Purpose

The purpose of this guide is to provide students in the Doctor of Physical Therapy (DPT) Program an overview of the policies and procedures for selecting the clinical experiences and internships completed during the Program.

This guide will:
- Outline the clinical education experience and internship requirements and expectations
- Outline the sequential timeline and process for experience and internship selections
- Inform students of available clinical sites and opportunities
- Inform students of the roles and responsibilities of the student, Director of Clinical Education (DCE), and the Assistant to the DCE in the selections process

After reviewing this Guide, students will:
- Be prepared to make informed decisions about their clinical education selections in consultation with the DCE.
- Have realistic expectation about the clinical selections process

Considerations in the Placement Process

The Doctor of Physical Therapy Program at the University of Utah prepares students as generalist physical therapists who are prepared to practice in any clinical setting. Students are prepared for not only a current level of practice, but also to adapt to future changes throughout their careers. The entire curriculum prepares students to be confident independent generalist practitioners in the multifaceted roles of clinician, teacher, researcher, consultant, administrator, and life-long learner. To this end, students are encouraged to obtain a wide exposure to a variety of practice settings throughout the program.

Clinical Experience and Internship Requirements

<table>
<thead>
<tr>
<th>Year</th>
<th>Clinical Experiences</th>
<th>Time Frame</th>
<th>Year</th>
<th>Clinical Internships</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>PHTH 6800 (1)</td>
<td>4 hrs/week for 10-12 wks</td>
<td>Year 2</td>
<td>PHTH 7810 (9)</td>
<td>10 weeks full-time 400 clinical hr equivalent</td>
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<tr>
<td></td>
<td>Clinical Experience I Required</td>
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<td>Clinical Internship I Required</td>
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<tr>
<td>Year 1-2</td>
<td>PHTH 6820 (1)</td>
<td>4 hrs/week for 10-12 wks or equivalent</td>
<td>Year 3</td>
<td>PHTH 7840 (9)</td>
<td>10 weeks full-time 400 clinical hr equivalent</td>
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<tr>
<td></td>
<td>Clinical Experience II Optional</td>
<td></td>
<td></td>
<td>Clinical Internship II Required</td>
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<tr>
<td>Year 1-3</td>
<td>PHTH 6830 (1)</td>
<td>4 hrs/week for 10-12 wks or equivalent</td>
<td>Year 3</td>
<td>PHTH 7860 (6)</td>
<td>8 weeks full-time 320 clinical hr equivalent</td>
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<tr>
<td></td>
<td>Clinical Experience III Optional</td>
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<td></td>
<td>Clinical Internship III Required</td>
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<tr>
<td>Year 2-3</td>
<td>PHTH 6850 (1)</td>
<td>4 hrs/week for 10-12 wks or equivalent</td>
<td>Year 3</td>
<td>PHTH 7880 (6)</td>
<td>8 weeks full-time 320 clinical hr equivalent</td>
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<tr>
<td></td>
<td>Clinical Experience IV Optional</td>
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<td></td>
<td>Clinical Internship IV Required</td>
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<tr>
<td>Year 3</td>
<td>PHTH 7960 (1-5)</td>
<td>4 hrs/week for 10-12 wks or equivalent</td>
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FULL-TIME CLINICAL INTERNSHIP PRACTICE SETTING REQUIREMENTS

Practice Setting Requirements:

- **Inpatient Acute Care** (or mix that includes at least 50% acute care)
  A portion of this experience must be in a hospital setting including adults and/or children.

- **Outpatient Orthopedics**
  This experience should take place in an ambulatory care environment or private practice.

- **Neurological Rehabilitation** (pediatric or adult; inpatient or outpatient)
  This internship can be in an adult or pediatric inpatient or outpatient rehabilitation facility, skilled nursing facility, or school system. To qualify as a rehabilitation setting, the majority of patients must have neurologic diagnoses and the staff must include other health care providers (PT, OT, SLP, TR, RN, MD, RD, SW, etc) working in an interdisciplinary team environment.

