

Briar Cliff Physical **Therapy Clinic** **Handbook**

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Clinic Description

The role of this handbook is to define the policies and procedures for the Briar Cliff Physical Therapy Clinic (hereafter known as the Briar Cliff Clinic). The Briar Cliff Clinic provides pro bono physical therapy services to uninsured and underinsured individuals and promotes the health and wellness of the Siouxland community. In addition, these services allow Briar Cliff University Physical Therapy Students to develop an understanding of social responsibility and appreciate the contribution they might make to society in their future healthcare practice.

Patient Population

The Briar Cliff Clinic (the Clinic) will serve as a center within the community to provide physical therapy services, including health promotion and disease prevention, to address the health disparities of Siouxland residents. The Clinic offers traditional physical therapy services, persistent pain management, and telehealth for no fee by physical therapy students under the supervision of a licensed physical therapist.

The Briar Cliff Clinic complements existing physical therapy services in the Siouxland Region without competing with present clinics. In addition, the Clinic works with community health clinics and local physical therapy practices to identify patients who need additional services due to their uninsured or underinsured statuses.

Academic Objectives

Briar Cliff Clinic objectives meet the mission of Briar Cliff University. These objectives are:

1. The Briar Cliff Clinic creates a learning opportunity for undergraduate and graduate students in healthcare fields at Briar Cliff University.
2. The Briar Cliff Clinic serves the Siouxland community by providing free services to clients/patients who are underinsured or uninsured across the allied health care fields.
3. The Briar Cliff Clinic provides inter-collaborative learning experiences ensuring contemporary student preparation to practice as a healthcare practitioner upon graduation.
4. The Briar Cliff Clinic provides scholarly activity opportunities for students and faculty at Briar Cliff University to promote evidence-based practice and better understand the research process.
5. The Briar Cliff Clinic provides an opportunity for licensed practitioners to maintain contemporary expertise.

General Policies and Procedures

Scheduling New Patients

Patients are scheduled in the Clinic on a first-come, first-serve basis. Clinic hours are currently Tuesday and Thursday from approximately 5:15 pm-7:30 pm and are subject to change based on the availability of students, supervisors, and patient needs. Telehealth is available for patients on Tuesdays and Thursdays. The Chronic Pain Program (CPP) program is scheduled on Tuesdays or Thursdays, subject to change based on team availability.

Patient Rights

All patients are required to sign a release indicating they understand that Briar Cliff Clinic is an educational experience for students and a facility where they can receive healthcare services under the guidance of a licensed physical therapist.

All patients reserve the right to request a specific gender for treatment, but this may not be guaranteed.

All patients, if under the influence of drugs or alcohol, at the time of the appointment, will not be seen.

The Briar Cliff Clinic may utilize de-identified data for assessment purposes. Any scholarly activity is subject to Internal Review Board (IRB) review.

All patients are required to sign a HIPAA form. In addition, patients are asked to sign a photo release and an audio release for promotional and educational materials.

All physical therapy visits are documented in an electronic medical record. No billing occurs, services are provided free of charge.

Briar Cliff Clinic **Board**

Briar Cliff Clinic Board

The Briar Cliff Clinic Board consists of Briar Cliff University Physical Therapy Faculty and/or Staff, and Student Coordinators.

Board Duties and Responsibilities:

1. Delineate responsibilities according to the time and talents of Board members
2. Attend the Committee of the Whole Meetings to update the faculty and staff about the student-run board and obtain updates and requests from faculty and staff
3. Appoint student members to the student committee and/or provide final approval for the selection of student committee members
4. Consider the removal of student members from the student committee if a student is placed on academic probation
5. Provide oversight for student committee and collaboration/direction for supervisory/alumni physical therapist
6. Foster relationships with referral sources
7. Responsible for communication & collaboration with associated University components
8. Seek to empower and support the students in leadership
9. Additional duties as warranted

The Student Representatives Jobs

The Student Board consists of second-year Briar Cliff DPT students. Positions on the student committee are elected during the Spring Semester of the first year and take over the clinic responsibilities in the Summer Semester of the second year.

Student Committee Application and Appointment:

Student board members will apply for Student Board positions in the Spring Semester of the first year. The Clinic Board faculty representatives appoint positions as deemed appropriate.

