

A Healing Mission

Magazine of the Department of Physical Therapy at Southwest Baptist University

A PREMIER CHRISTIAN PHYSICAL THERAPY PROGRAM

leaving a legacy of hope in Haiti

Dot Hash Retires After
20 Years of Service

SBU DPT to Launch
Faculty Practice

About the Department of Physical Therapy at Southwest Baptist University

First accredited as a bachelor's program in 1993, the department of physical therapy is dedicated to providing society with physical therapists who engage in the art and science of physical therapy with a Christian worldview. Situated in its own 40,000-square-foot facility just off of the main campus of SBU in the Warren B. Davis Family Physical Therapy Center in Bolivar, Missouri, the department of physical therapy has become a premier Christian, entry-level doctorate program with a healing mission, training clinician generalists who are prepared to provide physical therapy services for a diverse population in an evolving society and health care environment. With opportunities to learn and serve, students participate in a dynamic 33-month program, learning from leading and diversely specialized professors before venturing into an in-depth clinical rotation across the country. The program, through its Global Health Outreach, provides medical care for communities across the world with short-term mission opportunities for students, professors, and PT professionals.



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Dear SBU Physical Therapy Community,

Welcome to the second edition of A Healing Mission! Last year blessed us with the ability to publish our first dedicated alumni and program magazine. That got me thinking about “firsts” during the past 12 months, as our program continues to grow and serve the Lord, the profession, and the community. April Fajardo was named the 2015 Missouri Outstanding Physical Therapist Student, a first for SBU. In May of this year, SBU held its first Graduate Degree Commencement Ceremony with speaker David Taylor, an alumnus from the first Master of Physical Therapy graduating class back in 1998. Chuck Rainey, a 2009 Doctor of Physical Therapy alumnus, earned the distinction of being the senior physical therapist of the year for the United States Navy for 2015, another first for our alumni and program. Furthermore, he was also recently presented with a national award for excellence in a published manuscript.

We also held our first alumni and clinical faculty reception at Hammons Field in Springfield, dubbing it “PT at the Park,” with 2014 Clinical Instructor of the Year Jessica Gleason throwing out the first pitch. Early last summer, another unique first transpired as then student Tori Draper initiated and led a mission outreach trip with her classmates to Haiti. Jordan Hawker, who became a newly minted DPT in 2015, was the first of our physical therapy students to ever venture on three separate mission outreach trips while in the program. Jeanne Cook, the first ever program director, was on campus this past spring to lead a clinical education workshop. Lastly, Dot Hash, the first MPT program director, earned Professor Emeritus status as she retires from academics.

Our Christ-centered program has experienced numerous other “firsts” throughout our history, including Charla Taylor Austermann '01, who was the first alum to earn a board certified specialty. Her husband, Adam Austermann '01, was the first to earn a doctoral degree of any kind from Southwest Baptist University. Terry Cox, as a faculty member, and Chuck Rainey, as an alumnus, were the first to earn status as a Fellow. Bob Behnke was the first Clinical Instructor of the Year recipient. Bill Karl '98 was the first to earn the service award, which has since been renamed in his honor. Becky Schoeneberg '98, a member of the first graduating DPT class, was the first to earn a national award as a student, receiving the Minority Scholarship Award for Academic Excellence, presented by the American Physical Therapy Association. Lastly, Missouri Rehabilitation Center in Mt. Vernon, Mo., was presented with the first Clinical Facility of the Year award. As most of you may know, they announced recently that the center is closing its doors after a long history and tradition of excellence in rehabilitation and service to our students. They will be greatly missed.

Reflecting upon our past and looking to the future, we certainly will have many more planned and unplanned firsts! I am proud to announce after much preparation that our program will be undergoing a curricular transformation to incorporate and integrate a faculty practice to train future generations of physical therapy students in an integrated, interdisciplinary fashion. We will begin the design and construction phase this summer and plan to open the doors to this unique new curricular element in the spring of 2016. Our goal is to reach out and serve those in need that are both un- and underinsured, as well as take full advantage of the unique elements of the Missouri physical therapy direct access practice act focusing on healthy populations.

As the Southwest Baptist University Doctor of Physical Therapy program moves into a future filled with many more firsts, I want to encourage and empower each of you to serve the profession, society, and the good Lord. It is my hope and prayer that we are devoted to be the premier Christian physical therapy program and to be faithful servant leaders.



“Whatever you do, work at it with all your heart, as working for the Lord, not for human masters, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving.”

Colossians 3:23-24

Together with you in His service,

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SBU DPT faculty practice to open June 2016

This past May, SBU approved the launch of an onsite faculty practice to provide physical therapy services to community members and allow students hands-on opportunities to hone their skills through integrated, interdisciplinary clinical experiences. Students will be able to work closely with faculty clinicians at the practice in areas such as assessment, treatment, documentation, billing and marketing.

Due to SBU faculty holding the most diversified specialization credentials among Missouri DPT programs, the faculty practice will be able to address a wide variety of patient needs. The clinic will be geared toward underserved and uninsured patient populations in the greater Bolivar area, giving SBU DPT the opportunity to build new relationships and make an impact in the community.

The practice will be housed in the Warren B. Davis Family Physical Therapy Center just south of the SBU main campus. The 2,700-square-foot clinic will adjoin the DPT program's educational space and be constructed in an open format to give ample space for a diverse patient population.

The faculty practice is in need of a vast array of new or gently used equipment to meet the needs of future clients such as treatment tables, treadmills, gait equipment, orthotic materials, assistive devices, assessment tools and tape. If you would like to partner with us in preparing the next generation of premier Christian physical therapists and serving our community, please contact Dr. Steve Lesh at slesh@sbuniv.edu or (417) 328-1670. All financial and equipment donations are tax-deductible.

Diagnostic Ultrasound Advancements

The department of physical therapy is utilizing and training students on the cutting edge of musculoskeletal (MSK) diagnostic ultrasound. On June 11-12, 2014, SBU DPT brought one of the national experts in the emerging technology of MSK Diagnostic Ultrasound, Wayne Smith, PT, Med, DPT, ATC, SCS, RMSK, to Bolivar to train the staff in the use of the Terason unit that the department now owns. Wayne works for the Andrews Institute (Fla.) and teaches for A.T. Still University. SBU DPT is introducing this technology into the classroom setting to benefit current and future generations of Christian physical therapists.

Welcome New Faculty



The Department of Physical Therapy welcomes Dr. Sarah Jones as full-time faculty this summer. Sarah has been a licensed physical therapist since 1989, mainly working with pediatric patients and their families. She has

worked for Children's Mercy Hospital, United Cerebral Palsy of Greater Kansas City, and Children's Therapeutic Learning Center, all of which are located in the Kansas City area. She currently works as a Level III Physical Therapist for Pediatric Outpatient Rehabilitation at Cox Health Systems' Meyer Center.