- **Geriatric or Optional***
  *an optional site can only be chosen if the student can account for significant geriatric experiences within other previous or planned internships. Students may choose to repeat a setting as their optional internship (e.g., a second ortho outpatient internship) or may choose a different specialty area setting (e.g., balance/vestibular, woman's health, burn, wound care).

Some sites offer a combination of experiences such as rural settings where the therapists see patients in acute care, the outpatient clinic, the school system, and home health routinely during the course of a day and/or week. In these cases, the practice setting assignment will be based on where the majority of the student’s experience will be. This setting assignment will be determined by the Director of Clinical Education in consideration of the individual student’s overall clinical education program.

While the full-time internships do not require any specific order, given the schedule of the didactic curriculum, students will get the most out of their experiences with the following suggested sequencing:

- Clinical Internship I: Acute Care, Outpatient Ortho
- Clinical Internship II: Acute Care, Outpatient Ortho, Neurologic Rehab (pediatrics)
- Clinical Internships III & IV: Neurological Rehab, Optional

STUDENT SPECIAL NEEDS / REQUESTS

Students select their own internship sites based upon their chosen number within a lottery order. The Director of Clinical Education strives to ensure the best match possible between available internship positions and the students' needs/interests while not jeopardizing the breadth and depth of a student's overall clinical education. Students choose a prioritized list of options for their internship through a collaborative decision-making process between the DCE, the student and the clinical site. Therefore, students should make their selections only after consulting with the DCE. Given students make their own selections (within parameters), they are able to do the best work at accommodating their own special needs (such as location secondary to transportation constraints, need to remain in Utah for an internship, or other needs requiring individual consideration). There are times however, given a student's lottery order and remaining positions, a student's personal considerations may not be able to be accommodated. The University, Program and Director of Clinical Education retain final decision-making authority in order to best meet the education goals of the student and the Program.
# CLINICAL INTERNSHIP SELECTION PROCESS & TIMELINE

In general, the clinical internship process proceeds according to the following schedule.

## SCHEDULE

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Description</th>
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<tbody>
<tr>
<td>January - February</td>
<td>• Student review master data base of contracted sites.</td>
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<td></td>
<td>• Students meet and consult with DCE regarding their internship plan</td>
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<td></td>
<td>• Students submit to DCE a prioritized listing of site selections</td>
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<tr>
<td>February (Local) – March (National)</td>
<td>• Requests sent to clinical sites (National Mailing Date = March 1) for available positions during the following calendar year, requesting specific student placements as per students requests.</td>
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<tr>
<td>On or before April 1</td>
<td>• Requests returned (responses trickle in throughout April)</td>
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<tr>
<td>April</td>
<td>• Internship positions collated as available</td>
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<tr>
<td>April – May</td>
<td>• Students in Years 2 &amp; 3 (where placement requests denied)</td>
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<tr>
<td></td>
<td>• Students review internship options</td>
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<tr>
<td></td>
<td>• Consultation time with DCE</td>
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<tr>
<td></td>
<td>• Rolling internship lottery</td>
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<tr>
<td></td>
<td>• Interviews conducted PRN per clinical sites</td>
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<tr>
<td></td>
<td>• First Come / First Serve placements confirmed</td>
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<tr>
<td>March – May</td>
<td>• Rolling internship lottery for 2nd &amp; 3rd year placements</td>
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<tr>
<td>June</td>
<td>• Placement Letters to Sites for full time internships, Years 2 &amp; 3</td>
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<tr>
<td>May - June</td>
<td>• Students in Year 1</td>
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<tr>
<td></td>
<td>• Students review internship options</td>
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<td></td>
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<td></td>
<td>• First Come / First Serve placements confirmed</td>
</tr>
<tr>
<td>July</td>
<td>• Placement Letters to Sites for full time internships, Year 1</td>
</tr>
<tr>
<td>August – September</td>
<td>• Final internship placements – all finalized</td>
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</tbody>
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## CONSULTATION with DCE

In January, students should meet with the DCE to review their internship plans. Consultation is crucial to determine the best selections for individual student needs. Students review available options and consult with the DCE prior to making their selections. Each student MUST meet with the DCE at least once to review his/her overall clinical education program and discuss placement opportunities, including DCE recommendations. The DCE strives to ensure the best match possible between available internship positions and the students' needs/interests while not jeopardizing the breadth and depth of a student's overall clinical education. Students will have the opportunity to meet with the DCE as frequently as needed during this consultation period.

## LOTTERY

During orientation to the program, on the first day of classes, the incoming 1st year students choose a lottery number that remains theirs for the entire program. Students choose their internship site from the list of available positions in sequential order according to their lottery number. Available positions are posted on WebCT and updated regularly. Students submit their site selection also via WebCT. The sequence of the lottery takes place as follows:

- Internship I = Regular numerical order
- Internship II = Reverse order
- Internship III = Order split in half and swapped
- Internship IV = Reverse of Internship III

## FINAL PLACEMENT

In most cases, because the student has consulted with the DCE prior to making his/her selection, the choices made during the lottery stand. However, if a student has made an unwise choice that compromises the goals of the program for independent generalist practice, then that student's request may not be honored. In such a case, the final assignment is then made by the DCE in collaboration with the student (as much as possible).
Following the lottery selections, the DCE or Assistant will contact and confirm any selected “first-come-first-served sites”. Confirmation letters are then sent out to all selected positions. Every year, a portion of the sites are unable to accommodate a student in a position they previously offered. In these cases, alternate choices are made by the student in collaboration with the DCE. NOTE - changes may happen at any time of the year and students should be flexible and prepared to make alternate choices.

**DEVELOPMENT of NEW CLINICAL SITES**

It is the Director of Clinical Education's responsibility to utilize clinical sites with which we have an agreement in an efficient manner and assuring continued participation and development of clinical faculty. Students are often interested in setting up new clinical sites in areas where they have family and housing would be affordable.

The decision to establish a formal relationship with a clinical facility is carefully considered based on:

- The desire of the clinical staff at the facility to have students,
- The belief the student will participate in a high quality experience
- The type(s) of learning experiences available to students,
- The likelihood the facility will be utilized on a regular basis
- The internship needs of the Program
- The cost to the Program to maintain the site.

New clinical sites are established **ONLY WHEN:**

- The DCE sees a need for additional sites in a specific area of practice
- The site offers unique opportunities not available at already contracted sites
- The current sites are unable to offer student placement due to changes in staffing patterns limiting the number of students, or for other reasons affecting the clinical education at the site

UNDER NO CIRCUMSTANCES should a student or family member contact a potential new clinical site with the intent to explore the possibilities of completing an internship at that site! In the event students or family members make such contact with sites requesting placements, the requested internship will be denied/cancelled. The DCE handles all communications for establishing internship placements.

The Department maintains over 400 contracts with clinical sites with about 40-50% of these used each year. Beginning in 2009, the Program has adopted the policy of regularly using those clinical sites that consistently offer student placements and provide students with good learning experiences. We believe that when clinical sites are used frequently by U of U students, the clinical instructors become more familiar with the program curriculum. Also, a stronger relationship is developed between the school and the site, facilitating an ongoing commitment to providing quality clinical experiences year after year. Clinical sites are located in most states across the country with predominance located in Utah, Arizona, Wyoming, Nevada, Washington, Oregon, California, Montana and Idaho.

**CLINICAL INTERNSHIP SELECTION POLICIES**

- A student will NOT be placed at a clinical site where the student has worked or volunteered in the physical therapy department within the last 3 years. A student will also NOT be placed at a facility where the student has been or is currently being treated as a patient in the physical therapy department. The Program believes it may be more difficult for a student to establish themselves as a student professional in these settings since former colleagues and therapists may continue to interact with the student within previously established roles and present a bias toward rating the student's performance.

- A student will NOT be placed at a clinical site that is funding a portion or all of the student’s education in the Program and/or has hired the student to begin employment upon completion of the physical therapy Program. The funding and/or employment presents a conflict of interest for all parties involved and also presents a bias towards rating student performance. A student is REQUIRED to disclose to the Program any such arrangements made with clinical sites and/or employers. This policy will not prohibit students from accepting offers of employment at facilities here they are currently completing an internship or have previously completed an internship.

- Students may contact a clinical site or clinical instructor regarding a clinical internship or experience **ONLY AFTER** the internship/experience has been confirmed with the site by the DCE or Assistant to the DCE.
The University of Utah, Department of Physical Therapy, is fully committed to affirmative action and to its policies of nondiscrimination and equal opportunity in all programs, activities, and employment with regard to race, color, national origin, sex, age, status as a person with a disability, religion, sexual orientation, and status as a veteran or disabled veteran. The University seeks to provide equal access to its programs, services and activities for people with disabilities. Reasonable prior notice is needed to arrange accommodations. Evidence of practices not consistent with these policies should be reported to the Office of Equal Opportunity and Affirmative Action, (801) 581-8365 (V/TDD).

DESCRIPTION OF FACILITY & PRACTICE SETTING TYPES
(This section adapted with permission from Nancy Erikson, Eastern Washington University)

ACUTE CARE

For this requirement students may complete an internship that is full-time within the hospital setting, or may complete an internship in a rural/general practice setting (description below) with at least 50% time spent within the acute hospital.

In the acute medical hospital, caseloads may include adult and/or pediatric patients. Patients may be seen in the intensive care unit, bedside and/or in therapy departments within the hospital. Depending on the hospital, students will see a wide variety of diagnoses and may have exposure to several different units within the hospital (e.g., medical/surgical, intensive care [Intensive Care Unit (ICU)], Cardiac Care Unit (CCU), Surgical Intensive Care Unit (SICU), Neuro Critical Care (NCC)), oncology, neurology, transplant, psychology, transitional care unit. A portion of the caseload may be patients post orthopedic surgery (joint replacement, spine surgery, fracture repair, etc). Physical therapists are frequently the first to get patients up out of bed. Discharge planning is done beginning with the first patient visit and physical therapists determine the appropriate and safe return to home or other living options. Students need strong communication skills to work with patients, families, nurses, occupational therapists, speech language pathologists, physical therapy assistants, discharge planners, physicians and other members of the patient's health care team.

A primary responsibility for PTs in this setting is to monitor response to activity after a surgery or during recovery from illness. Therefore, knowledge of oxygen saturation, blood pressure, heart rate, respiratory rate and the changes with modification of position or activity is vital. Physical therapists also play an integral part in discharge planning to a safe environment and most conducive to the individual patient's healing process. You need to be prepared for interruptions from other health care team members working with your patients. Often, you will need to be flexible as your caseload and schedule may change frequently.

Strategies to prepare for an internship in this setting:

- Practice evaluations for an acute care setting – which aspects of an examination would be most important?
- Review all precautions with different lines and management of lines.
- Practice transfers and bed mobility.
- Review lab values – make a “cheat sheet”.
- Prepare to instruct patient and family members in functional activities.
- Be ready for discharge planning – learn about options (Skilled Nursing Facilities, rehab, home health).
- Practice chart reviews.
- Review post-surgical precautions.
- Read chapters in the pathology text regarding cardiopulmonary and respiratory diseases.
- Review medical terminology.

RURAL / GENERAL PRACTICE

Typically, a general practice site will be a small rural hospital with 20–30 inpatient beds. Outpatient service is usually large (may be up to 80% of the PT service); other areas may include acute care, long-term care, home care, industrial and pediatrics. Pediatric clients may be served in the clinic, in schools, in institutions or in their homes. The amount of time students spend in each setting will vary, depending on staffing and size of caseloads.

OUTPATIENT ORTHOPEDIC

The orthopedic outpatient clinic may be a free-standing clinic, a clinic within a hospital, or a hospital satellite clinic (affiliated with a hospital but not located within the hospital). Caseloads will primarily be adult general orthopedic cases. A few clinics may be

DCE = Director of Clinical Education
CCCE = Center Coordinator of Clinical Education
CI = Clinical Instructor
(Reva P. Rauk, PT, PhD, MMSc, NCS) (The individual who coordinates all internships at the site) (An individual student's supervising mentor)
involved with sports medicine or specialize in spine or extremity care. The percentage of sports injuries seen will fluctuate, depending on the season, although some clinics may see a majority of sports related injuries. Some clinics offer specialty services, such as work hardening, hand clinic, women’s health, vestibular or lymphedema treatment.

Strategies to prepare for an internship in this setting:
- Demonstrate a strong knowledge of anatomy and biomechanics.
- Practice your examination skills, including special tests.
- Practice palpation skills, especially on the spine.
- Research your specific internship facility – find out the number of patients per day, the most common diagnoses, and the average age of the patients. This information can be found in the Clinical Site Information Form on WebCT and/or through searching the facility’s web site.
- Review the most common diagnoses, including assessment and treatment.
- Practice the skills needed for assessment and treatment of patients with the most common diagnoses.
- Design a form to use during examination to minimize patient movements.
- Review joint mobilizations and capsular patterns.

NEUROLOGIC REHABILITATION

This requirement can be fulfilled in an adult or pediatric inpatient or outpatient rehabilitation facility, skilled nursing facility, or school system. To qualify as a neuro rehabilitation setting, the majority of patients must have neurologic diagnoses and the staff must include other health care providers (PT, OT, SLP, TR, RN, MD, RD, SW, etc) working in an interdisciplinary team environment.

There are three types of rehabilitation sites: the inpatient rehabilitation unit, the outpatient rehabilitation clinic and sub-acute/skilled nursing facility. Patients will include those with neurologic, orthopedic, cardiac and general medical diagnoses. The proportion and type of neurological diagnoses seen will vary depending on the specific facility. For example, patients with a spinal cord injury are routinely seen in only a few of the rehabilitation sites; primarily at major Level I Trauma hospitals. Patients who have had strokes or hip replacement surgeries are seen more routinely.

INPATIENT REHABILITATION UNITS: Inpatient rehab units may be free-standing hospitals, units within hospitals, or a satellite building of a larger medical center. Caseload consists of adult and/or pediatric patients who are transferred from the acute care unit/hospital. Common diagnoses include: stroke, traumatic brain injury, spinal cord injury, Guillain Barre, cardiac diseases, and post surgery (spine, multiple trauma). Patients are seen twice/day for intensive therapies of at least 3 hours per day (PT, OT, SLP). Patients are also seen by the recreation therapy (TR), social work (SW), case management (CM) and other rehab professionals depending on patient need. Working as part of the rehab team and participating in rehab “rounds” or “team meetings” is an important aspect of this learning experience. Length of stay for patients varies, but typically may be anywhere from 1-8 weeks. Discharge is usually to home, perhaps with supportive services. Therapists provide caregiver training and home evaluations.

Strategies to prepare for an internship in this setting:
- Review neuromuscular academics.
- Be flexible.
- Work on movement analysis observation skills.
- Be creative with interventions.
- Practice communicating in layman’s terms.
- Review treatment strategies for patients with cognitive impairments.
- Organize your neurological assessment and be ready to perform it.

OUTPATIENT REHABILITATION CLINICS: Outpatient rehab clinics are usually associated with a large hospital facility. The clinic may be in the hospital or located off-site. Caseload consists of adult and/or pediatric patients who are generally seen two to three times per week by the PT. Patients may also be seen by the occupational therapist (OT), speech therapist or other rehab professionals. Patients come for a multidisciplinary approach to rehab. Common diagnoses include stroke, traumatic brain injury, spinal cord injury, multiple sclerosis, Parkinson’s disease, and other neurologic diseases/conditions.

Strategies to prepare for an internship in this setting:
Review neurologic academics.
Be flexible.
Work on movement analysis observation skills.
Be creative with interventions.
Practice communicating in layman's terms.

