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Fall 9-1-2008

### PT 626.01: Primary Care

Steven Fehrer

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**PT 626**  
**Primary Care**  
**Fall 2008**

**Instructor:**

Steven Fehrer, P.T., Ph.D.  
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Office hours by appointment, arrange by email

**Guest Speakers:** Sherrill Brown, DVM, PharmD  
Catherine Goodman, MBA, PT

**Credits: 2**

**Meeting Time:**

Tuesday 10:10-11:00 AM SB 025

Thursday 10:10-11:00 AM SB 025 and SB 020

**Required Text:**

Goodman and Snyder. Differential Diagnosis for Physical Therapists, Screening for Referral 4<sup>th</sup> edition, Saunders Elsevier, 2007

Ciccone, CD. Pharmacology in Rehabilitation 4<sup>th</sup> edition, F.A. Davis, 2007

**Additional Resources:**

McKinnis, Fundamentals of Musculoskeletal Imaging, 2<sup>nd</sup> edition, F.A. Davis 2005

Boissonnault. Primary Care for the Physical Therapist Examination and Triage, Saunders Elsevier 2005.

Bio-defense modules CD

**Course Description:** Differential diagnosis of system pathology, including basic verbal and physical screening, laboratory tests, and pharmacotherapeutic intervention.

**Evaluation Methods:** There will be a midterm exam (40%) during the semester and a comprehensive final examination (60%).

**Grading Scale:** Grading will be as follow the policy of the School of Physical therapy and Rehabilitation Science (see student handbook) with a passing grade being a "C" and a 73 percent. All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and /or disciplinary sanction by the University. Any evidence of cheating or plagiarism will result in failure

of the course. All students need to be familiar with the Student Conduct Code. The Code is available for review online at <http://www.umt.edu/SA/VPSA/index.cfm/page1321>.

**Professional Behaviors:** Professional behaviors are expected in the course. These include (but are not limited to): responsibility for one's own learning, completion of group and individual assignments in a timely manner, on time attendance unless excused, coming to class prepared, treating fellow students, staff, and faculty with respect, receiving and giving constructive criticism when appropriate. Cell phones should be turned off and put away. No text messaging during class. Lap top computers may be used to take notes and when appropriate, search the web for information pertaining to the topic being discussed in class. Other uses of personal computing devices in class are prohibited. Please refer to the "Generic Abilities" section in your student handbook. If a student persistently exhibits unprofessional behavior during class, they will be subject to disciplinary action.

**Teaching Methods and Learning Experiences:** The content for this course will be presented through a lecture format and the assignment of readings. The course will also include occasional laboratory activities addressing abdominal palpation and cardiopulmonary testing. A Blackboard shell has been created for the course. This shell will contain power point presentations, class notes, additional reference material, and review questions.

**Schedule:**

8/26 Urogenital Clinical Medicine  
Review Goodman and Snyder chapter 10  
8/28 Urogenital Clinical Medicine

9/2 Urogenital Clinical Medicine  
9/6 Urogenital Clinical Medicine

9/9 Pharmacotherapeutics – urogenial  
Review Ciccone chapter 30  
9/11 Pharmacotherapeutics - antidepressants  
Review Ciccone chapter 7

9/16 Pharmacotherapeutics – antipsychotics  
Review Ciccone chapter 8  
9/18 Pharmacotherapeutics – ADHD

9/23 Drug Information Sources –Dr. Sherrill Brown  
9/25 Clinical Laboratory Values  
Review chapter 18 - Boissonnault, Primary Care for the Physical Therapist Examination and Triage

9/30 Clinical Laboratory Values  
10/2 Clinical Laboratory Values

10/7 Clinical Laboratory Values  
End of material for midterm exam  
10/9 Upper Quarter Screening

10/14 **Midterm Exam**  
10/16 Lower Quarter Screening

10/21 Lab Abdominal Screening  
10/23 Primary Care Model  
Review chapter 1 - Boissonnault, Primary Care for the Physical Therapist Examination and Triage

10/28 Primary Care Model – Triage  
10/30 Primary Care Model – APTA Annual Visit to PT

11/4 Holiday no class  
11/6 Primary Care Model – Basic Bio-defense

11/11 Holiday  
11/13 Catherine Goodman

11/18 Catherine Goodman  
11/20 Catherine Goodman

11/25 Basic Bio-defense modules  
11/27 Holiday no class

12/2 Catherine Goodman  
12/4 Catherine Goodman

Comprehensive Final Examination Monday December 8, 2008 1:00 – 3:00 PM SB 117

**Objectives:**

- 1 = Knowledge and Comprehension
- 2 = Application
- 3 = Psychomotor
- 4 = Analysis/Synthesis
- 5 = Affective

**Urogenital Disorders**

- 1.1 Describe the common signs/symptoms of persons with these disorders.
- 1.2 Describe the common forms of medical intervention for these disorders. Describe the underlying pathologies for these disorders. Describe the referred pain patterns for these disorders.

#### 4.1 Determine the implications of medical management on physical therapy interventions.

##### Primary Care

- 1.1 Define primary care physical therapy and explore various practice models.
- 1.2 Review primary care epidemiology and implications for physical therapy
- 1.3 Describe the physical therapist's role in screening patients with acute trauma.
- 2.1 Discuss the necessary competencies to succeed in the primary care role.
- 2.2 Discuss how patient assessment in acute trauma differs from other situations.
- 2.3 Identify settings/situations where physical therapists may need to perform an acute trauma assessment.
- 2.4 Discuss how the findings of a primary and secondary survey influence physical therapy intervention.
- 2.5 Discuss appropriate trauma management.
- 2.6 Discuss the various types of shock and their effects as well as methods to treat them.

##### Screens and Laboratory Values

- 1.1 Become familiar with laboratory values that are pertinent to clients receiving physical therapy. Address the significant health consequences that may occur if they are not considered.
- 1.2 Become familiar with laboratory tests that may be pertinent in formulating a diagnosis and treatment plan, and refer to primary care appropriately.
- 1.3 Become familiar with appropriate questions when obtaining a client history to help identify any underlying disease process(es) that warrants referral to primary care.
- 2.1 Consider differential diagnoses when developing treatment plans, keeping in mind possible underlying disease that may mimic more 'strait-forward' musculoskeletal or neurological disease/processes.
- 2.2 Recognize that a thorough history helps to guide the clinician in the appropriate physical exam.
- 5.1 Prepare the DPT student for a direct access environment.

##### Pharmacotherapeutics

- 1.1 Describe clinical considerations germane to physical therapist practice of commonly prescribed medications.
- 1.2 Identify valuable clinical sources of drug information.
- 1.3 Describe the primary objectives of the upper and lower quarter screening examination related to the differential diagnosis process.
- 1.4 Explain the relevance of each of the specific examination elements as they relate to the differential diagnosis process, including identification of clinical red flags that would result in a patient referral or consultation.
- 2.1 Apply the principles of patient screening to the subject of pharmacovigilance.

##### Differential diagnosis and screening for cancer

- 1.1 Identify 4 ways cancer metastasizes.
- 1.2 Name the most common risk factors for cancer

- 1.3 Name the 4 systems most often affected by cancer metastasis in a physical therapist practice.
- 1.4 Describe a least two of the corresponding clinical manifestations of each system affected by cancer metastasis.
- 1.5 List 5 clinical signs and symptoms corresponding to paraneoplastic syndromes.