McLennan COMMUNITY COLLEGE

WACO, TEXAS

COURSE SYLLABUS

AND

INSTRUCTOR PLAN

Therapeutic Interventions in Occupational Therapy

OTHA 1319_01

Laura Shade, OTR

NOTE: This is a 16-week course.

COVID 19 Notice:

McLennan Community College is committed to providing you with every resource you need to reach your academic goals including your safety. We will continue to monitor the evolving situation with COVID 19 and adjust our safety guidelines to make sure we offer a safe environment for you and our faculty. Please make sure to consult your faculty and the MCC website at https://www.mclennan.edu/crisis-management/coronavirus-updates/index.html on any changes to these guidelines.

Course Description:

Concepts, techniques, and assessments leading to proficiency in skills and activities used as treatment interventions in occupational therapy (OT). Emphasizes the occupational therapy assistant's role in the OT process.

Course Credit: 3 Semester Hours
Clock Hours: 2 lec hrs/wk; 32 lec hrs/semester
4 lab hrs/wk; 64 lab hrs/semester

Prerequisites and/or Corequisites:

Admission to the Occupational Therapy Assistant Program. Concurrent enrollment in OTHA 2231 Physical Function in Occupational Therapy, OTHA 1162 Clinical II, and OTHA 2302 Therapeutic Use of Occupations or Activities II is required.

Course Notes and Instructor Recommendations:

Course meeting days and times:

Lecture: M 9:00 a.m. - 10:50 a.m.
Lab: 12:00 p.m. – 4:00 p.m.

Instructor Information:

Instructor Name: Laura Shade
MCC Email: lshade@mclennan.edu
Office Phone Number: 254-299-8365
Office Location: HPN 118
Office/Teacher Conference Hours: T, Th 8:30 a.m. – 10:30 a.m, W 3:00 p.m. – 4:00 p.m.
Other Instruction Information: If you need to ensure personal contact during office hours, be sure to schedule an appointment to avoid conflicts with other student meetins, professional meetins, or clinical visits.

Required Text & Materials:

Title: Adult Physical Conditions – Intervention Strategies for Occupational Therapy Assistants.
Author: Mahle, A. and Ward, A.
Edition: 1st edition
Copyright Year: 2019
Publisher: F.A. Davis
ISBN-13: 978-0-8036-5918-6

Title: Vision, Perception, and Cognition
Author: Zoltan, B.
Edition: 4th edition

Copyright Year: 2007
Publisher: Slack
ISBN: 978-1-55642-738-1

Title: Physical Dysfunction Practice Skills for the Occupational Therapy Assistant
Author: Early
Edition: 3rd edition
Copyright Year: 2013
Publisher: Elsevier
ISBN: 978-0-323-05909-1

Title: The OTA's Guide to Documentation
Author: Morreale and Borherding
Edition: 4th Edition
Copyright year: 2017
Publisher: Slack Incoporated
ISBN-13: 978-1-63091-296-3

Title: Occupational Therapy Practice Framework: Domain and Process (*Previously provided to the Student)*
Author: AOTA
Edition: 4th edition
Copyright Year: 2020
Publisher: AOTA

MCC Bookstore Website: http://www.mclennan.edu/bookstore/

Methods of Teaching and Learning:

The material will be preented in a lecture/demonstration format with hands on performance of specific techniques in the laboratory following the lecture. Other education methods will include group projects, lab exercises, student presentations and written paers. Guest lecturers and audiovisual materials may be incorporated to enchance student learning. Student learning outcomes will me measured by written exams (basic knowledge/comprehension and higher level/critical thinking), lab skills check-offs (technical and psychomotor skills), and student performances/presentations (basic knowledge and professional communication..

Course Objectives and/or Competencies:

Student Learning Outcomes/Competencies:

1. Describe the basic features of the theories that underlie the practice of occupational therapy.
2. Apply the Occupational Therapy Practice Framework Domain and Process to the practice of physical disabilities.

3. Describe specific interventions to help disabled individuals cope with and adjust to personal and social effects of physical dysfunction.
4. Demonstrate knowledge of various funding sources and the billing reimbursement process for Occupational Therapy.
5. Demonstrate awareness of safety issues and safe practice in treatment areas.
6. Demonstrate knowledge of various assessment and data collection tools.
7. Demonstrate proficiency in providing training in self-care, ergonomics, stress management, physical transfers, and functional mobility.
8. Understand the roles of occupational therapy practitioners when addressing driving and community mobility.
9. Describe occupational therapy interventions for the older adult in a variety of settings.
10. Demonstrate ability to select and apply therapeutic exercise and activity as a treatment technique.
11. Demonstrate ability to select and apply physical agent modalities as a treatment technique.
12. Demonstrate knowledge of the different neurotherapeutic approaches used in treatment and understand why a specific approach is used.
13. Demonstrate ability to fabricate, fit, and provide training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
14. Select appropriate treatment interventions for visual, sensory, cognitive, and perceptual dysfunctions.
15. Demonstrate the importance of and utilize evidence-based practice.

Course Objectives and Competencies

1	B.2.1.	Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Early Chapters 11, 12, 13, 15, 19, 20, 21, 22, 21 Zoltan Chapters 3-10 Mahle Chapters 16, 18 Assignments Lab Experiences
2	B.2.2.	Define the process of theory development and its importance to occupational therapy.	Early Chapter 1