Benefits of Student Committee Service:

1. Provides excellent managerial/leadership experience
2. Understand how teamwork is required to make a successful clinic and patient experience
3. Participate in numerous leadership development opportunities locally, regionally, or nationally
4. All committee hours will count toward the Pro Bono Honor Society hours

General Responsibilities of the Student Board Members:

1. Board members are responsible for attending all scheduled weekly Student Board meetings
2. Board members are expected to fulfill their associated committee position responsibilities
3. Board members' failure to perform expected duties, particularly if the failure negatively impacts relationships with the community, donors, University, and volunteers, could result in removal from the Board
4. Board members are responsible for logging their respective clinic-related activities in their service logs
5. Board members are responsible for maintaining communication with first-year DPT students.
6. As classes rotate off-campus for clinical experiences, the on-campus class assumes the position responsibilities
7. Board members participate in leadership development opportunities
8. Board members can participate (data collection, writing, presenting, or attendance) in the Pro Bono Network Midwest Conference, Iowa chapter of the APTA, BCU Excellence Event, APTA sponsored conferences, and other research opportunities/publications
9. Board members must serve as Front Desk Assistants on scheduled days. These responsibilities are listed below

Specific Board Committee Responsibilities

Clinic Coordinators: (2)

- At least one coordinator must attend each faculty meeting via invite
- Plan and run weekly Student Board meetings
- Encourage other Student Board members and assist them as needed
- Consult with Pro Bono faculty advisors

Outcomes Coordinators: (2)

- Track data from the patients' initial evaluation to their discharge date: referral source, no shows, how much money the community has saved according to Medicare rates, patient satisfaction, visits, billable units, etc

Health & Wellness Coordinators: (2)

- Follow up with patients one month after discharge for a wellness check
- Create community wellness programs
- Promote healthy lifestyle opportunities for students to enhance overall wellness.
- Faculty resources available

Operations Coordinators: (2)

- Establish and maintain an organization and labeling system
- Take regular inventory of supplies for class and Pro Bono Clinic
- Communicate with faculty and Program Assistant for ordering supplies
- Communicate with class and faculty regarding any missing supplies
- Check the temperature of the hydrocollator weekly
- Clean and refill the hydrocollator monthly
- Work with other board members to discuss needs/finances for the Clinic

Public Relations/Social Media Coordinators: (2)

- Manage social media with guidance from the Program Assistant
- Share articles written about the Clinic on the clinic page
- Add pictures of SPT's and patients to the clinic page (with consent)
- Communicate with other board members to ensure the page is updated accordingly
- Communicate with other board members about promoting the clinic page
- Work with Program Assistant and BCU Marketing department

Client Advocates: (2)

- Contact patients as needed to confirm appointments either by phone or via text service
- Prepare and send faxes for patient updates to physicians: waitlist status, initial evaluation, discharge summaries, progress notes
- Prepare faxes/written copies of medical records requests by Attorneys. (\$.10/page may be charged to the requesting attorney per IA guidelines)
- Work with the Assistant to Clinical Education to fax once prepared
- Contact physicians on patient status when inquired
- Document phone calls/messages

Patient Evaluation Information Coordinator: (1)

- Makes a call before the initial evaluation to collect patient information, including diagnosis, any previous medical reports or imaging, and significant medical history, to make the initial visit more seamless and efficient
- Has the ability to send evaluation forms electronically to be filled out before the initial examination
- Develops a WebPT profile for new patients
- Informs SPTs working with the patient that the WebPT profile has been made for said patient

SPTA/Interprofessional Liaisons: (2)

- Coordinate with the director of WITCC to promote SPTA/SPT relationships within the Clinic
- Meet with SPTA students to discuss the Clinic expectations and solicit feedback.
- Promote a productive work environment between SPT/SPTA with appropriate delegation.
- Communicate recommendations with Clinic Coordinators and Faculty supervisors.
- Explore new professional relationships for BCU clinic per advisory board recommendations.