Sarah earned her Post Professional Doctorate of Physical Therapy with a Pediatric Emphasis from Drexel University last fall and is currently working toward her PCS credentials. She has served in SBU's DPT program as an adjunct instructor, covering orthotic and pediatric topics.

"Dr. Jones has been a tremendous asset to the local professional community for almost 25 years advancing clinical issues in orthotics management and pediatric care," said Dr. Steve Lesh. "The students greatly appreciate her clinical expertise, as well as her openness and approachability. She is very supportive and inquisitive and is now advancing her physical therapy practice by completing advanced doctoral degrees and clinical specialization. We are blessed to have Sarah join the faculty as a full-time member."

Alumnus and fellow occupational therapist win Healthcare Excellence in Aquatics Award



At the Combined Sections Meeting of the American Physical Therapy Association in February, Tim Williams '11 and Ambyr Henderson, MS, CCC-SLP, won the first-ever Healthcare Excellence in Aquatics Award given by HydroWorx®. The award recognizes clinicians who achieve exceptional rehabilitation results through advanced water therapy. The award was given for their work with a 3-year-old patient, Jackson, recovering at Pullman Regional Hospital from a brain tumor.

Williams and Henderson both noticed that Jackson's improvements were plateauing and that the pool, specifically designed for their clinic's needs, helped them to implement creative activities that worked on trunk mobility, balance and speech improvement. With lots of swimming, games such as pretending to be a fish, and singing songs together, he is becoming more and more like a 3-year-old in his physical abilities.

Williams said that co-treatments in the HydroWorx® pool have helped Jackson progress in his speech and movement, including his ability to speak in longer sentences and move with increased stability and endurance. The HydroWorx® pool's special features, such as jets creating measured resistance and an underwater treadmill, allowed them to offer treatments beyond those possible in a generic pool.

Four other groups were nominated for the award. A panel of six judges and a peer vote determined the winner. Williams and Henderson were also awarded \$1000 for their efforts.

Dr. Dot Hash Retires After 20 Years at SBU

Shaping a Program and a Profession

"This program would not be here without Dot." This is a recurring theme among those familiar with the physical therapy program at Southwest Baptist University. And after 46 years of service in the field of physical therapy and 20 years of teaching at SBU, Dr. Dorothy Hash, best known to colleagues and friends as Dot, will retire from teaching in 2015. Her impact is seen in every fiber of the program at SBU.

Dr. Hash began her pursuit of physical therapy in the 1960s, receiving a Bachelor of Science in Physical Therapy in 1969 from Washington University. She then went on to a Master of Arts and certificate in treatment of neurological disorders in 1974 from the University of Southern California, and a Doctor of Physical Therapy in 1996 from the University of Southern California. From 1969-1985, she worked in various PT settings in California as a researcher, consultant, educator and staff PT, including time at Rancho Los Amigos Hospital. She also was an Associate Professor for California State University, Northridge from 1975-1985. She then spent time in Billings, Mont., serving as a manager and education coordinator for St. Vincent Hospital from 1985-1994.

Her clinical experience ranges from pediatric and adult rehabilitation centers to acute care hospitals, outpatient clinics and home care. She was certified in the Neurodevelopmental Approach to Treatment (Bobath) at the Western Cerebral Palsy Center in London. Along with all this, she was a manuscript reviewer for "Pediatric Physical Therapy" and has been published in peer-reviewed journals. She also has served on the APTA House of Delegates as a Missouri Delegate.

Sharing Her Vision

In December 1994, Dr. Hash took the reins as program director for the physical therapy department at Southwest Baptist University. The department was in the midst of launching its Master of Physical Therapy program and the challenges that accompany that undertaking,

including the accreditation process, so it was not yet in a healthy position. "It was a total God thing," said Dr. Hash of what brought her to SBU during that time. As she felt the Lord lead her, she moved to Missouri. Since then, she has been a constant for the department in direction and vision.

Dr. Dorothy Hash has been instrumental, both as a former program director and professor, in building the program up to where it is now. "She is a visionary," said Dr. Beverly McNeal, associate professor of physical therapy at SBU. "We were literally starting from a blank piece of paper. She knew where we needed to go and what steps we need to take to get there." Dr. Hash began to construct a program that would impact lives on a global scale.

Throughout the years, Dr. Hash's consistency and work ethic transformed the program. Along with her responsibilities as program director, she taught courses such as Neurological Disorders I and II, Motor Control, Pediatrics, Human Life Sequences, Teaching and Learning, and Problems in Rehabilitations. As a faculty member, she has been instrumental in setting up Baby Day and Kid Day every summer, giving students the opportunity to use their pediatric knowledge and skills with families in the Bolivar community.

By holding students to a high standard, she has been a leading force in training the next generation in professionalism and intellectual prowess. She was the barometer of fairness, of whom many colleagues would ask, "What would Dot do in this situation?" or "with this student?" Dot was the go-to person for all things related to computers, technology and curriculum. Her knack for emphasizing theory that drives teaching and practice helped her become an important mentor for faculty.

Her direction for the program helped create an environment primed for service and mission, where physical therapy was a calling, rather than solely a career.

Dr. Sarah Jones recalled how Dr. Hash lived out this calling wholeheartedly.

"She does not live a segmented life," Dr. Jones said. "When she believes something to be true both academically and personally, she lets that truth permeate all of her understanding,

Because of this, she is able to connect the dots between varied areas of practice."

Tenacity in Life

Dr. Hash's time at SBU has not been removed from obstacles, or even from facing death. She has survived a battle with cancer, which required chemotherapy and bone marrow transplants, and being hit by a bus, causing fractures in her leg. For most, these would be the moments to quit. For Dr. Hash, it was another example of her strength and determination, both physically and spiritually. Dr. Herb Hamman, professor of physical therapy, remembers what happened after the bus accident.

"Soon after the surgery, she was scheduled to teach," Dr. Hamman said. "So, she showed up for class and lectured from a reclining power wheelchair with her injured leg elevated above heart-level to minimize post-surgical swelling and pain." Through adversity, Dr. Hash has been an example of the grit it takes to live sacrificially for others, including her students. Her calm confidence has steered the program to where it is now.

Outside of PT, she is well known for her love for her family. She has three children: Roscollin, Guy and Bethany. She is also known as an excellent cake designer. An avid lover of the beach, she plans to travel to Hawaii during her retirement.