3	B.3.1.	Apply knowledge of occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.	Early Chapters 1, 2, 5, 6, 11, 19 Mahle Chapter 16 Assignments Lab Experiences
4	B.3.2.	Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.	Early Chapters 11-13, 15, 18-19, 21-23 Zoltan Chapters 3-10 Mahle Chapters: 16, 18 Assignments Lab Experiences
5	B.3.3.	Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.	Early Chapter 5 & 11 Morreale & Borcherding Chapter 3 Assignments Lab Experiences
6	B.3.4.	Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations.	Early Chapters 11, 12, 19 Assignments Lab Experiences
7	B.3.7.	Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate,	Early Chapters 2, 3, 11, 12, 15, 18, 19 Assignments Lab Experiences

		respiratory status, and temperature) to ensure that the client is stable for intervention.	
8	B.4.1.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Early Chapter 2, 12, 13, 15, 21, 23 Lab Experiences
9	B.4.2.	Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills.	Early Chapters 11, 12, 13, 15, 19, 21-23 Zoltan Chapters 3-10 Mahle 16, 18 Lab Experiences Assignments
10	B.4.3.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.	Early Chapters 11, 12, 13, 15, 19, 21-23 Zoltan Chapters 3-10 Mahle 16, 18 Lab Experiences Assignments
11	B.4.4.	Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies. Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.	Early Chapters 5, 6, 9 Lab Experiences Assignments

12	B.4.6.	Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes.	Early Chapters 5, 6, 9 Lab Experiences Assignments
13	B.4.10.	Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations.	Early Chapters 11-12, 13, 15,-6, 19, 21-23 Mahle 16, 18 Lab Experiences Assignments
14	B.4.12.	Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation. Train in the safe and effective use of prosthetic devices.	Early Chapter 20 Splinting Lab
15	B.4.13.	Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Early Chapter 15 Mahle 16 Lab Experiences
16	B.4.14.	Provide training in techniques to enhance community mobility, and address transportation transitions, including driver rehabilitation and community access.	Early Chapter 15 Mahle 16
17	B.4.17.	Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Mahle Chapter 18 Lab Experiences
18	B.4.18.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Early Chapters 2, 6, 9, 11, 12, 13, 15, 19, 20, 21-23 Zoltan Chapters 4-10 Mahle 16, 18 Lab Experiences

19	B.4.29.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.	Early Chapter 5 Morreale & Borcherding Chapter 3 Lab Experiences
20	B.6.1.	• Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist. • Explain how scholarly activities and literature contribute to the development of the profession.	Evidence-Based Practice Lab Intervention Assignment
21	B.6.2.	Understand the difference between quantitative and qualitative research studies.	Evidence-Based Practice Lab Intervention Assignment
22	B.6.3.	Demonstrate the skills to understand a scholarly report.	Intervention Assignment

Course Outline and Schedule:

COURSE OUTLINE: Order will vary to accommodate schedule

I. Model of Human Occupation
- A. Volition/Motivation
  1. Personal Causation
  2. Values
  3. Interests
- B. Habituation
  1. Habits
  2. Internalized Roles
- C. Performance Capacity
- D. Concepts for Intervention
  1. Client change is the focus of therapy

2. Only clients can accomplish their own change
3. For doing to be therapeutic, it must involve an actual occupational form, not a contrived activity
4. For the client to achieve change through doing, what is done must be relevant and meaningful to the client
5. Change in therapy involves simultaneous and interacting alteration in the person, the environment, and the relationship of the person to the environment
6. The role of the therapist is to support and thereby enable clients to do what they need in order to change

II. Practice Approaches
- A. Biomechanical Approach
  1. Evaluate specific physical limitations in ROM, strength, and endurance
  2. Restore these functions
  3. Prevent or Reduce deformity
- B. Sensorimotor and Motor Learning Approaches
- C. Rehabilitation Approach

III. Treatment Continuum
- A. Adjunctive Methods
- B. Enabling Activities
- C. Purposeful Activity
- D. Occupational Performance and Occupational Roles

IV. Evidence Based Practice
- A. Defined
- B. Evolving Need for Research
- C. Nature and Quality of Evidence
- D. Categories of Research
  1. Qualitative
  2. Quantittive
  3. Experimental
  4. Outcome Research
  5. Longitudinal Research
  6. Why Should We Use EBP
  7. 7 Steps to EBP

V. Disability Experience
- A. Context:
  1. The Model of Human Occupation
  2. Developmental Stages
- B. Psychological and Social Consequences
- C. Adjustment

1. Reactions and Coping Mechanisms
    a. Anxiety
    b. Depression
    c. Denial
    d. Repression
    e. Projection
    f. Displacement
    g. Sublimation
    h. Aggression
    i. Dependency
    j. Regression
    k. Rationalization
    l. Compensation
    m. Fantasy
    n. Passing
2. Body Image
3. Stages
    a. Shock
    b. Expectancy of Recovery or Denial
    c. Mourning or Depression
    d. Defensive
        1. Healthy
        2. Pathologic
    e. Adaptation or Adjustment
4. Psychological and Social Considerations in Treatment
    a. Interpersonal Approaches
        1. Attitudes
        2. Therapeutic Use of Self – Therapeutic Modes/Engagement with Patients
            a. Advocating
            b. Collaborating
            c. Empathizing
            d. Encouraging
            e. Instructing
            f. Problem Solving
    b. Group Approaches

D. Advocacy

VI. Infection Control and Safety Issues
- A. The Joint Commission National Patient Safety Goals
- B. Infection Control
- C. Incidents and Emergencies
    1. Falls
    2. Burns

3. Bleeding
4. Shock
5. Seizures
6. Insulin-Related Illnesses
7. Choking and Cardiac Arrest

D. Preventive Positioning

E. Special Equipment and Devices
1. Beds
2. Ventilators
3. Monitors
4. Feeding Devices
5. Urinary Catheters

VII. Documentation of Occupational Therapy Services

A. Purposes of Documentation

B. Ethical and Legal Aspects of Documentation
1. HIPPA

C. Fundamental Elements of Documentation

D. Documentation responsibilities of the OT and OTA

E. Methods of Documentation
1. SOAP notes
2. Narrative notes
3. Flow sheets

F. Functional Outcomes

F. Billing and Reimbursement
1. Health Care Funding Sources
2. Billing Procedures and codes (CPT and ICD-10 Codes)
3. Timed and Untimed Services