Scheduling Coordinators: (3)

- Call patients from referral orders to schedule for initial evaluations
- Create student Clinic schedule
- Create new patient files
- Call the physician's office for patient referral information
- Take messages off the phone or fax machine

- All patient-related tasks before initial evaluations
- Reschedule No Show initial evaluation patients
- Update Active Patient list with a current list of patients and physician information
- Coordinate first year DPT student clinic orientation
- Update voicemail message system for breaks
- Schedule the patient for the Chronic Pain Program
- Schedule the patient for telehealth

Fundraising Coordinators: (2)

- Plan and organize at least one fundraiser per year
- Organize classmates to help with events
- Aid in the marketing of fundraising events
- Work with program assistant and BCU University relations to avoid conflicts

Foreign Language Coordinator: (1)

- Advocate for patients who speak a different language
- Coordinate interpreters for each patient that may need one
- Work on translating outcome score sheets from English to Spanish
- Approve interpreters' hours worked and communicate with the faculty supervisor

Outreach Coordinators: (2)

- Create and update clinical marketing materials
- Promote community awareness of the Briar Cliff Clinic through in-services, phone calls, etc.
- Promote physician awareness of the Briar Cliff Clinic
- Assist with other marketing needs as required (CPP, Telehealth, Fundraising, etc.)

Budget/Finance Coordinator: (1)

- Monitor incoming and outgoing finances of the Briar Cliff Clinic account
- Report on the status of remaining funds when prompted by the Briar Cliff Clinic Board
- Report on the financial status of the Briar Cliff Clinic funds to the Briar Cliff Clinic faculty and the Program Assistant

Quality Assurance Coordinators: (2)

- Ensure chart audit binder is filled out correctly and matches the schedule

- Sign off on chart audit binder to confirm it has been filled out properly
- Check patient files to ensure chart audits have been completed
- Inform appropriate SPT if any part of the chart audit is missing
- Make premade evaluation patient files for initial evaluations (intake forms)
- Ensure outcome measures and chart audit folders are full
- Maintain active and discharge patient files are in the correct file cabinet

Chronic Pain Program (CPP) Coordinators: (2)

- Work with core faculty on implementation and scheduling our chronic pain/opioid reduction program
- Seek appropriate referrals and market the CPP program to local providers
- Educate fellow SPT's on the CPP implementation and successful completion
- Organize and encourage follow-up with discharged clients which may include telehealth

Telehealth Coordinators: (2)

- Work with the faculty on the implementation of telehealth for the Briar Cliff Clinic
- Explore options for expansion of our services to untapped patient populations
- Train fellow student physical therapists' in utilizing telehealth for patient care/follow-ups
- Track utilization and the number of clients served
- Work with Schedulers on creating and updating the patient schedule

Clinic Supervisor Liaison/Scheduler (2)

- Seek local PT clinician volunteers to supervise Briar Cliff Clinic
- Arrange for clinic shadowing with a BCU faculty member to orient new supervisors
- Work closely with schedulers before each semester to create and update the supervisor schedule
- Send reminders to community supervisors
- Schedule clinic supervisors including faculty, alumni, and local clinicians
- Assist with orienting BCU clinic observers/interns

Pro Bono Network North Central Regional Consortia Representative (1-2)

- Facilitate communication between other University student-run clinics in your region that offer pro bono services.
- Serve as a resource for foreign language development and implementation for student-run pro bono clinics in the nation.

- Attend conferences as a representative of the Pro Bono Network steering committee and BCU, including at CSM and the Pro Bono Network conference
- Meet with students from the national and regional pro bono centers to meet twice per year via zoom or in person.
- Establish an organization to facilitate collaboration between student members of the regional pro bono health center to provide resources for foreign language consultation and improve regional health services.
- Identify current pro bono centers and their available resources/services
- Develop a mechanism to share foreign language service resources on a regional and national level.

Student Physical **Therapist** **Responsibilities**

Student Physical Therapist (SPT) Responsibilities

Arrival on Clinic days:

- SPT must arrive by 4:30 PM to review their patients
- SPT must be prepared to review their patients with the faculty supervisor during pre-treatment patient reviews

Patient Treatment:

- SPT will work in pairs and be assigned patients during the 5:15 PM and/or 6:15 PM treatment slots

Documentation:

- Complete documentation using EMR within 24 hours of the treatment session
- SPT must complete a note for each patient scheduled that night, including cancellations and no shows SPT forwards their note to the supervising therapist for review within 24 hours of the patient's documented time out Faculty must sign-off on the EMR note within 2 business days of the SPT submission

Debriefing:

- Each pair of students meets with the supervising therapist to debrief on each patient following the treatment session

Supervision of Physical Therapy Assistant (SPTA):

- SPT may be assigned a SPTA
- SPT communicates with SPTA regarding appropriate task assignment

Front Desk Duties and Responsibilities

Arrival and set-up:

- Arrive early to the clinic and set out the BCU flag
- Ensure the lab room is clean (plinth have been disinfected and the room is tidy)
- Follow health protocols as required by the University
- Remain at the front desk to unlock doors for patients
- Make sure that all student groups are present
- Make sure the faculty supervisor is present by at least 5:00 PM to conduct pre-treatment patient reviews
- Call the Assistant Director of Clinical Education if the faculty supervisor is not there on time

New patients:

- Walk-ins are assigned to a group or scheduled for a future appointment as availability allows
- Make sure there are enough copies of evaluation forms/surveys
- Place the papers in this order on the clipboard 1st page to last:
 - Medical Intake Form
 - Insurance Form
 - HIPAA Form
- Make new folder for the patient:
 - Last Name, First Name, PTs (letter of the group)
- Consent forms and HIPAA forms must be filled out before the patient is treated
- Assist patients with filling out paperwork as needed (I.E: Answering questions)
- Give the patient the satisfaction survey at the end of their treatment to complete before leaving

Filing:

- File all papers appropriately in the resource room in the filing cabinet by phone
 - File them alphabetically by last name
 - Leave the survey in the folder labeled completed surveys

Scheduling:

- Schedule patients' future appointments at the end of their treatment session

Cleaning:

- Make sure the clinic space is picked up and clean, lights off and, BCU flag in before leaving

Discharging patients:

- Have the patient fill out the satisfaction survey after their last treatment

Supervisory Physical **Therapists**

Supervisory Physical Therapists

The clinic Supervisor Liaison recruits and maintains a pool of Iowa-licensed physical therapists for supervisory service at the Clinic. The Clinic Supervisor Liaison recruits Briar Cliff University DPT Alumni, Clinical Instructors, and interested professionals from local physical therapy clinics. Supervision by the Briar Cliff University DPT Program Faculty is a requirement of the core faculty workload for Clinical Correlations Courses.

The Supervising Physical Therapists Will:

1. Hold a current license in the State of Iowa
2. Have an adjunct clinical instructor contract with Briar Cliff University

The Supervising Physical Therapists Will Provide:

1. A current copy of IA professional license
2. A current copy of the adjunct contract
3. A current copy of resume /C.V.
4. A copy of current immunization records as stated in DPT Faculty Handbook
5. A current copy of CPR certification

The Supervising Physical Therapists are Responsible for:

1. Guiding patient care and clinical decisions
2. Supervising students
3. Signing off on electronic documentation.
4. Communication with PT (Physical Therapy) Faculty and Staff

Orientation for the Supervising Physical Therapists Includes:

1. An orientation to the roles and responsibilities of the supervising therapist
2. Orientation to the clinic procedures including an emergency plan

Benefits for Supervisory Physical Therapists Includes:

1. Discounted continuing education courses at Briar Cliff
2. Mentorship opportunities with BCU DPT faculty
3. The adjunct contract with Briar Cliff University will provide the therapist with malpractice insurance for services provided through the Clinic
4. Access to the BCU Library resources upon request

Appendices

Appendices A:

Application for a Position on the
Pro Bono Clinic Student Board

1. Name: _____
3. Class of: _____
4. Why are you interested in serving on the Student Pro Bono Clinic Board?
5. Please describe your present and past involvement in community engagement activities.
6. Please describe your strengths that would make you a suitable candidate for the position(s).
7. Please describe the type of role you would like to have on the student committee for the Pro Bono Clinic.
8. Any additional comments?

Appendices B:

Briar Cliff University
Pro Bono Clinic

NAME: _____ DATE: _____
ADDRESS: _____
HOME PHONE: _____ CELL PHONE: _____
E-MAIL: _____
BEST WAY TO CONTACT ME (Circle one): CELL PHONE HOME PHONE E-MAIL
GENDER: _____
DATE OF BIRTH: _____
EMPLOYMENT: _____
PREVIOUS PHYSICAL THERAPY: YES or NO _____ DATE: _____
LOCATION: _____
HEIGHT: _____ WEIGHT: _____ AGE: _____
PRIMARY COMPLAINT: _____
ONSET OF PROBLEM: _____
DATE OF SURGERY IF APPLICABLE: _____
IS THIS WORK RELATED? Yes No MOTOR VEHICLE ACCIDENT? Yes No
PAST MEDICAL HISTORY INCLUDING SURGERIES:

PLEASE INDICATE IF YOU HAVE ANY OF THE FOLLOWING CONDITIONS:

ALLERGY HEMOPHILIA OSTEOPOROSIS
 ANEMIA HEPATITIS PACEMAKER
 CANCER HERNIA PREGNANCY
 CHEMOTHERAPY RADIATION HIGH BLOOD PRESSURE
 CLAUSTROPHOBIA HIV/AIDS RECENT FRACTURES
 DIABETES HYPOGLYCEMIA RECENT WEIGHT LOSS
 DIZZINESS INCONTINENCE RHEUMATOID ARTHRITIS
 FEVER KIDNEY DISEASE SEIZURES
 GLAUCOMA LUNG PROBLEMS SKIN SENSITIVITIES
 HEADACHES METAL IMPLANTS STROKE
 OPEN WOUNDS NERVOUS DISORDER THROMBOPHLEBITIS
 HEART DISEASE HEART MURMUR URINARY PROBLEMS
 OSTEOARTHRITIS PROSTATE PROBLEMS HEART ATTACK/FAILURE
 SMOKE (quantity per day _____) ALCOHOL (quantity per day _____)

Have you ever had any serious illnesses not listed above? YES NO

If yes, please explain: _____

MEDICATIONS PRESENTLY TAKING _____

In the past two weeks for most of the day, every day, have you felt down, depressed, or hopeless? YES NO

In the past two weeks, for most of the day, every day, have you been bothered by lack of interest in doing things you used to enjoy.

YES NO

PAIN ASSESSMENT

PRESENTLY (scale of 0-10): 0 1 2 3 4 5 6 7 8 9

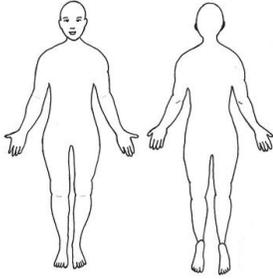
WORST (scale of 0-10): 0 1 2 3 4 5 6 7 8 9

LEAST (scale of 0-10): 0 1 2 3 4 5 6 7 8 9

What helps to decrease your pain: _____

What makes your pain worse? _____

Please indicate on the diagrams where you are experiencing symptoms.



How did you get to the Clinic today? _____

I understand that if I do not show for 3 total or 2 consecutive appointments without cancelling before my appointment, I will be discharged from the Briar Cliff Clinic. I must contact the Clinic and any future appointments will require a new evaluation.

Initials: _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or to the patient's) health. It is my responsibility to inform Physical Therapy of any changes in my medical status.

SIGNATURE OF PATIENT: _____ **DATE:** _____

PARENT, OR GUARDIAN: _____ **DATE:** _____

Appendices C:

BRIAR CLIFF UNIVERSITY
Department of Physical Therapy
HIPAA AUTHORIZATION FOR USE/DISCLOSURE OF INFORMATION AND CONSENT/USE
OF PHOTOGRAPHS AND AUDIO/VIDEO IMAGES

Briar Cliff University (BCU) respects the privacy of individuals receiving services or treatment through our Doctor of Physical Therapy (DPT) program. Therefore, before using your image in any way, BCU requests your permission to allow us to take and use audio/video/photographic material of you in the BCU DPT program's internal and external communications which may include the publication of such materials online, in print, and news media (such as TV, radio, newspapers, and magazines).

To ensure that BCU is acting per your wishes, and using your personal information with your authorization, we ask you to fill out and sign this form. BCU will keep a copy of your written permission on file.

_____ I do give my permission for BCU to **use my name and share details of my treatment and experience as a patient/client** in the Department of Physical Therapy in communications produced by or on behalf of BCU.

_____ I do give permission and consent to BCU to **take and make use of my audio/video/photographic images** in publications produced by or on behalf of BCU. This permission extends both to electronic versions on the BCU websites and another internet/electronic application as well as to printed, filmed, and taped versions.

_____ I do give my permission for BCU to **release my name and details of my care in the BCU/DPT program to the news** and electronic media including, but not limited to, internet/online publications, TV, radio, newspapers, and/or magazines, and allow the news media to make images (digital, video, or otherwise) of me for purposes of illustrating my treatment and experience in the BCU/DPT program.

I am not required to sign this authorization. BCU does not condition treatment, payment, benefit eligibility, or enrollment activities on the signing of this form. I can request a copy of this authorization to be mailed to me. I understand that I will not be entitled to any payment or other form of remuneration as a result of any use of any information and audio/video/photographic material.

