tDPT Portfolio*

As part of the admissions process to the tDPT, all students must submit a completed portfolio. Prior to returning the completed portfolio to Dr. Connie Seymour, students must first register for Portfolio Assessment, 34.701, with Continuing Studies & Corporate Education (800-480-3190). The fee for the portfolio assessment is $410 and must be paid at the time of registration.

Portfolios will be evaluated by at least two faculty members from the Physical Therapy Department. Assessments will be conducted to determine if any additional coursework will be necessary to satisfy the general knowledge requirements recommended by the APTA for granting a DPT degree.

Name

E-mail

Address

Phone

Fax

When do you plan to begin taking coursework in the tDPT program?

I. Education

1. Date you graduated from UML entry-level Master’s degree program in Physical Therapy

2. Title of your research project

3. Research Advisor

4. Credentials Currently Held (specializations, certifications)

5. Other degrees

Degree    School    Year of Graduation
II. Continuing Education
Please attach a list of Continuing Education Courses, Seminars, etc you have attended in the last 10 years starting with the most recent.

III. Employment
1. Length of Time in Physical Therapy Practice (years; months)

2. Please complete the following worksheet regarding your PT positions held in the last ten years starting with most recent.

<table>
<thead>
<tr>
<th>PT Position</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

3. Please complete the following worksheet regarding the areas of responsibility for the above PT Positions as a percentage of total time spent.

<table>
<thead>
<tr>
<th>Position</th>
<th>%Clinical Practice</th>
<th>%Admin or Program Dev</th>
<th>%Research</th>
<th>%Consultation</th>
<th>%Teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. Professional Activities
Please attach a list of Professional Organizations, offices and committees to which you belong including dates. Please list any publications, professional presentations, grants applied for and community service over the past 10 years.
V. Statement of Purpose
Please write an essay (no longer than one double-spaced typed page, 10 point font minimum) describing why you are seeking a DPT degree and how the DPT will impact your professional development.

VI. Self-Assessment of Expertise in Patient/Client Management and Professional Content Areas
Please use the following scale to rate your knowledge (1-5) of the content area and briefly describe how you acquired this knowledge. You may use additional space on the back of each page if needed.

1 = Unfamiliar Content/No Experience in Area of Practice
2 = Somewhat Familiar with Content/Somewhat Comfortable with Area of Practice
3 = Working Knowledge of Content/Comfortable with Area of Practice
4 = Very familiar with content/Experienced Clinician in Area of Practice
5 = Expert in this content/ Expert in Area of Practice

___ A. Disablement Model

___ B. Guide to Physical Therapist Practice
   1. Areas of Practice
      ___ Musculoskeletal
      ___ Neuromuscular
      ___ Cardiopulmonary
      ___ Integumentary
2. Examination
   — History
   — Systems Review
   — Selecting and Administering Tests and Measures
   — Pharmacology including Interactions, Dose Responses
   — Radiology/Imaging
   — Cultural Issues

3. Evaluation
   — Clinical Reasoning/Decision Making
   — Consultation
   — Referral to another practitioner
4. Diagnosis (Organize data into defined clusters, syndromes or categories)

5. Prognosis (Plan of Care; Determining level of optimal improvement and time to reach desired outcome)

6. Intervention (Use of various physical therapy methods and techniques to produce changes in condition consistent with diagnosis and prognosis/ Evidence-Based Practice; Application of Motor Control/Motor Learning Principles)

C. Wellness, Prevention, Health Promotion Programs
D. Business Management / Administration / Marketing or Public Relations / Consultation

E. Teaching

F. Advocacy (Legislative, Social, Cultural, Patient)
G. Program Development and Evaluation


After completing the Portfolio, you must:

1. Register and pay for 34.701 Portfolio Assessment

   **By Mail:**
   Please mail a copy of the portfolio cover sheet and a $410 check payable to University of Massachusetts Lowell
   Enrollment Services
   Continuing Studies and Corporate Education
   UMass Lowell
   One University Avenue
   Lowell, MA  01854

   **By Phone:**
   Please call Enrollment Services at 978-934-2700 and ask to register for 34.701 Portfolio Assessment. Credit card payment required.

2. Forward your completed portfolio by E-mail, Fax, or conventional mail to Dr. Connie Seymour:

   **E-mail:**
   Connie_Seymour@uml.edu
   **Mail to:**
   Connie Seymour, PT, PhD, OCS
   Associate Professor and Program Coordinator tDPT
   Department of Physical Therapy
   UMass Lowell
   3 Solomont Way Suite 5
   Lowell, MA  01854-5124

   **Fax:**
   1-978-934-3006
   **Attn:**
   Connie Seymour, PT, PhD, OCS
   Associate Professor and Program Coordinator tDPT
   Department of Physical Therapy
   UMass Lowell
   3 Solomont Way Suite 5
   Lowell, MA  01854-5124