G. Overview of Reporting Process
1. Initial evaluation reports
2. Intervention Plans
3. Progress Reports
4. Discharge Summaries

VIII. Assessment of Motor Control and Functional Movement

A. Muscle Tone
1. Modified Ashworth Scale

B. Reflexes
1. Suck/Swallow Reflex
2. ATNR
3. STNR
4. LTR
5. SR

6. CER
7. Palmar grasp
8. Plantar grasp

C. Automatic Reactions and Testing
1. Observation, Berg Balance Test, and Tinetti Test of Balance

D. Upper Extremity Motor Recovery
1. Intervention
2. Brunnstrom's Stages of Motor Recovery
3. Evaluating Functional Use of the Limb including FIMs, ROM, strength

E. Coordination
1. Common Signs of incoordination
2. Clinical Assessment of Coordination
a. Finger-Nose Test
b. The Knee Pat Test
c. Finger Wiggling Test
d. 9-hole peg test

IX. Evaluation and Observation of Sensation
A. Sensory Supply
1. Dermatomes
B. Light Touch and Pressure Sensation
C. Thermal Sensation
D. Pain
E. Smell & Taste
F. Proprioception

X. Evaluation of Observation of Perception/Perceptual Functions
A. Stereognosis
B. Graphesthesia
C. Body Scheme
1. Asomatognosia
2. R/L discrimination deficits
3. Unilateral inattention or neglect
4. Finger Agnosia
D. Praxis
1. Ideomotor Apraxia
2. Constructional Apraxia
3. Dressing Apraxia

XI. Evaluation and Observation of Cognition
A. Principles of Cognitive Evaluation
1. Orientation and Attention
2. Memory
3. Executive Functioning

4. Reasoning and Problem-Solving skills

XII. Evaluation and Observation of Insight and Awareness
- A. Judgment
- B. Sequencing
- C. Dyscalculia

XIII. Habits of Health and Wellness
- A. Stress and Burnout
  1. Cause and effects of stress
  2. Signs of stress
- B. Six Dimensions of Wellness
- C. Minimizing Risk of Musculoskeletal Disorders
  1. Body Mechanics
  2. Joint Protection Principles in Clinical Practice and Daily Life
  3. Ergonomics – Computer Workstation Analysis
- D. Maintaining Emotional Health
  1. Stress Management Approaches
  2. Changing Thinking, Behaviors, Lifestyle
  3. Mind-Body Interventions
     a. Yoga
- E. Maintaining Occupational Health
  1. Maintaining Workload and Personal Time
  2. Time Management
  3. Asserting Oneself
  4. Delegating Tasks
  5. Systems-Level Strategies

XIV. Active Occupation – Philosophy and Theory
- A. Egocentric Realm
- B. Exocentric Realm
- C. Consensual Realm

XV. Purposeful Activity
- A. Uses
  1. To develop or maintain strength, endurance, work tolerance, range of motion, and coordination
  2. To practice and use voluntary and automatic movements in goal-directed tasks
  3. To provide for purposeful use of and general exercise to affected parts
  4. To explore vocational potential or training in work skills
  5. To improve sensation, perception, and cognition
  6. To improve socialization skills and enhance emotional growth and development
  7. To increase independence in occupational role performance
- B. Assumptions

1. A wide variety of activities are important to the individual
2. Activities are regulated by the values and beliefs or the culture
3. Activity-related behavior can change from dysfunctional toward more functional
4. Changes in activity-related behavior take place through motor, cognitive, and social learning

C. Activity Analysis Review

D. Adapting and Grading
1. Strength
2. Range of Motion
3. Endurance and Tolerance
4. Coordination
5. Perceptual Skills
6. Cognitive Skills
7. Social Skills

E. Activity Selection

XVI. Preparatory Activities

A. Therapeutic Exercise
1. Purpose
a. To develop awareness of normal movement patterns and improve voluntary, automatic movement responses
b. To develop strength and endurance in patterns of movement that are acceptable and necessary and do not produce deformity
c. To improve coordination, regardless of strength
d. To increase the power of specific isolated muscles or muscle groups
e. To aid in overcoming ROM deficits
f. To increase the strength of muscles that will power hand splints, mobile arm supports, and other devices
g. To increase work tolerance and physical endurance through increased strength
h. To prevent or eliminate contractures from developing because of imbalanced muscle power by strengthening the antagonistic muscles
2. Indications for Use
3. Contraindications
4. Exercise Programs
a. Range of Motion and Joint Flexibility
1. Passive exercise
2. Active assistive exercise
3. Active exercise
4. Stretching
b. Principles of muscle strengthening
1. Overuse and fatigue
2. Monitoring vital signs including O_2 saturations

3. Muscle substitution
c. Principles of muscle endurance
    1. Monitoring vital signs including O_2 saturations
d. Physical Conditioning and Cardiovascular Fitness
e. Exercise Classifications
    1. Isotonic active exercise
    2. Isotonic resistive exercise
    3. Isometric exercise without resistance
    4. Isometric exercise with resistance
f. Closed Chain versus Open Chain
g. Neuromuscular Control
h. Coordination Training

XVII. Physical Agent Modalities (PAMs)
- A. Position of AOTA on utilization of PAMs
- B. Regulatory guidelines for PAMs as they relate to OTAs
- C. Ethics that frame the Usage of PAMs
- D. Roles of OTs and COTAs in the use of PAMs
- E. Application, precautions, contraindications, and safety considerations for:
    1. Superficial Thermal Modalities:
        a. Hot pack
        b. Fluidotherapy
        c. Paraffin
        d. Cryotherapy
            1. ice massage
            2. cold packs
            3. cold baths
            4. ice baths
            5. contrast Baths
    2. Deep Thermal Modalities
        a. Ultrasound
    3. Electrical Modalities:
        a. Neuromuscular Reeducation
        b. Iontophoresis
        c. Interferential Current
        d. Transcutaneous Electrical Nerve Stimulation
        e. Diathermy
        f. Laster Light
    4. Mechanical Modalities
        a. Vasocompression Unit
        b. Continuous Passive Motion Machine
- F. Documentation and Billing Codes for PAMs