If I decide to sign this form, I have the right to request that audio/video recording, filming, or photographing cease at any time.

I am aware that my protected health information will exist in either a recorded, printed, and/or electronic version or other versions as may develop over time and that once it is published or disclosed in any form it will continue to be used. I understand that information about me used or disclosed according to this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the federal regulations protecting the privacy of an individual's health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable federal and state law.

I understand that I may revoke or withdraw this permission at any time to prohibit the future use of my information. To do so, I must send written notice to the Program Director, Doctor of Physical Therapy Program, c/o Briar Cliff University at Mayfair, 4280 Sergeant Road, Suite 100, Sioux City, IA 51106. I understand that BCU, as well as other persons or entities, will retain copies of any such electronic or printed versions and may retain these versions indefinitely and that any revocation of this authorization will only cover the information within BCU's control that has not been previously disclosed or published. If not revoked/withdrawn by me, this authorization expires ten (10) years from the date that I sign it.

Patient/Client Name: _____
(first) (m. initial) (last)

Signature: _____ **Date:** _____

Address: _____

Phone #: _____ **(Mobile or Home)**

For personal representatives such as parents or guardians, please provide the following:

I _____ **represent that I am the health care agent/guardian/surrogate/parent of the patient/client above.**
(Insert your name) (Circle one of the above)

Personal Representative Signature: _____

Address if different then above: _____

Phone # if different then above: _____

Appendices D:

INSURANCE AND STUDENT SERVICES FORM

I verify that I am uninsured, underinsured, or my benefits have met maximum limits and do not have the resources to private pay.

Initial: _____

I acknowledge that the services received at this pro bono clinic may be provided by student physical therapists and are completed as a learning experience. All student experiences are supervised by licensed, practicing physical therapists.

Initial: _____

As a result, I understand and acknowledge that my case may be used in the classroom for educational purposes to assist the students with learning (your name and personal information will not be disclosed). *If this is not desired, DO NOT initial.*

Initial: _____

If emergency services, additional tests, or examinations by a physician are needed, the service providers at this Clinic will refer you to a hospital facility within the region and this expense will be your responsibility.

Initial: _____

Signed: _____

Relationship if Patient is Minor: _____

Print Name: _____

Date: _____

Appendices F:

DISCHARGE SURVEY

1. Overall, my experience with Briar Cliff Clinic was a positive one.
Strongly Disagree/ Disagree Neutral Agree Strongly Agree
2. My chief complaint/pain improved as I continued my treatment at Briar Cliff Clinic.
Strongly Disagree/ Disagree Neutral Agree Strongly Agree
3. If pain was a problem for you, please rate the pain you had before therapy and after therapy
Beginning of treatment: (0=no pain; 10 most severe pain imaginable): _____
End of treatment: (0=no pain; 10 most severe pain imaginable): _____
4. As a result of my treatments, I have a better understanding of my problem.
Strongly Disagree/ Disagree Neutral Agree Strongly Agree
5. Your experience at Briar Cliff Clinic gives you a further understanding of your condition.
Strongly Disagree/ Disagree Neutral Agree Strongly Agree
6. The scheduling of appointments was easy and user-friendly.
Strongly Disagree/ Disagree Neutral Agree Strongly Agree
7. I did not have any problems with parking during my sessions.
Strongly Disagree/ Disagree Neutral Agree Strongly Agree
8. I was satisfied with the treatment provided by my physical therapist(s).
Strongly Disagree/ Disagree Neutral Agree Strongly Agree
9. My therapy sessions were completed in a reasonable amount of time.
Strongly Disagree/ Disagree Neutral Agree Strongly Agree
10. The treatment area was clean and organized.
Strongly Disagree/ Disagree Neutral Agree Strongly Agree
11. The staff was professional, respectful, and courteous.
Strongly Disagree/ Disagree Neutral Agree Strongly Agree
12. I will return to this facility if I require physical therapy care in the future.
Strongly Disagree/ Disagree Neutral Agree Strongly Agree
13. I would prefer a family member or friend to the Briar Cliff Clinic if they require physical therapy care.
Strongly Disagree/ Disagree Neutral Agree Strongly Agree

Please add comments for the following questions:

What did you like least about your visit to the Briar Cliff Clinic?

How can we improve service at the Briar Cliff Clinic?

What can we do to make visits more patient-friendly and pleasant at the Briar Cliff Clinic?

Please add any additional comments, concerns, or suggestions: