)

X	Written and oral mid-evaluation	X	Ongoing feedback throughout the clinical
X	Written and oral summative final evaluation	X	As per student request in addition to formal and ongoing written & oral feedback
	Student self-assessment throughout the clinical		

Yes	No	
	X	29. Do you require a specific student evaluation instrument other than that of the affiliating academic program? If yes, please specify:

**OPTIONAL:** Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

Our facility is unique in that it is located within a health club. We have an abundance of equipment available for us to use, including deep and shallow water pools and a designated prefabricated PT pool with an underwater treadmill and jet system. We also work directly with other healthcare professionals within our club, including a podiatrist who works on the same floor, personal trainers (who may be working with the PT patient), acupuncturist and massage therapists. Each therapist has a designated aide with whom they work, so patients receive a constant 1:1 care. Our patient population includes a significant amount of athletic injuries so students will have the opportunity to work with patients through the various stages of their condition, including acute injuries during our free injury screenings that our staff provides.



**Information for Students - Part II**

***I. Information About the Clinical Site***

Yes	No	
X		1. Do students need to contact the clinical site for specific work hours related to the clinical experience?
X		2. Do students receive the same official holidays as staff?
	X	3. Does your clinical site require a student interview?
		4. Indicate the time the student should report to the clinical site on the first day of the experience: varies

*Medical Information*

Yes	No		Comments
	X	5. Is a Mantoux TB test required? a) one step _____ b) two step _____	
		5a. If yes, within what time frame?	
	X	6. Is a Rubella Titer Test or immunization required?	
	X	7. Are any other health tests/immunizations required prior to the clinical experience? a) If yes, please specify:	
		8. How current are student physical exam records required to be?	
	X	9. Are any other health tests or immunizations required on-site? a) If yes, please specify:	
	X	10. Is the student required to provide proof of OSHA training?	
	X	11. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
X		12. Is the student required to have proof of health insurance?	
X		a) Can proof be on file with the academic program or health center?	
X		13. Is emergency health care available for students?	
X		a) Is the student responsible for emergency health care costs?	
X		14. Is other non-emergency medical care available to students?	

X		15. Is the student required to be CPR certified? (Please note if a specific course is required).	
X		a) Can the student receive CPR certification while on-site?	
	X	16. Is the student required to be certified in First Aid?	
		a) Can the student receive First Aid certification on-site?	

Yes	No		Comments
	X	17. Is a criminal background check required (eg, Criminal Offender Record Information)?	
		a) Is the student responsible for this cost?	
X		18. Is the student required to submit to a drug test?	
	X	19. Is medical testing available on-site for students?	

*Housing*

Yes	No		Comments
	X	20. Is housing provided for male students?	
	X	for female students? (If no, go to #26)	
\$		21. What is the average cost of housing?	
		22. If housing is <b>not</b> provided for either gender:	
		a) Is there a contact person for information on housing in the area of the clinic? (Please list contact person and phone #).	Contact the CCCE, we are in the process of generating a list
		b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	
		23. Description of the type of housing provided:	
		24. How far is the housing from the facility?	
		25. Person to contact to obtain/confirm housing:	
		Name:	
		Address:	
		City:	State:
		Zip:	

*Transportation*

Yes	No		
X		26. Will a student need a car to complete the clinical experience?	
X		27. Is parking available at the clinical center?	
\$ none		a) What is the cost?	
X		28. Is public transportation available?	
		29. How close is the nearest bus stop (in miles) to your site?	Outside the entrance
		a) train station?	
		b) subway station?	
		30. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	Suburban facility located near Microsoft corporation, no safety

		issues
	31. Please enclose printed directions and/or a map to your facility. <b>Travel directions can be obtained from several travel directories on the internet. (eg, Delorme, Microsoft, Yahoo).</b>	

*Meals*

Yes	No		Comments
X		32. Are meals available for students on-site? (If no, go to #33)	
		Breakfast (if yes, indicate approximate cost)	\$ <u>  5  </u>
		Lunch (if yes, indicate approximate cost)	\$ <u>  3-10  </u>
		Dinner (if yes, indicate approximate cost)	\$ <u>  3-10  </u>
X		a) Are facilities available for the storage and preparation of food?	Microwave, refrigerator

*Stipend/Scholarship*

Yes	No		Comments
	X	33. Is a stipend/salary provided for students? If no, go to #36	
\$		a) How much is the stipend/salary? (\$ / week)	
		34. Is this stipend/salary in lieu of meals or housing?	
		35. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

*Special Information*

Yes	No		Comments
X		36. Is there a student dress code? If no, go to # 37.	
		a) Specify dress code for men:	<i>Provided: navy pants and white polo with club emblem, Not Provided: black shoes and white socks</i>
		b) Specify dress code for women:	<i>same</i>
	X	37. Do you require a case study or inservice from all students?	<i>The student may be asked to provide an inservice</i>
	X	38. Does your site have a written policy for missed days due to illness, emergency situations, other?	<i>This is up to the school's discretion and policies</i>

*Other Student Information*

Yes	No		
X		39. Do you provide the student with an on-site orientation to your clinical site?	
<b>(mark X)</b>		a) What does the orientation include? <b>(mark (X) all that apply)</b>	
X		Documentation/billing	X Required assignments (eg, case study, diary/log, inservice)
		Learning style inventory	X Review of goals/objectives of clinical experience

X	Patient information/assignments	X	Student expectations
X	Policies and procedures		Supplemental readings
	Quality assurance	X	Tour of facility/department
	Reimbursement issues		Other (specify below)

**In appreciation...**

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical teachers and role models. Your contributions to students' professional growth and development ensure that patients today and tomorrow receive high-quality patient care services.

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