As a colleague, she will be missed for her leadership, expertise and impact on the profession of physical therapy. In addition to her serious approach to teaching and administration, faculty will miss her even more for her warmth, wit and humor. Her impact permeates the faculty environment in the department. Dr. Hash was not only a program director, but also a mentor and excellent teacher to all she taught and with whom she worked.

"She taught me everything I know about teaching," Dr. McNeal said.

There will be many more moments like this, when faculty, alumni and students remember Dr. Dot Hash's influence on SBU's physical therapy program and on every individual who has been a part of it.



Dr. Dot Hash receives her Faculty Emeritus award during the Spring Graduate Commencement from President C. Pat Taylor.



President C. Pat Taylor and Dot Hash announcing the accreditation of the physical therapy program at a press conference.



Left to right: Dr. Connie Matheny, Dr. Dot Hash, Dr. Tom Sneed, Dr. Bev McNeal, Rose Christian, and Marsha Trantham.



Dr. Steve Lesh presents Dr. Dot Hash with an award recognizing her impact on the department of physical therapy at the DPT Graduation Reception.



Tori Draper, DPT, in Carrefour, Haiti in 2014.

HEALING and HOPE:

TORI DRAPER, DPT, REFLECTS ON HER EXPERIENCES IN HAITI

Tori Draper, DPT '15 is a California native with a passion to serve those with the deepest need, especially in the heart of Haiti. When Tori began the DPT program in 2012, she came to Missouri on the heels of serving in Haiti with The Gate Church in Concord, Calif. "One aspect the Lord used to draw me to SBU was the missions focus here, because the number-one factor driving me to pursue physical therapy was to go out into the poorest places and provide this type of care," Tori remembered. For Tori, the outworking of this passion found its roots in Haiti, where the vibrant colors of the landscape stand in stark contrast to the deep physical, economic, and spiritual need that was seen especially after the earthquake in 2010. An estimated 316,000 people were killed and another 300,000 injured, leaving Haiti devastated and without resources

to rebuild and fight health issues like the cholera epidemic.^{1,2} After seeing these needs in 2012, she ventured back after her first year as a DPT student in 2013. This paved the way to connect with Dr. Bev McNeal and the Global Health Outreach (GHO), which has organized mission trips for PT students and professionals across the world. Dr. McNeal, GHO coordinator, willingly mentored, assisted, supported and encouraged Tori in making this vision become a reality.

The first trip taken with the GHO in 2014 sent 25 fellow students, five physical therapists, one nurse, and three other volunteers to Carrefour, Haiti. With help from on-the-ground partners like Pastor Pierre, Tori's main contact in Haiti, and SBU professors Dr. Tom Sneed and Dr. Josh Layman, Tori demonstrated leadership and open hands in trusting the Lord's leading as



The teams that serve the Haitians not only treat physical issues but pray with each patient.



Patients served in the clinic range from babies to the elderly.



Teams bring resources like shoes that help meet basic needs.

she built the trip from the ground up. Team was able to take prayer walks through communities, initiate relationships, establish a clinic in the Carrefour area, and make house visits.

For Tori, the impact has had a ripple effect. Not only has this trip become a legacy trip for SBU, which will send two teams there in 2015, but it has served to equip Tori and students like her with a service-learning experience under seasoned PT and medical professionals, solidifying their desire to serve others. This includes learning the importance of establishing relationships and providing education for well-rounded care.

"We could physically treat symptoms and impairments the same way as we do in America, but to better their quality of life and to equip them with sustainable tools in our absence, we have to educate them based on their everyday life," Tori said of the care needed to fully address these patients. "If you don't get in the thick of their lives with them, how do we truly serve their individual needs?"

This model used by Tori and the GHO follows how Jesus entered into the lives of others. The trip also gave evidence to the impact of relationships and empathy on patient care and advancement, as well as the importance of cultural relevance and understanding.

A team of six including Tori traveled to Haiti in March to continue the partnership, and another team is scheduled to go August 2015. The following is an excerpt from Tori's blog post³ about her love for the Haitian people and what the Lord has been doing to cultivate healing in this area through her vision and leadership.

In 2012, it was Francesco, the little boy at the orphanage who came waddling up the stairs in his tiny leg splints and melted my heart. In

2013, it was Beline and Louie, two faces who will forever be ingrained on my heart.

Francesco was the first face that shaped this now deeply rooted dream in my heart. Back in 2013 I wrote:

"When we arrived at the Odascat Orphanage, I met this little boy whose legs were in splints from his feet to his thighs. Francesco was born "knock-kneed" and spent a majority of his young life walking with these splints in hopes of correcting the abnormality. He and I spent the afternoon sitting together on the floor, laughing and making bracelets until he fell asleep in my lap. As I laid him in an empty bed, I began to pray for healing in his limbs and that he would grow up knowing the Father and His great love for him. I remember my immediate thought following this prayer: "This is it." It being



Teams travel to homes to meet with people who cannot make it to a clinic or church.

this moment that the Lord strongly affirmed in my heart the pursuit of my physical therapy degree in order that I would carry His healing to the nations—and I believe Haiti may be the first place I will live out this call.”

Today I see Francesco’s sweet face and feel such great delight. The Lord placed Francesco in my path with great purpose to begin stirring His dream in my heart.

Beline was a young girl who lived in the community of the house our team built during my first trip to Carrefour in 2012. I continually remembered the sweetness of her smile, the gentleness in her eyes, and her quiet eagerness to simply be close to us. I saw her again my first day back in 2013 and my face lit up when I recognized her. After a conversation, her face lit up in return as she recalled those silly Americans who spent a week in her community building this home and playing with the kids who gathered there. In closing our interaction I said “see you soon,” implying that I would see her again in the coming days, instead of “see you later,” which would imply seeing each other later that day. The revelation of the power of our words and our promises struck me that

evening while reflecting on my interaction with this young girl. She lives this life that is so foreign to me, day in and day out, 365 days a year. But, she was so full of life and her smile so full of gladness.

I was struck deeply with the reality that everything I say and do among these people in the name of the Lord matters—even with something as seemingly simple as whether I say “see you later” or “see you soon.” It matters. I was struck deeply by wondering if my smile reflects one whose heart is full of gladness despite the world around me. Beline was faithful to come seek me out every day of my trip in 2013. There was not a church service or VBS day that went by without a sweet smile and a warm embrace. To Beline, it did not matter whether my skin was white or black, it did not matter whether I spoke Creole or English, and it did not matter whether I had money or gifts or nothing to give. To Beline, it mattered that I was there.

Louie was a 7-year-old boy who caught my attention in the first few hours we were on the ground in 2013, when a couple of American missionaries took us to the pediatric wing of a hospital in Port-Au-Prince. Louie was one of

four boys who had been abandoned at the hospital and his small frame was contorted with his legs laying to one side, his head to the other, and those bent, frail arms reminded me of plucked chicken wings. He had lived seven years of life but had the body of a 4-year-old boy. According

“To Beline, it mattered that I was there.”

to the missionaries, Louie had been lying in the same position since they had first seen him. I walked over to the changing table that had become his home and my finger quickly found its way to his clenched hand. I surprised myself with the composure that overcame me in the face of such injustice and tragedy.

Looking back, I realized my mind switched into “go mode” and I began to operate in the



Dr. Bev McNeal was a mentor and advisor for Tori.



Tori treating a patient in Haiti.

space I was created and being equipped for. It felt right to be in the tiny 100-square-foot pediatric wing of the hospital, standing at Louie's bedside telling him that he was such a good boy, holding his hand, rubbing his belly, and praying that, by a move of the Holy Spirit, God would speak the Father's love into places of this sweet boy's heart to reassure him that he was loved.

I spent the next twenty minutes right there, touching him, talking to him, and praying for love to wash over this precious, fatherless orphan. Near the end of that twenty minutes, Louie's incoherent, unsettled expression changed and a smile broke across his face as his eyes fixated for a moment as if to acknowledge the Love that he was experiencing. It's a moment that will forever be etched into my soul.

I had the privilege of going back to the hospital and spending another sacred moment with Louie, although I felt helpless with my limited knowledge after only one year of school under my belt. He not only smiled in my presence, but he began to laugh. It was a sight the missionaries had yet to see in the many months they had gone there. There was part of me that yearned so deeply to stay and fought strongly against the Lord over the reality that there was more equipping to be done in my head, with my hands, and in my heart back in America

before my calling would be to stay. Louie taught me many things about the power of the Father's love, about the impact of human touch, and about the healing that is released by choosing to love the unloved with your head, hands, and heart. Louie's face and contorted frame continued to shape this dream, and Louie's smile and laughter were the beginning of this dream becoming a reality.

It is the faces like those of Francesco, Beline, and Louie that shape God's dream in the hearts of His faithful ones and keep those hearts saying yes to Him and His dream. God is not one who is bound by time, for He is the author of it. Whether we commit for one week or one year, God will move in and through any willing heart that says yes to Him. We partner in this race with the timeless God who moves in mere seconds in ways it would take us weeks or months to do in our human strength. Though the power of the living God resides in us through the indwelling of the Holy Spirit, we do not bring God to places He has not yet been and has not yet prepared the way for. We go to places where He resides and roams the streets every day and where His dream is waiting to be brought to life. We choose to partner with Him, His heart, and His healing mission for such a moment as this. ■

UPDATE FROM HAITI

In recent months, Tori has been blessed to visit and receive news about the precious Haitian children who touched her heart so deeply.



FRANCESCO:
Last summer, the team I initially traveled to Haiti with from California was

able to take Odascat Orphanage children to a huge sports complex. One of my teammates reported back to me that Francesco no longer requires leg braces, and that he says running is now his favorite thing to do. The team had the privilege of watching Francesco run anywhere he wanted to that day.



BELINE:
After the sorrow of not being able to see Beline last summer, my heart was

set on reconnecting with her this March. The moment I found her, her eyes got big, a smile came across her face, and she gave me the biggest hug! I asked her how she was doing and if she is going to school. She replied that she is doing well and wants to become a nurse. Unfortunately, I did not see Beline again during our time there, but nothing can lessen the beauty of being reunited with her.

LOUIE:

I learned that the original dilapidated pediatric wing of that hospital in Port au Prince had been closed and that all the children were moved to a different facility that is able to provide higher quality care due to its superior staff and sanitation. I did not hear for certain whether Louie is at this new facility, but it is a strong possibility that he, and other disadvantaged children like him, are there.

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Reaching Towards the Goal of Quality in Clinical Education

BY JOSH LAYMAN, DPT, NCS, ATP

In recent years, there has been a growing interest in the quality of the clinical education (CE) process in physical therapy (PT) programs. The impact of PT in the healthcare system is significant. According to the Bureau of Labor Statistics [1], in 2012 there were over 200,000 jobs in PT with a predicted growth in the next ten years of 36%. The average income of physical therapists was approximately \$80,000 per year. This represents a large and growing market for future physical therapists. Currently there are 218 accredited PT programs and these programs enrolled approximately 26,000 students in the 2012-2013 academic year [1, 2]. These numbers indicate a large investment in personnel, training, and future earning power that hinges on PT programs properly training the next generation of PT students.

As a theoretical framework for discussion, it is important to consider educational theories as they relate to experiential learning. The theories provide guidance in the structures required to improve the learning experience. CE is inherently an experiential learning process. Therefore, it is important that the design and implementation of this process remain based upon appropriate educational theory [3].

The American Physical Therapy Association (APTA) has compiled several documents related to the various aspects of quality in CE. In a document titled "Physical Therapist Clinical Education Principles," the APTA presented an executive summary of findings from a consensus conference on standards in CE that was held in December 2007. This document included feedback from regional forums held between September 2008 and October 2009, and was made available on the APTA website in March 2010. In this document, APTA attempted to identify influential factors on the quality of CE and provide direction for future research in this area. Key areas identified in-

cluded PT graduate outcomes, clinical instructor performance principles, and preferred infrastructure for clinical education. Each of these key areas has been subsequently studied in an attempt to provide evidence for the best practices in CE.

Educational Theories as Related to Experiential Learning

In order to provide perspective on how to optimize the CE process, it is of value to consider the underlying educational theories that experiential learning is based upon. There are several individuals that laid this foundation and whose work has been subsequently built upon. By reviewing the basic structure of each, a better understanding of where to head next can be obtained.

John Dewey's Concept of Learning

In 1938, John Dewey presented the concept of learning being tied to experience. He believed that how a person interacted with their environment directly influenced their ability to learn. He also believed that an individual's understanding of new information was tied to their past experiences. This tight connection between experience and learning has become the foundational work to provide understanding of how individuals apply knowledge and contributed to Kolb's model of experiential learning [3, 5-7].

Kolb's Experiential Learning Model

In 1984, David Kolb published a book presenting an experiential learning model. In his model, Kolb presented a four-stage cycle of learning that included concrete experience, reflective observation, abstract conceptualization, and active experimentation. While this model shows learning as an orderly process from one step to another, it is likely that the process is in reality more disordered. It

remains, however, a sound model that continues to be supported in research [3, 5-7].

Additional Experiential Learning Theories

Malcom Knowles, Kurt Lewin, Jean Piaget, and many others added to and further expanded our understanding of learning as it relates to experiences. Learning changes as individuals grow and develop. Children learn through different mechanisms than adults but there is overlap in how learning is approached at different ages. Guidance of learning by an individual with more experience can significantly enhance the learning process. These many facets of learning and the many theories that occasionally conflict provide insight into the complexity of the learning process. The bottom line is, learning cannot be separated from experiences. To reach towards maximizing the outcome of CE, it must be carefully considered how experiential learning is utilized [3, 5, 7, 8].

APTA Standards and Definitions

The APTA has compiled a number of documents that provide standards for the practice of PT. Within those standards, the APTA provides guidelines for the educational process of preparing individuals to become physical therapists. The APTA has attempted to define key components of a quality CE program.

Quality Graduate

To start with the end in mind, the APTA compiled key characteristics that are the desired outcome of the physical therapist education process. The PT graduate should be able to practice in an autonomous fashion while providing competent care for their patients. Within the context of providing competent care, specific areas have been identified including documentation, billing, evidence based practice, patient/client manage-

ment, business management, health policy, cultural competence, supervision, interpersonal skills, professionalism, collaboration, health promotion, legal/ethical practice, and professional development. The sheer length of the list shows how much is expected of the PT graduate. Many of the outcomes are difficult to define and measure objectively [4, 9-11].

Quality Clinical Instructor (CI)

In order to guide the PT students towards the standards desired of them, the APTA developed a list of the key attributes of a CI. They include teaching/instruction, planning and learning expectations, student performance assessment, self-assessment, practice management, communication, interpersonal skills, legal/ethical practice, professionalism, cultural competence, mentoring, supervision, modeling, professional development, level of practice, and qualifications [4]. The impact some of these attributes have on student outcomes has been explored but all of them need further investigation [11-15].

Quality CE process

The APTA also developed a list of key attributes of a preferred CE process that includes relationship of the site with the PT program, relationship of the academic faculty with the CIs, communication, CE contracts, Student placement process, performance evaluation and grading, CE curriculum design, and use of technology. Currently the literature indicates a wide degree of variability in most of the attributes among the existing PT programs [2, 4, 11-15].

Aspects of CE Process that Impact Quality

Clinical Instructor (CI)

As already noted, the role of the clinical instructor is very important. The CI is possibly the key individual in creating a successful CE experience. According to the theories of experiential learning, the individual in this role has the opportunity to create experiences for the student that either facilitate or inhibit learning. Identified within the literature, four main characteristics of the clinical instructor may be important to consider.

Training. The APTA developed a CI training program designed to ensure CIs were prepared to work with students. The program consists of training on the clinical performance instrument (CPI) which is the most common tool used to grade student performance during clinical experiences. The program also provides basic instruction on how to interact with student in the teacher/learner relationship. This program is currently recommended by the APTA for all clinical instructors [15]. Research is, however, inconclusive on whether or not this program is effective and improving CI's teaching skills [12, 15].

Continuing education in teaching and learning.

In the study conducted by Wetherbee et al., the authors found that key stakeholders in the CE process felt that continuing education for clinical instructors that focused on teaching skills should be a part of preparing CIs to work with students. One of the participants in their study stated, "We need to teach CIs how to teach" (p.41, 2010). In a systematic review by McCallum et al, the authors found that exemplary CIs were those that had completed continuing education that focused on teaching and learning [13].

Years of Experience. There has been some discussion on how many years a physical therapist should practice before becoming a CI. While each individual will vary on when they are prepared to be a CI, the current recommendation by the APTA is a minimum of 1 year of practice. In the study by Wetherbee et al., the participants felt that CI should have between 2 to 5 years of experience and at least 1 year at their current practice location before taking students [15].

Commitment to student learning. McCallum et al. reported that CIs identified as exemplary showed personal commitment to student learning. These CIs recognized their role in supporting learning and frequently participated in the CE process by taking students [13]. One potential model that may support this commitment to learning was the model presented by Collins & Mowder-Tinney. They described an educational model that paired students in their second or third year of PT school with students in their first year. This pairing then worked together in authentic patient situations in a CI/student relationship. The authors theorized based on the student responses that this model would help establish the importance of CIs and their commitment to learning in the new graduate [10].

Consistency with principles taught by PT program. In order for the students to convert the knowledge given by their PT programs into applied skill and clinical reasoning, there needs to be some level of consistency of the CI's clinical practice with the principles taught by the PT program. While this consistency is important, it does not mean that the CI has to practice exactly as the student was taught. They do need to be mindful of the gaps between textbook theory and practical application. If the CI is aware of these gaps, they have the potential to create meaningful educational experiences that provide the student opportunities to expand their understanding and application of knowledge [16].

Clinical Site

The location that a student receives their CE experiences can also have a profound effect on their learning. There are several aspects of the clinical site that will impact the quality of the experiential learning that can take place.

Administrative support. If the administration at

a clinic site does not support the CE process, there is little chance of a student having the opportunity to learn at that location. Currently some of the barriers to administrative support are the cost the to site in terms of lost productivity by the CI and payer regulation of student involvement in patient care [12].

Relationship with PT program. In order to provide an experience that is optimal to the student, it is important that the clinical site has a good working relationship with the PT program. One key element of that relationship is the contractual agreement between the clinical site and PT program. Currently there is no standard mandated template for contracts. This has the potential to create a large amount of paperwork that has to be tracked, especially if a particular clinical site maintains a relationship with multiple PT programs. Jette et al. suggested a standard template be developed to simplify this process [12]. Additionally, good communication between the clinical site and PT program are important to ensure a smooth process and clear expectations of the parties involved [12, 15].

Experiences available to the student. Lastly, the clinical site characteristics influence its ability to provide quality experiences to the student. These characteristics include the size of the site (number of patients), diversity of patient population (patient demographics and diagnosis), and types of treatments provided by the physical therapists that are employed at the clinical site [12, 13, 15].

Student Preparation

As supported by educational theories related to experiential learning, the student's experiences are key to the desired learning outcome. These experiences include the ones the student has before, during, and after the PT program. These experiences are the ones directed by the PT program but also the ones directed by the student. Some experiences are planned and organized with the intention of learning while others happen without any control or planning. All of the experiences shape the students and affect the quality of their learning.

