

Laboratory Participation Agreement

Physical Therapist Assistant Program



I, (name) _____, agree to participate in Indian Hills Community College Physical Therapist Assistant program laboratory activities. I will be expected to attend laboratory activities scheduled at on and off campus locations. During the laboratory experiences I will role-play as a PTA and patient. I will be expected to have physical contact with other students while learning various examination skills and therapeutic interventions. Examples of such laboratory experiences include palpation of exposed anatomical landmarks and application of various therapeutic modalities. During the laboratory experiences I agree to follow theories and principles of safe, legal and ethical practice.

It is your responsibility to inform the instructor if you have a medical condition or injury which would preclude you from participating in lab or being used as a demonstration model. If the condition is ongoing, the instructor will require a physician's note.

Name: _____

Signature: _____ Date: _____