Doctor of Physical Therapy  
Documentation of Volunteer Hours  
This form is to be completed by the applicant and verified by the Physical Therapist supervising the experience.

**Applicant’s Name:** ________________________________________________________________

**Facility Name/Address:** __________________________________________________________

**Facility Phone #:** (______) ________________________________

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<thead>
<tr>
<th>Date Arrived</th>
<th>Time IN</th>
<th>Time OUT</th>
<th>Initials of PT Supervisor</th>
<th>Hours Attended</th>
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**Total Hours Attended**

This is to certify that ____________________________________________________________ attended

**Applicant’s Name:** ____________________________________________________________

**Name of facility:** ____________________________________________________________

**Date**

for a total of (specify # of Hours) ____________________.

**Physical Therapist Signature** ___________________________  
**Date** ___________________________

**DO NOT RETURN THIS FORM TO UTHSCSA. HOLD ONTO IT UNTIL YOU RECEIVE FURTHER INSTRUCTION.**
Guidelines for 50 Volunteer Hours of Physical Therapy Experience

To be a stronger D.P.T. student candidate, the following are recommended experiences for the required 50 volunteer hours:

1. Observe actual examinations of physical therapy patients.
   Examples: strength, locomotion, function, and others tests and measures.

2. Observe treatment interventions of patients by physical therapists.
   Examples: therapeutic exercise, manual therapy, functional training, gait training, and modalities such as ultrasound and electrical stimulation.

3. Become familiar with the equipment used in the physical therapy department.

4. View a blank patient billing sheet and physical therapy notes/documentation in various physical therapy settings.

5. Experience multiple physical therapy settings.
   Examples:
   a. Orthopedic (e.g. Diagnoses of low back strain, cervical/neck strain, rotator cuff tear, total knee replacement)
   b. Neurologic (e.g. Diagnoses of cerebral vascular accident (CVA) – stroke, traumatic brain injury, spinal cord injury)
   c. Cardiopulmonary (e.g. Diagnoses of chronic obstructive pulmonary disease, myocardial infarction)
   d. Pediatric (e.g. <21 years with diagnoses of cerebral palsy, spina bifida, muscular dystrophy)
   e. Geriatric (e.g. >65 years with diagnoses of osteoporosis, total hip replacement, cancer, Parkinson’s disease, Alzheimer’s)

6. Please find opportunities to observe in a variety of settings. Examples:
   a. Acute Care
   b. Inpatient Rehabilitation
   c. Skilled Nursing Facilities
   d. Outpatient
   e. School Systems
   f. Home Health