Previous experiences. The vast majority of PT programs require or highly recommend that students have experience in PT before admission in the form of observation hours [17]. The number of hours required varies and the student usually has the choice of what setting they observe. This results in a wide range of previous experiences that, according to Dewey and Kolb's theories, will result in differences in learning. In a study by Mai et al., the authors found an unexpected variable that influenced the statistical analysis of their results. In their study, they were comparing two groups of students' confidence in the clinic during their first full-time clinical rotations. The trained group had some form of clinical experience during the PT program and the untrained group had no clinical experiences during the PT program. When

the authors attempted to analyze the data they collect, they found they had to control for the amount of experience the students had before entering the PT program. While the authors were not looking at the impact of previous experience, they inadvertently found that prior experience might have been more influential on student confidence than the clinical experiences during the PT program [5].

Clinical education models used to prepare student

Integrated Clinical Education (ICE). In recent years, there have been a number of articles published on the concept of ICE. The definition of ICE is not completely agreed upon in the literature. Collins & Mowder-Tinney used the definition of ICE as occurring during “the academic semester rather than at a separately designated time” (p. 34, 2012). In 2013 Mai et al. defined ICE as “a series of courses during the didactic portion of the curriculum in which students work with patients/clients in a wellness setting apart from regular full-time clinical education internships” (p.25). In 2014 Mai et al. defined ICE as “students working with patients for more than 20 hours with faculty serving as clinical instructors” (p.81). Wruble Hakim et al. defined ICE as “a clinical education experience that occurs during an academic term in a coordinated fashion concurrent with didactic courses” (p.14, 2014). While these definitions vary, the common theme is that in this model, students have some form of structured experience with authentic patients during the academic portion of their PT program. The examples of ICE are as varied as the definitions. They include student led pro bono clinics, faculty led clinics with students working with their faculty as CIs, traditional clinical sites offering part time clinical rotations, and short full time clinical experiences (one to four weeks) interspersed between student’s classes [3, 5, 6, 8-10, 18, 19].

Terminal CE experiences. The model that stands opposite to ICE is terminal CE experiences. In this model, students complete all their academic coursework prior to working with authentic patients in traditional clinical sites. Within this model, there remains a high degree of variability in the number, length, and settings that the CE experiences encompass. The literature indicates this model is fairly widely used. It is unclear from the literature how many programs are using this model and what the outcomes are compared with other models [5, 12].

Simulated patient experiences. Another option to provide PT students experiences related to the practice of PT is the use of simulated patients. This may take the form of paid actors that simulate patient problems, role-playing by faculty and/or students, or authentic patients that are brought into the classroom to allow students to practice PT skills [13, 16, 19]. In a systematic review of literature, McCallum et al. found that simulated

patient experience produced outcomes in student learning comparable to the outcomes found with authentic patient experiences in traditional clinical sites [13].

Measuring Quality in Clinical Education

With the high degree of variability in the structure of PT education, it becomes important to have a common method of measuring the outcomes of these processes. If the most effective methods are to be determined, it is necessary that objective data be collected regarding the end product, the graduate physical therapist. In order to measure the outcome, the goal must first be defined. Unfortunately there remains considerable disagreement on what the precise goal is and the definitions are difficult to measure objectively [12-15]. The current outcome tools that are used are limited in their ability to differentiate the outcomes of the different CE processes. This could indicate that no one model is superior to any other model. In the systematic review by McCallum et al., the authors reported, “the methodological rigor of the available evidence is not high enough to draw definitive conclusions about how quality in physical therapist CE programs should be defined or how it can be measured” (p1309, 2013). This does not mean that the current variability in CE is beneficial but it does mean further study is needed.

The Complexity of Clinical Education

It is apparent that the CE process is a complex one with many variables [12-15]. There is sound educational theory that supports the use of experiential learning in the educational process for PT students. It is clear that the wide range of variables and the complex nature of learning create significant challenges to developing the best practice for the CE process. The most significant challenges currently appear to be the limited agreement on terms and definitions within CE, preferred structure of CE process, and ultimately the goals of the CE education process [12, 13]. Preparing a student to become a physical therapist is a complicated process and it is difficult to measure how successfully prepared any one student is at the end of the educational process [5, 12, 13]. Currently, the final test is the PT graduate’s ability to pass the licensure exam. While completing this step allows the PT graduate to begin their practice as a PT, it does not ensure that the student is fully prepared to practice as a generalist in all areas of PT.

Conclusion

McCallum et al. said it well: the current situation in CE “can leave decision makers with incomplete information and [lead to] faulty recommendations for policy” (p.1309, 2013). Repeatedly in the literature the high degree of variability was portrayed

as a problem that must be addressed regardless of the lack of evidence [5, 12, 15]. The evidence clearly does not support one model or structure over another and making policy decisions on the current evidence is illogical and potentially harmful to the ultimate goals of PT education [13]. Instead of legislating change, it needs to be recognized that there is not adequate information to know which direction to turn, if in fact any change is needed. In order to make progress towards the goal of quality in CE, a tool to measure objectively (quantitatively) the quality of a graduate needs to be developed and implemented [7, 8, 11-15]. Through the data provided by such a tool, PT programs would be able to assess the quality of their graduates and track how changes made to their processes influence the end results.

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Dr. Josh Layman working with patients during a recent trip to Carrefour, Haiti.

Faculty Focus Q & A

Josh Layman

What do you see as major obstacles in the training of future physical therapists when it comes to the clinical education experience?

Two of the major challenges that I see in the next few years are developing close relationships and real partnerships with clinical sites and elevating the quality of the preparation of students before sending them on full-time clinical rotations. As an academic program, I believe we need to support our clinical sites and instructors to create a truly collaborative process in training the next generation of physical therapists. Our benefits program for CCCEs and CIs helps with this by supporting the growth and expertise of the clinicians working with our students. To improve the quality of our preparation of students, we need to base our clinical education, and the entire program, on sound educational principles, including experiential learning theory, social learning theory and situational learning.

What is your biggest advice for those considering becoming a clinical instructor?

Choosing to be a clinical instructor is important for the future of our profession. The role of the CI in shaping students into physical therapists cannot be overstated. Research shows that the quality of the relationship between students and clinical instructors is one of the most significant factors influencing student outcomes. For this reason, anyone choosing this role needs to recognize that and prepare accordingly.

How did becoming a clinical instructor help advance your own career?

To me, one of the greatest values that I received by becoming a clinical instructor was personal growth. I was challenged to be able to explain why I chose the approach to my patients that I did. It caused me to become more self-reflective as a practitioner. I also learned a lot from my students. They came with new knowledge and often a fresh perspective that help me look at both the strengths and weaknesses of my clinical practice.

What is the best professional advice you have been given?

Never stop learning. A stagnate therapist is rapidly becoming obsolete. I don't remember who me gave that advice specifically but it is the underlying drive of many of the people I work with daily.

