

Spring 2015

Outcomes after a Comprehensive Inpatient Rehabilitation Treatment Program for a Patient with a Right Pontine Stroke: A Case Report

Traci Rzeszutko
Governors State University

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APPENDIX (A): Recommended Proposal Form



GRADUATE CAPSTONE EXPERIENCE PROPOSAL APPROVAL FORM

Term & Year: Fall 2013

Student Name: Traci Rzeszutko

Student ID #: 235764

Student Contact Info: trzeszutko@student.govst.edu

Please check the appropriate box for the description of the capstone experience:

DOCTORAL DISSERTATION	MASTER'S THESIS	CAPSTONE PROJECT or SEMINAR	GRADUATE INTERNSHIP	DIRECTED READINGS
		x		

Discipline Prefix & Course Number: PHYT 9783

College (check one): CAS COE CBPA CHHS

Credit Hours: 2.0

Capstone Experience: Outcomes After a Comprehensive Inpatient Rehabilitation Program for a Patient with a Right Pontine Stroke: A Case Report
(Title)

Capstone Project or Internship Location: Community Hospital

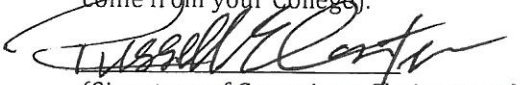
Readings: N/A
(Field 1)

N/A
(Field 2)

Proposal requires review by (check all that apply): IRB IACUC

* PLEASE ATTACH LETTERS OF APPROVAL FROM IRB AND/OR IACUC WHEN SUBMITTING THIS FORM.

Submitted by: Traci Rzeszutko, a student in the Doctor of Physical Therapy program. The abstract is attached and has been accepted by the undersigned faculty. (At least two of the faculty must come from your College).


(Signature of Committee Chairperson)

12-2-14
(Date)


(Signature of Committee Member)

12-2-14
(Date)


(Signature of Committee Member)

12/4/14
(Date)

Capstone Project Site Member/Mentor/Coordinator _____
(Date)

Course Reference # and Section _____

APPENDIX (B):



GRADUATE CAPSTONE EXPERIENCE
FINAL TRANSMITTAL FORM

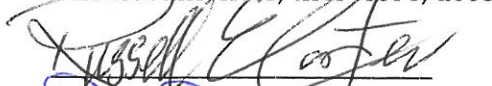
Student Name: Traci Rzeszutko

Student ID #: 235764

Dissertation/Thesis/Capstone Project: **Outcomes After a Comprehensive Inpatient Rehabilitation Program for a Patient with a Right Pontine Stroke: A Case Report**

The capstone documentation submitted by the aforementioned student has been read and approved by the student's capstone committee. The committee is composed of three members of the faculty, and at least two committee members are from the student's College.

The document is, therefore, accepted and approved on behalf of the University.



Russell Carter

12-2-14
(Date)

Renee Theiss

12-2-14
(Date)



Rebecca Wojcik

12-2-14
(Date)

Note: Copies of this form must be included with the distributed copies of the capstone documentation and the original must be submitted to the College Dean's Office.

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APPENDIX (C):

**AUTHORIZATION FOR USE OF MY
CAPSTONE EXPERIENCE DOCUMENTATION
IN OPUS**

This form will be kept with your document and will control future use of the capstone experience documentation. Your dissertation/thesis/project will not be processed without this sheet.

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I hereby affirm that this submission to OPUS is in compliance with Governors State University policies and the U.S. copyright laws and that the material does not contain any libelous matter, nor does it violate third-party privacy. I also understand that the University retains the right to remove or deny the right to deposit materials in the OPUS digital repository.

I grant permission to post my capstone experience documentation in OPUS, GSU's digital repository, for unrestricted open access.

I do not grant permission to post in OPUS, GSU's digital repository, for unrestricted open access.

Name Printed Traci Rzeszutko (235764)

Name Signed Traci Rzeszutko

Date 12/2/2014

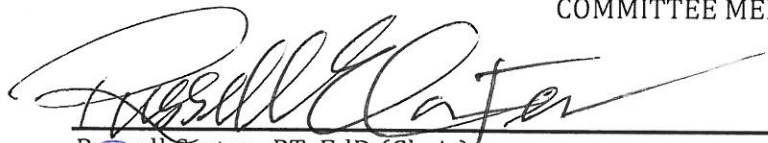
WE, THE UNDERSIGNED MEMBERS OF THE COMMITTEE,
HAVE APPROVED THIS CAPSTONE

**OUTCOMES AFTER A COMPREHENSIVE INPATIENT REHABILITATION
TREATMENT PROGRAM FOR A PATIENT WITH A RIGHT PONTINE
STROKE: A CASE REPORT**

By

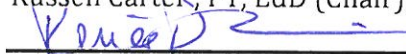
Traci Rzeszutko

COMMITTEE MEMBERS



Russell Carter, PT, EdD (Chair)

Physical Therapy



Renee Theiss, PhD

Physical Therapy



Rebecca K. Wojcik, PT, EdD, COT

Physical Therapy

Governors State University
University Park, IL 60484

December 2014