XVIII. Edema

A. Management - compression garments, retrograde massage, positioning, RICE, wrapping, etc.
B. Measurement - volumetric and circumferential measurments

XIX. Functional Ambulation
- A. Basics of Ambulation
- B. Practical Instruction and Safety
- C. Functional Ambulation Application
    1. Kitchen Ambulation
    2. Bathroom Ambulation
    3. Home Management Ambulation

XX. Wheelchair Assessment and Transfers
- A. Mobility Assistive Equipment
- B. Wheelchair Evaluation
- C. Wheelchair Ordering Considerations
- D. Wheelchair Selection
    1. Manual
    2. POV/Scooter and Electric Wheelchair
    3. Manual Assist
    4. Manual Recline Wheelchair
    5. Power Recline versus Tilt
    6. Folding versus Rigid Wheelchair
    7. Lightweight versus Standard-Weight Wheelchairs
    8. Standard versus Custom Models
- E. Wheelchair Measurement Procedures
- F. Additional Seating and Positioning Considerations
- G. Accessories
- H. Wheelchair safety

XXI. Transfer Techniques
- A. Proper Body Mechanics
- B. Principles of Body Positioning
- C. Bed mobility in Preparation for Transfer
- D. Stand Pivot Transfers
- E. Sliding Board Transfers
- F. Bent Pivot Transfer: Bed to Wheelchair
- G. Dependent Transfers
    1. One-Person Dependent Sliding Board Transfer
    2. Two-Person Dependent Transfers
    3. Mechanical Lift Transfers
- H. Transfers to Household Surfaces
    1. Sofa or Chair
    2. Toilet

3. Bathtub
4. Car Transfers

XVII. Driving Rehabilitation (Guest Speaker)
- A. The Driver Rehabilitation Specialist/Occupational Therapy Practitioner
- B. Levels of Service for Driving
- C. Screening and Evaluation Process for Driving and Community Mobility
- D. When to Refer to a Driver Rehabilitation Specialist
- E. Clinical Observations of Functional Performance
- F. Interventions to Facilitation Returning to Driving
- G. Interactive Driving Simulators
- H. Adaptive Equipment and Vehicle Modification for Driving

XXIII. Hand Splinting
- A. Structures of the Hand
- B. Normal Hand Function
    1. Prehension and Grasp Patterns
    2. Tenodesis
    3. Basic Positions of Hand
    4. Safe
- C. Principles of Hand Splinting
    1. Types of Splints
    2. Purposes of Splinting
    3. Biomechanical Considerations
- D. Precautions
- E. Material Selection
    1. Low-Temperature Thermoplastics
    2. Soft Splints
- F. Splint Fabrication: Radial Bar Wrist Cock-Up, Resting Hand, and Short Opponens Splints
    1. Pattern
    2. Cutting
    3. Molding
    4. Finishing
    5. Strapping
    6. Evaluation of function, fit, and appearance

XXIV. Older Adult
- A. Theories of Development
    1. Assist in anticipating some of the needs of older adults
    2. Havinghurt's theory
    3. Erik Erikson's theory
    4. Biological and sociological theories
- B. Common Pathological Conditions that Influence Older Adults

C. Cognitive Changes
D. Effects of Medication on Functioning
E. Communicating with Older adults and Their Caregivers
F. Intervention Settings for working with Older Adults
G. Medicare, Medicaid, and Resident Assessment Instrument (RAI)
H. Environmental Safety/Fall Prevention
I. Restraint Use
    1. Risks of Restraints
    2. Role of OT
    3. Alternatives to Restraints

XXV. Neurotherapeutic Approaches to Treatment
A. Rood Approach
    1. Basic Assumptions
        a. Normal muscle tone is a prerequisite to movement
        b. Treatment begins at the developmental level of functioning
        c. Motivation enhances purposeful movement
        d. Repetition is necessary for the reeducation of muscular responses
    2. Principles of Treatment
        a. Reflexes can be used to assist or retard the effects of sensory stimulation
        b. Sensory stimulation or receptors can produce predictable responses
        c. Muscles have different duties
        d. Heavy-work muscles should be integrated before light-work muscles
    3. Sequence of Motor Development
        a. Reciprocal inhibition
        b. Co-contraction
        c. Heavy work
        d. Skill
    4. Ontogenetic Movement Patterns
        a. Supine withdrawal
        b. Roll over
        c. Pivot prone
        d. Neck co-contraction
        e. On elbows
        f. All fours
        g. Static standing
        h. Walking
    5. Techniques
        a. Cutaneous Stimulation
            1. Light-moving touch
            2. Fast brushing
            3. Icing
        b. Proprioceptive Stimulation
            1. Heavy joint compression

2. Quick stretch
3. Tapping
4. Vestibular stimulation
5. Vibration
6. Neutral warmth
7. Manual pressure
8. Light joint compression
9. Elongated Position

c. Olfactory and Gustatory Stimuli

B. Brunnstrom Approach – Movement Therapy
1. Limb Synergies
a. Flexion Synergy
b. Extension Synergy
2. Stages of Recovery
a. Flaccidity
b. Beginning spasticity/synergies
c. Spasticity increasing/synergy patterns
d. Spasticity declining/movement deviating from synergies possible
e. Synergies no longer dominant
f. Spasticity absent/isolated joint movements performed with ease
3. Principles and Goals of Treatment
a. Bed positioning
b. Bed mobility
c. Balance and trunk control
d. Shoulder range of motion
e. Prevention of shoulder subluxation

C. Proprioceptive Neuromuscular Facilitation (Knott and Voss)
1. Core Principles
a. Normal motor development proceeds in a cervicocaudal and proximodistal direction
b. Early motor behavior is dominated by reflex activity
c. Motor behavior is expressed in an orderly sequence of total patterns of movements and posture
d. The growth of motor behavior has a rhythmic and cyclical trend, as evidenced by shifts between flexor and extensor dominance
e. Normal motor development has an orderly sequence but lacks a step-by-step quality
f. Establishing a balance between antagonists is a main objective of PNF
g. Improvement in motor ability depends on motor learning
h. Goal-directed activities coupled with techniques of facilitation are used to hasten learning of total patterns of walking and self-care activities
2. Motor Learning – a Multisensory Approach
a. Verbal commands

b. Verbal mediation
c. Visual stimuli
d. Tactile input
e. Practice

3. Treatment
   a. Diagonal patterns
      1. Upper extremity unilateral patterns
      2. Upper extremity bilateral patterns
   b. Total patterns
   c. Facilitation techniques and procedures
      1. Manual contact
      2. Stretch
      3. Traction
      4. Approximation
      5. Repeated contraction
      6. Rhythmic initiation
      7. Relaxation

D. Neurodevelopmental Treatment (Bobath)
   1. Common Problems of the Adult Hemiplegic Patient
      a. Motor
         1. Faccidity
         2. Mixed tone
         3. Spasticity
         4. Typical posture of the adult hemiplegic patient
      b. Diminished weight bearing
      c. Sensory loss
      d. Neglect
      e. Fear
   2. Principles of Treatment
      a. Normalization of muscle tone
         1. Facilitation
         2. Inhibition
      b. Patterns of movement
         1. Weight bearing
         2. Trunk rotation
         3. Scapular protraction
         4. Anterior pelvic tilt
         5. Slow controlled movements
         6. Proper positioning
         7. Incorporating upper extremity activity
            a. Weight bearing
            b. Bilateral
            c. Guided use

XXVI. Somatosensory Dysfunction Interventions
- A. Components
  1. Primary Senses
     a. Tactile
     b. Deep pressure
     c. Pain
     d. Proprioception
     e. Kinesthesia
  2. Cortical Senses
     a. Two-point discrimination
     b. Stereognosis
- B. Etiologies
  1. Central nervous system
  2. Peripheral nervous system
  3. Cranial nerves
- C. Terms
  1. Anesthesia
  2. Paresthesia
  3. Hypoesthesia
  4. Hyperesthesia
  5. Analgesia
  6. Hypalgesia/hypoalgesia
- D. Treatment
  1. Remedial
  2. Compensatory

XXVII. Special Sensory System Dysfunction Interventions
- A. Components
  1. Vision
  2. Hearing
  3. Smell
  4. Taste
  5. Balance
- B. Vision and Visual-Perceptual Deficits and Interventions
  1. Visual functions
     a. Acuity
     b. Oculomotor control
     c. Visual field
  2. Visual attention
  3. Visual scanning
  4. Pattern recognition
  5. Visual memory
  6. Visual cognition
- C. Low Vision/Vision Loss Compensatory Techniques for Activities of Daily Living

XXVIII. Intervention for Disturbances in Cognition
- A. Remedial and Adaptive Approaches for:
  1. Orientation Functions
  2. Attention Functions
  3. Memory Functions
  4. Thought Functions
  5. Higher-Level Cognitive Functions/Executive Functions
     - a. Self-Awareness
     - b. Initiation
     - c. Planning and Organization
     - d. Problem Solving
     - e. Decision Making
     - f. Categorization
     - g. Mental Flexibility
     - h. Abstraction
     - i. Generalization and Transfer
- B. Principles of Cognitive Retraining to Enhance Learning and Memory
  1. Grade Activities
  2. Use of cues (verbal, physical, imitation)
  3. Consider Preferred Learning Styles
  4. Domain-Specific Training (task-specific training)

XXIX. Interventions for Perceptual and Perceptual Motor Deficits:
- A. Approaches
  1. Remedial and Adaptive
  2. Neurodevelopmental
  3. Perceptual Skills Remediation
  4. Transfer of Training
- B. Specific Perceptual Deficits and Interventions
  1. Visual Field Loss
  2. Visuospatial Impairments
     - a. Body Scheme Disorders
       1. Autotopagnosia
       2. Unilateral Body Neglect
       3. Anosognosia
       4. Right/Left discrimination
       5. Finger Agnosia
  3. Visual Discrimination Deficits
     - a. Form Discrimination
     - b. Depth Perception
     - c. Figure-Ground Perception
     - d. Spatial Relations
     - e. Topographical Disorientation

4. Agnosia
   a. Visual Agnosia
   b. Tactile Agnosia (Astereognosis)
5. Apraxia
   a. Constructional Apraxia
   b. Ideational Apraxia (Conceptual Apraxia)
   c. Ideomotor Apraxia
   d. Dressing Apraxia

COURSE SCHEDULE

Unit	Lecture	Lab
1 8/22	Early Chapter 1: Occupational Therapy and Physical Disabilities Early Chapter 2: The Disability Experience and the Therapeutic Process	Evidence-Based Practice Disability Experience Lab Activity
2 8/29	Early Chapter 3: Infection Control and Safety Issues in the Clinic Early Chapter 5: Documentation of Occupational Therapy Services	Safety, PPE Morreale &Borcherding Chapter 3: Documentation & Billing
3 9/5	Holiday – Labor Day	
4 9/12	**Exam I** Early Chapter 6: Assessment of Motor Control and Functional Movement	Modified Ashworth Scale, Berg Balance Test, Tinetti, & Functional Reach Test ROM, MMT, Nine-Hole Peg Test, Grip and Pinch Strengths
5 9/19	Early Chapter 9: Evaluation and Observations of Deficits in Sensation, Perception, and Cognition Early Chapter 11: Habits of Health & Wellness	Testing sensation, perception, and cognition Ergonomics, stress management
6 9/26	Early Chapter 12: Therapeutic Activities and Exercises	PROM, Self-ROM, AAROM, AROM, stretching, PRE Muscle endurance (timed tolerance, monitoring vital signs) Edema: Mahle (pgs. 457-548, 560-561)
7 10/3	**Exam II** **Activity Bag Presentations**	 **due 10/2 by 11:59 pm**
8 10/10	Mahle Chapter 18: Physical Agent Modalities	Thermal, Deep Thermal, and Electrical Modalities
9 10/17	Early Chapter 15: Moving in the Environment Mahle Chapter 16: Driving Rehabilitation	Functional Mobility Analysis, Wheelchair Mobility, Transfers

		Guest Lecturer – Megan Frazier
10 10/24	Early Chapter 20: Hand Splinting	Radial bar Wrist Cock Up & Short Opponens Splint
11 10/31	**Exam III** Early Chapter 20: Hand Splinting **Splinting Wear and Care assignment completed in lab**	 Resting Hand Splint **Due 10/31 by 4:00 p.m.**
12 11/7	Early Chapter 22 & Zoltan Chapter 3: Interventions for Visual and Other Sensory Dysfunction **Sensory Kit Presentations**	Sensory desensitization & re-education, visual dysfunction tests and interventions. **due 11/6 by 11:59 pm**
13 11/14	Early Chapter 23: Interventions for Disturbances in Cognition and Perception Zoltan Chapters 4-10 Early chapter 19: The Older Adult	Visual Perceptual Dysfunction Simulation, Activity Analysis Fall Prevention, vital signs review, assessing orthostatic hypotension
14 11/21	**Equipment Project Presentations**	**due 11/20 by 11:59 p.m.**
15 11/28	Early Chapter 21: Neuropathic Approaches to Treatment **Intervention Design**	Rood, Brunnstorm, PNF, and NDT **Due 12-3-22 by 11:59 pm**
16 12/5	**Final**	

Course Grading Information:

Written Exams (3)	30%
Final Exam	15%
Quizzes	05%
Assignments	
Activity Bag	10%
Splint Wear and Care	5%
Intervention Design	15%
Sensory Kit	10%
Equipment Fabrication	10%
	100%

The following percentage system for letter grade assignment will be utilized for reporting grades: A=90-100%; B=80-89.99%; C=75-79.99%; D=65-74.99%; F=below 64.99%.

A student must receive a "C" or above for successful completion of an OTA course or science course. Any student receiving a "D" or "F" must withdraw from the OTA program, but may reapply for admission the following year following failure of only one OTA course if there are no documented counseling's due to professional behavior issues (including such items as attendance, generic professional abilities, etc.). Refer to the student handbook.

TESTING PROCEDURES

All student personal belongings are to be placed under the student's chair during written exams. No questions will be answered during the exam. Once the exam begins, students will not be allowed to leave the classroom.

There will be <u>no</u> make-up exams for written exams or skills practicals except with permission from the instructor for excused absences only (i.e., death in family, illness with note from MD, acts of God, etc). ***Minor illnesses do not constitute excused absences.*** **When make-up exams are granted, they will be scheduled at the instructor's convenience. Absence or tardiness for a make-up exam will result in a grade of "zero". In general, work "re-do's" will not be allowed. If, at the discretion of the instructor, a re-do is permitted, a maximum grade of 75% will be given.**

PREPARATION FOR LAB:

All students must be prepared for lab sessions at all times, and appropriate lab clothing must be worn. Students who do not have appropriate lab clothing will be required to wear a hospital gown or other attire provided by the instructor, or that student will not be allowed to participate in lab. Jewelry that may be worn during lab (although it may need to be removed for certain skills/procedures) includes wedding bands/rings, watch, small chain necklace, or small stud earrings (no more than two each ear) worn in the ear. All other jewelry must be removed prior to lab, including nose and tongue studs. Fingernails must be trimmed short and modestly. Good personal hygiene is an expectation both in lab as well as clinical affiliation.

<u>Late Work, Attendance, and Make Up Work Policies:</u>

ATTENDANCE:

Attendance is essential for attainment of course objectives and skills competencies. A student who is not present at the scheduled start time of class is considered tardy (this includes start of day as well as return from breaks and return from lunch). A student who misses more than 50% of a class period, whether it is due to late arrival or early departure, will be counted as absent. ***Three (3) tardies will constitute one absence.*** At the instructor's discretion, the door may be locked at the beginning of class with the late student being denied entry.

- Two (2) absences: verbal warning
- Three (3) absences: written warning

- Four (4) absences or one no call/no show: program probation
- Five (5) absences or two no call/no show's: ***withdrawal from program***

Additionally, the third absence, and each additional absence, will result in a reduction of the final course grade by two points.

Students must notify the instructor in advance via e-mail or phone message whenever tardiness or absence is unavoidable. ***Failure to notify the instructor will result in program probation.*** Make-up work may be required for absences in order to ensure that students acquire information and skills presented during their absence

Students should not schedule travel events during any class day from the first day of the semester to the last day of finals per the college calendar. Students who plan travel and miss course content or exams will receive a grade of 0 unless ***prior*** written approval is given by the faculty for an excused reason (i.e., death in the family, approved professional conference, etc.). It is the ***student's*** responsibility to attain the information that is missed due to his/her absenc

STUDENT RESPONSIBILITIES:

It is the responsibility of the student to come to class having read the assigned material and ready to participate in discussion and activities. This will provide a more positive learning experience for the student. It is also the responsibility of the student to turn in assignments on time. **Assignments are due at the beginning of the class day or as stated in each assignment in D2L. Late assignments will not be accepted unless it is due to a documented excused absence (i.e., death in family, illness with note from MD, acts of God, etc).** ***Minor illnesses do not constitute excused absences.***

The following are not acceptable forms of assignments:

- **assignments in other than "Word" or pdf format**
- **hard copy of assignments that were to be uploaded**
- **illegible assignments**
- **emailed assignments that were to be uploaded**
- **jpg. or other digital formatting**
- **assignments sent through text message**
- **handwritten assignments unless specified as such by the instructor (must be in blue or black ink)**
- **assignments with unprofessional presentation including being incomplete**
- **assignments with extensive grammatical errors will not be graded and will receive a "zero"**
- **assignments that use identifying information of a subject/supervisor/facility (must use initials only) will receive a "zero".**

In-class assignments, including but not limited to quizzes, presentations, and lab activities, missed due to an absence, late arrival, or leaving class early will be awarded an automatic "zero" and cannot be made up. Arriving to class after the morning quiz or exam has started will result in an automatic grade of "zero".