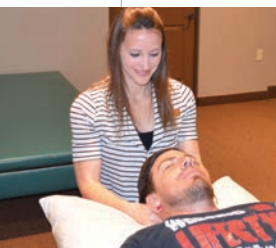
Given your interest and expertise in neuroanatomy, what advancements are you most excited about?

I could go on for a long time about advances in PT. One area that is particularly exciting to me is the idea of moving more towards prescriptive rehabilitation. Research is buzzing with topics on dosing, exercise prescription, therapeutic intensity and neuroplasticity. I see us moving towards the ability to evaluate a patient in a thorough manner, determine objectively what they need for rehabilitation, and prescribe a custom rehabilitation process that is evidence-based for specificity and dosage to truly maximize our patients' functional outcomes.



Photo by Jessi Carter

Corrie Owsley, PT, DPT STAR Certified™ Clinician CAPP1 Women's Health/Pelvic PT



Corrie Owsley, DPT '09, is breaking the mold as a traveling PT. The general assumption is that traveling PTs are in it for the money or travel and make many sacrifices for it. Owsley, however, has taken the uncharted path, earning advanced credentials while being fully engaged as a traveling PT. Since becoming STAR and CAPP1 certified, she is well prepared to thoroughly help women and cancer patients in their rehabilitation process in her current situation, as well as in future positions.

Travel still is an upside for Owsley. She has lived in nine states and currently lives in Durant, Okla. As a runner and kayaker, she loved her time in Ketchikan, Alaska. From having outdoor adventures to making lifelong friends in places she never would have been if not for her traveling position, the experience has been rewarding and enriching.

Also, throughout her time as a traveling PT, she benefitted from working with a variety of medical professionals like MDs, RNs, surgeons, and other PTs. She has been able to see the

impact of not only her physical therapy knowledge, but also of personally relating to each patient. She has the opportunity to interact with a wide variety of patients, both from medical and cultural standpoints. While the academic foundation is important, Owsley reminds PTs that interpersonal skills are key. "You can know everything you want about PT, but if you can't effectively communicate with various people, your job will prove to be difficult," Owsley said.

These experiences are helping to guide her as she explores her future. Owsley's passion to work with vulnerable and underserved communities, coupled with her desire to serve in a private clinic setting, led her to women's health and working with cancer patients.

Her interests in pelvic floor function started at SBU in PT school. CAPP1, a certification within the section of women's health, equips PTs with knowledge and practical treatments for pelvic floor issues from evidence-based content.¹ She plans to use this certification in a long-term setting rather than just a short-term, traveling setting. "I wanted to pursue this and provide an opportunity for women to have a safe place to go and work towards improved

function," Owsley said.

STAR allows PTs to offer "superior oncology rehabilitation services" from an evidence-based curriculum.² She was able to complete this training as a traveling PT through an online format. "I feel that it can be such a vulnerable time in an individual's life and I wanted to be able to make a greater impact," Owsley said of working with cancer patients.

Owsley loves her traveling PT work, but advises consideration when looking at traveling PT opportunities. "It can be a great opportunity to soak up knowledge and enjoy the hidden areas of this country," Owsley said. "Be cautious when companies offer you big 'take home' numbers and don't let those figures drive you. Genuine happiness and adventure aren't found by letting money be your idol or driving force. Do your research on their promises—look at tax rules and ask for a break down, and talk to a PT that has been traveling for a while. Don't be afraid to ask questions. You are valuable."

Owsley's experiences have shown that PTs can continue to grow and develop professionally while seeing the country.

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SBU DPT students receive APTA and MPTA honors

The Missouri Physical Therapy Association named recent graduate April Fajardo '15 the Student of the Year at its annual meeting, held April 18 in St. Louis. The prestigious award honors excellence not only in academics, but also in leadership and service to the profession and the community. This is the first time an SBU DPT student has achieved this top award, for which students from SBU, Washington University, St. Louis University, University of Missouri, Missouri State University, Maryville University, and Rockhurst University were eligible.

A native of San Bruno, Calif., Fajardo is currently a co-chair for the Global Health Project Committee at the APTA's National Student Assembly. She has also served on mission trips to Brazil and Haiti with SBU's Global Health Outreach.

Fajardo and fellow graduate Paige Reed '15 were awarded the Minority Scholarship Award for Academic Excellence. This national award highlights high-achieving students who advance the profession and awareness for minorities in the field of physical therapy. Past recipients include Becky Schoeneberg '08, assistant professor of PT at SBU. This award is recognized at the APTA's annual NEXT conference.

Reed was a founding member of SBU's Black Student Union, which seeks to improve and inspire unity, engagement and growth in the community of African American and African Diaspora students at SBU. She was vital in developing the organization's central principles of respect, unity, love and fortitude.



April Fajardo and Paige Reed were recognized at the DPT Graduation Reception for their achievements.

Clinical Education offers more than \$36,000 in benefits to Clinical Instructors and CCCEs

SBU DPT is investing in clinical instructors across the country, in recognition of their importance in the preparation and success of the future of the profession. Last academic year, DPT3 students took 296 rotations. Fifty-eight clinical faculty members took on more than one student, making up 66 percent of the total rotations. From all of our faculty members, we cannot say thank you enough for their dedication and hard work preparing the next generation of Christian physical therapists.

As part of our thank you, SBU has invested

in these faculty members with tremendous benefits, including:

- Free cost to SBU DPT's Annual Spring APTA CI Credentialing Workshop;
- Job fair accessibility for employers;
- In-services by SBU faculty;
- Access to the SBU library;
- Paid CEUs;
- Paid membership to the APTA; and
- Paid state conference fees, depending on registration level.

Additionally, the program recognizes the top achieving Clinical Instructor, CCCE and faculty each year. Some have used these benefits to help achieve advanced credentials and professional training for their own careers. The program invites clinical faculty to PT at the Ballpark events held each summer. **This summer's event will be held in Northwest Arkansas on Aug. 1, 2015. See page 18 for details about PT at the Ballpark 2015.**

At the 2015 DPT Graduation Reception, SBU named Sam Singleton, DPT, as the first Global Health Outreach (GHO) clinical faculty member, recognizing his servant heart and crucial role in educating our students in their integrated clinical experiences on GHO mission trips around the world. He has joined the program on mission trips to Brazil, Peru, and Haiti.



Sam Singleton works with DPT2 student Ben Clark in Lima, Peru.



Sam and DPT2 Kathryn Goff with patients at the Medical Ministries International (MMI) clinic in Lima, Peru.