Student Behavioral Expectations or Conduct Policy:

Generic Abilities & Professional Behaviors:

Students are expected to maintain a professional classroom decorum that includes respect for other students and the instructor, prompt and regular attendance, and an attitude that seeks to take full advantage of the educational opportunity. Likewise, all communications with the instructor are to be professional (**e-mails that are discourteous, use improper grammar, and/or simulate a text message will not be responded to**).

Students in the Occupational Therapy Assistant program have willingly applied for, and entered into, a professional degree program. Implicit in professional degree programs is the need to develop the student's professional behaviors as well as minimum basic entry level competencies. The tool utilized in the OTA Program is the Generic Abilities assessment tool. Students will be evaluated on a continual basis throughout the program in classroom, lab activities, clinical activities, and interaction between fellow students, faculty, and instructors. If a student is found to be lacking in any area of the generic abilities, the student will be called in by the faculty member who will fill out the form and review any deficiencies.

The faculty member, and if deemed necessary the program director, will then discuss with the student a plan of action to assist the student in development in the areas that have been deemed deficient. Any student who persists with the same deficiencies with no improvement in professional behavior over 3 different episodes may be dismissed from the program based upon lack of progress in professional behavior. It will also be at the faculty member's discretion to take 2 points from the student's final grade for each documented episode related to unprofessional behavior.

Concerns regarding academic and/or clinical advising or instruction should be first addressed to the Faculty Member in question within five (5) working days from the time of occurrence. If the student feels that a problem has not been resolved, then the student should present the issue to the Program Director. If no resolution is reached at this level, in accordance with the McLennan Student Grievance Procedure, the student may discuss the issue with the Dean of Health Professions. If resolution is still not reached, then the Vice President of Instruction is contacted. A formal grievance may be initiated by submitting a request in writing to the President of the College to have the issue considered by a formal grievance committee. This procedure is outlined in the Highlander Guide, available at www.mclennan.edu.

Attachment #10 Generic Abilities

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at the University of Wisconsin at Madison in 1991-1992. The ten abilities and definitions developed are:

	Generic Ability	*Definition*
1	Commitment to learning	The ability to self-assess, self-correct, and self–direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2	Interpersonal skills	The ability to interact effectively with patient, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
3	Communication skills	The ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.
4	Effective use of time and resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5	Use of constructive feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6	Problem-solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
7	Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8	Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9	Critical thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10	Stress management	The ability to identify sources of stress and to develop effective coping behaviors.

May W, Morgan BJ, Lemke J, Karst G, Stone H. Model for ability based assessment in physical therapy educate; *Journal of Physical Therapy Education* 1995; 91:3-6.

Technology Devices:

Personal Computer/Electronics Use: **Computer use is expected throughout the Program. The MCC library has computer availability for after class hours if necessary. Access to library search engines is required and will be a part of the student's required class participation.**

Students are not to use laptop computers, smart phones, iwatches/smart watches, or other electronic devices in the classroom unless prompted by the instructor. These devices are to remain stored in the student's backpack during class.

Students are not to post any classroom materials on any internet or social media site without the express written consent of the faculty.

A student who has an unauthorized electronic device activated during an examination period will not be permitted to continue the examination, will be asked to leave the classroom, and will be denied the opportunity to complete or re-take the examination. Due to the circumstance, the instructor may question the validity of any portion of the examination completed prior to the

violation and may elect not to grade the examination. In such a situation, the student will not receive credit for the examination and will not be permitted to make up the missed examination.

Video & Tape Recordings: Students may only tape record or video class activities and instructors with permission of the instructor and in no circumstance are allowed to post recordings on any internet site or social network site. The recording may only be utilized by the individual. Students who do not remain in compliance with this policy will be written up, put on probation, or potentially dismissed from the program based upon the extent to which the policy has been disregarded.

Beepers, cellular telephones, text, and personal telephone calls. Students are NOT to receive or place telephone calls/beeper calls/texts during class. Beepers, smart watches, and cellular telephones are to be turned off or set to vibrate before entering the classroom and stored in backpack during class. Messages may be left with the Health Professions executive secretary at 299-8568. Messages for a student during an emergency will be delivered immediately. At the discretion of the instructor, students may be asked to leave cell phones and electronic devices in a box during class.

Additional Items:

- ✓ **Verbal, non-verbal, and written communications** are to be polite and respectful at all times
- ✓ **Food** is not allowed in class
- ✓ **Children** are not allowed in class
- ✓ **Sleeping** is not allowed in class
- ✓ **Drinks** with screw-on lids are permitted if the student leaves the lid in place
- ✓ **Smoking, vaping, using tobacco**, using simulated tobacco or similar products are not allowed in class
- ✓ **Alcohol and drugs are not allowed** in the classroom and students should not attend class under the influence of them nor with the smell of any of them

Any of the above will result in being asked to leave the classroom and receiving an absence for the day at a minimum but could result in being written up, put on probation, or potentially dismissed from the program based upon the extent to which the policy has been disregarded.

Click Here for the MCC Attendance/Absences Policy
(https://www.mclennan.edu/highlander-guide/policies.html)
Click on the link above for the college policies on attendance and absences. Your instructor may have additional guidelines specific to this course.

McLennan COMMUNITY COLLEGE

ACADEMIC RESOURCES/POLICIES

Accommodations/ADA Statement:
Any student who is a qualified individual with a disability may request reasonable accommodations to assist with providing equal access to educational opportunities. Students should contact the Accommodations Coordinator as soon as possible to provide documentation and make necessary arrangements. Once that process is completed, appropriate verification will be provided to the student and instructor. Please note that instructors are not required to provide classroom accommodations to students until appropriate verification has been provided by the Accommodations Coordinator. For additional information, please visit www.mclennan.edu/disability.

Students with questions or who require assistance with disabilities involving physical, classroom, or testing accommodations should contact:

disabilities@mclennan.edu
254-299-8122
Room 319, Student Services Center

Title IX:
We care about your safety, and value an environment where students and instructors can successfully teach and learn together. If you or someone you know experiences unwelcomed behavior, we are here to help. Individuals who would like to report an incident of sexual misconduct are encouraged to immediately contact the Title IX Coordinator at titleix@mclennan.edu or by calling Dr. Drew Canham (Chief of Staff for Diversity, Equity & Inclusion/Title IX) at (254) 299-8645. Individuals also may contact the MCC Police Department at 299-8911 or the MCC Student Counseling Center at MCC at (254) 299-8210. The MCC Student Counseling Center is a confidential resource for students. Any student or employee may report sexual harassment anonymously by visiting http://www.lighthouse-services.com/mclennan/.

Go to McLennan's Title IX webpage at www.mclennan.edu/titleix/. It contains more information about definitions, reporting, confidentiality, resources, and what to do if you or someone you know is a victim of sexual misconduct, gender-based violence or the crimes of rape, acquaintance rape, sexual assault, sexual harassment, stalking, dating violence, or domestic violence.

Student Support/Resources:
MCC provides a variety of services to support student success in the classroom and in your academic pursuits to include counseling, tutors, technology help desk, advising, financial aid, etc. A listing of these and the many other services available to our students is available at http://www.mclennan.edu/campus-resource-guide/

College personnel recognize that food, housing, and transportation are essential for student success. If you are having trouble securing these resources or want to explore strategies for balancing life and school, we encourage you to contact a Success Coach by calling (254) 299-8226 or emailing SuccessCoach@mclennan.edu. Students may visit the Completion Center Monday-Friday from 8 a.m.-5 p.m. to schedule a meeting with a Success Coach and receive additional resources and support to help reach academic and personal goals. Paulanne's Pantry (MCC's food pantry) provides free food by appointment to students, faculty and staff based on household size. Text (254) 870-7573 to schedule a pantry appointment. The Completion Center and pantry are located on the Second Floor of the Student Services Center (SSC).

MCC Foundation Emergency Grant Fund:
Unanticipated expenses, such as car repairs, medical bills, housing, or job loss can affect us all. Should an unexpected expense arise, the MCC Foundation has an emergency grant fund that may be able to assist you. Please go to https://www.mclennan.edu/foundation/scholarships-and-resources/emergencygrant.html to find out more about the emergency grant. The application can be found at https://www.mclennan.edu/foundation/docs/Emergency_Grant_Application.pdf.

MCC Academic Integrity Statement:
Go to www.mclennan.edu/academic-integrity for information about academic integrity, dishonesty, and cheating.

Minimum System Requirements to Utilize MCC's D2L|Brightspace:
Go to https://www.mclennan.edu/center-for-teaching-and-learning/Faculty-and-Staff-Commons/requirements.html for information on the minimum system requirements needed to reliably access your courses in MCC's D2L|Brightspace learning management system.

Minimum Technical Skills:
Students should have basic computer skills, knowledge of word processing software, and a basic understanding of how to use search engines and common web browsers.

Backup Plan for Technology:
In the event MCC's technology systems are down, you will be notified via your MCC student email address. Please note that all assignments and activities will be due on the date specified in the Instructor Plan, unless otherwise noted by the instructor.

Email Policy:
McLennan Community College would like to remind you of the policy (http://www.mclennan.edu/employees/policy-manual/docs/E-XXXI-B.pdf) regarding college email. All students, faculty, and staff are encouraged to use their McLennan email addresses when conducting college business.

A student's McLennan email address is the preferred email address that college employees should use for official college information or business. Students are expected to read and, if needed, respond in a timely manner to college emails. For more information about your student email account, go to www.mclennan.edu/student-email.

Instructional Uses of Email:
Faculty members can determine classroom use of email or electronic communications. Faculty should expect and encourage students to check the college email on a regular basis. Faculty should inform students in the course syllabus if another communication method is to be used and of any special or unusual expectations for electronic communications.

If a faculty member prefers not to communicate by email with their students, it should be reflected in the course syllabus and information should be provided for the preferred form of communication.

Email on Mobile Devices:
The College recommends that you set up your mobile device to receive McLennan emails. If you need assistance with set-up, you may email Helpdesk@mclennan.edu for help.

You can find help on the McLennan website about connecting your McLennan email account to your mobile device:

- Email Setup for iPhones and iPads (https://support.microsoft.com/en-us/office/set-up-an-outlook-account-in-the-ios-mail-app-b2de2161-cc1d-49ef-9ef9-81acd1c8e234?ui=en-us&rs=en-us&ad=us)
- Email Setup for Androids (https://support.microsoft.com/en-us/office/set-up-email-in-android-email-app-71147974-7aca-491b-978a-ab15e360434c?ui=en-us&rs=en-us&ad=us)

Forwarding Emails:
You may forward emails that come to your McLennan address to alternate email addresses; however, the College will not be held responsible for emails forwarded to an alternate address that may be lost or placed in junk or spam filters.

For more helpful information about technology at MCC, go to MCC's Tech Support Cheat Sheet or email helpdesk@mclennan.edu.

Disclaimer:

The resources and policies listed above are merely for informational purposes and are subject to change without notice or obligation. The College reserves the right to change policies and other requirements in compliance with State and Federal laws. The provisions of this document do not constitute a contract.