Lt. Cmdr. Charles E. Rainey named Navy Senior Physical Therapist of the Year



Lt. Cmdr. Charles E. Rainey, a 2009 graduate of SBU's DPT program, was selected as the Navy's Senior Physical Therapist of the Year. Rainey currently serves as the senior PT of Naval Health

Clinic Hawaii's PT/sports medicine and rehabilitation therapy (SMART) clinic, as well as the director of clinical support services.

In addition to publishing many peer-

reviewed articles, Rainey has obtained dual board certifications in sports physical therapy and orthopedics and received advanced training in such areas as electroneuromyography, in which he is one of only five Navy physical therapists to be credentialed.

Rainey was selected from a field of more than 100 active-duty physical therapists, and was ultimately chosen for his efficient, effective clinic management.



Lt. Cmdr. Charles Rainey performs trigger point dry needling on a patient. He has done extensive research with trigger point dry needling.

Memories, networking, and fireworks at the inaugural PT at the Ballpark Event



A great turnout of alumni and clinical faculty for the first PT at the Ballpark!



Jessica Gleason, PT, DPT, SBU's Clinical Instructor of the Year, was selected to throw out the first pitch. Left to right: Jordan Hawker, Dr. Steve Lesh, Jessica Gleason.

Alumni, CIs, faculty, student representatives, and their families all joined for an evening out at Hammons Field for a Springfield Cardinals doubleheader against the San Diego Padre's AA affiliate, the San Antonio Missions, June 30, 2014. Guests of the SBU DPT program enjoyed a buffet meal and great games from their Ashley Furniture Dugout Decks directly behind home plate and the first base dugout. It was a great networking and social event, filled with time

exchanging memories and stories. Jessica Gleason, PT, DPT, of Select Specialty Hospital and SBU DPT's 2014 Clinical Instructor of the Year Award recipient, had the honor of throwing out the first pitch. Members of the group even joined in for between-inning festivities such as musical chairs and a lip-sync contest. Everyone was treated to fireworks at the end of the game, as well as a free Tumbler cup.

The second annual PT at the Ballpark event will be held in Northwest Arkansas at the NWA Nationals game Saturday, Aug. 1. That evening, the Nationals will host the Springfield Cardinals for a 6:05 p.m. start. The evening's events will include a buffet meal and seats in the Home Plate Party Deck. To reserve your tickets, contact Aaron Weaver at (417) 328.1690 or aweaver@sbuniv.edu. Tickets are \$5 for a single ticket or \$10 per family. Checks can be made out to SBU with "PT at the Ballpark" in the memo line. Payment is due by Friday, July 17.

THANK YOU DR. HIEBERT

Dr. Jean Hiebert, who has taught classes for SBU's PT program over the last 18 years, is leaving the department after taking over responsibilities as chair of the DPT program at Rockhurst University, where she has been on faculty. "Dr. Hiebert is one of the major factors helping our students be so successful on the NPTE," Dr. Steve Lesh said. Dr. Hiebert would travel to Bolivar every summer to teach Cardiopulmonary to SBU students, who all benefitted from her excellent teaching ability and depth of expertise.

Congratulations to the faculty and alumni earning their specializations!

Kristen Gross OCS 2014

Denise R. Peacock OCS 2014

Charles "Chuck" Rainey SCS 2014

Corrie Owsley STAR [oncology] 2014 and CAPP [pelvic] 2014

Jason Russell, Geriatric Residency 2014

Bill vanHoornbeek earns Clinical Instructor of the Year

Bill vanHoornbeek, owner of Bolivar Physical Therapy Center, LLC, was recognized in May for his outstanding work preparing DPT3 students during their clinical rotations. Bill not only displays a deep knowledge of physical therapy, but also a passion to teach, serve and equip the next generation of physical therapists from SBU. His name is recognized in the main hallway at the Warren B. Davis Family Physical Therapy Center and the physical therapy department will financially support Bill in a professional development endeavor this year.



April Fajardo earns Bill Karl Award at 2015 DPT Banquet

April Fajardo '15 earned the Bill Karl Service Award, which is presented annually to a graduating Doctor of Physical Therapy student who demonstrates superlative service to the Lord, the profession of physical therapy and the University. The award is named as a memorial to Bill Karl, MPT '98, the first recipient of this award, who died tragically shortly after graduating. Bill exemplified what it means to be a servant leader both in the classroom and in his personal life.

Fajardo has made an impact through her service. She has served on mission trips to Haiti and Brazil, as a student representative for the Student Leadership Advisory Committee, and as co-chair of the Student Physical Therapy Association's Mentorship Program. She has been active in the community, working with the YMCA, House of Hope, and Central Care Cancer Center. April was also the MPTA Student of the Year Award recipient.



Barnes Jewish Hospital earns Clinical Facility of the Year honors

Barnes Jewish Hospital was recognized as the Clinical Facility of the Year during commencement week in May. Sara Alhajeri, MPT, GCS, and Barnes Jewish Hospital have been highly sought after partners for SBU DPT3 students over the years. Barnes Jewish Hospital is an invaluable asset to the success of the doctorate program by consistently investing in our students. Since 2010, 10 DPT3 students participated in a high-quality acute setting, providing them a challenging, hands-on clinical rotation.



SBU PT alumni announce future Bearcats

Maria (Mitskevich) Ware '12 welcomed Sophia Grace in June 2014.

Katie (Crayton) Andres '04 welcomed Luke Benjamin in July 2014.

Caleb Wooderson '09 welcomed Hailey Mae in July 2014.

Grant Collins '08 welcomed Gunner Grant in August 2014.

Robin (Holz) DuChene '08 welcomed Brianna Beth in August 2014.

Mark Thompson '14 welcomed Sawyer Mark in August 2014.

Dan Steventon '14 welcomed Colton Jared in September 2014.

Joe Tepp '09 welcomed Eden Shirley in December 2014.

Damon Grady '09 and his wife, **Tiffany (Jernigan) Grady '10**, welcomed Nathaniel John in January 2015.

Hallie (Morris) Ager '12 welcomed Emmerson Elizabeth in January 2015.

Amanda (Blaede) Myers '11 welcomed Briggs Alan in February 2015.

Stephanie (Strack) Davison '05 welcomed Cora Isabelle in February 2015.

Angela (Long) Childress '10 welcomed Madisen Kate in April 2015.


Uzias Gonzalez '11 welcomed Moemi Fe in March 2015.

Nicole Turvey '01 welcomed Maia in March 2015.

Jimmy Gaspar '13 welcomed William James in April 2015.

Heidi (Pederson) Madaffer '09 welcomed Lena Louise in May 2015.

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Congratulations to the
CLASS of 2015!

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