SUBACUTE /SKILLED NURSING FACILITY: Subacute (or transitional care) units are usually located in skilled nursing facilities (SNF). A proportion of the beds in the facility may provide residential nursing care as well. Approximately 70-80% of the patients seen in PT will be from the subacute unit of the facility. Patients may have a variety of diagnoses, including neurologic, orthopedic, cardiac or general medical. Multiple system medical involvement is common. Most likely, these patients will also be seen by the occupational therapists, speech therapists, social worker or other rehab professionals. Working as part of this rehab team and participating in rehab “rounds” is an important aspect of this learning experience. In subacute units, the majority of the patients return to home in 2-8 weeks; others may be transferred to a type of supported living or skilled nursing facility. Patients seen will primarily be geriatric.

Patients in a Skilled Nursing Facility are usually patients who have been discharged from a hospital but are not yet able to return home because they require physical therapy, occupational therapy and/or speech therapy or have continued nursing needs. Some patients will leave once they meet their rehab goals and others will remain long-term residents. Students will see a wide variety of diagnoses from all systems. There are many opportunities to observe and participate with other disciplines, including occupational therapy, speech, home health, social workers, dieticians, physicians, administrators and nursing. Physical therapy includes therapeutic exercise, gait training, bed mobility, transfer training and balance training. Physical therapy is usually done daily, five times a week or more. Physical therapists do family training, discharge planning, safety evaluations and order equipment.

Strategies to prepare for an internship in this setting:
- Review total hip and total knee post-operative precautions.
- Practice transfers, gait training, bed mobility and balance training techniques.
- Know indications/contraindications for therapeutic exercise.
- Know medical precautions to exercise.
- Think creatively, be flexible and patient.
- Develop interpersonal skills to interact effectively with older patients.
- Review a variety of strategies to help patients accomplish functional tasks.
- Review orthopedic skills – these are frequently used in this setting.
- Prepare to communicate frequently with occupational therapists, speech language pathologists, respiratory therapists, nurses, nurse’s aides, social workers and physicians.

PEDiatric

At pediatric sites, neurologic diagnoses are commonly seen but orthopedic diagnoses may be seen as well. There are basically three types of options available in a pediatric experience.

School system. May include 3 – 12 or birth to 21. This experience will offer the unique perspective of physical therapy delivered in an educational-based model rather than the medical model. It is important students understand this distinction when considering a school-based experience. Physical therapy is a support service available to the children who require extra help/interventions/adaptations to enable them to participate as much as possible in the school with their peers. Physical therapy could include individual therapy or group based therapy (adaptive physical education). Often physical therapists provide services at more than one location, so students must be willing to be flexible and mobile. Students will likely need their own transportation.

Strategies to prepare for an internship in this setting:
- Read about the Individuals with Disabilities Education Act (IDEA) and Individualized Education Plans (IEPs): information can be found on the web.
- Be ready to be creative with therapeutic play activities.
- Review autism, attention deficit behavior modification strategies and motivational strategies for working with children.
Hospital. Will most likely include outpatient as well as inpatient services. The proportion of outpatient to inpatient will vary depending on the facility. Will be similar to the description of Acute Care. A pediatric inpatient hospital would most often fulfill the acute care requirement.

Outpatient Clinic. May be based primarily in an outpatient clinic but services may also include home care, school system contracts and/or residential facility coverage. Students must be willing to be flexible and mobile, and will likely need their own transportation. Students must also be able to meet the physical requirements of working in an outpatient pediatric setting, including sitting, kneeling, lying on the floor and lifting/carrying children comfortably and safely. Common diagnoses include neuro/developmental delays, cerebral palsy and Down’s Syndrome. Evaluations used include the Bailey, Bruininks Osteretsky Test of Motor Proficiency, the Peabody and others.

Strategies to prepare for an internship in this setting:

- Work on family education.
- Be prepared to deal with behavior issues throughout treatment sessions.
- Develop effective communication skills with children and with parents.
- Review assessment tools and standardized tests used in pediatric settings.
- Prepare to work in a collaborative model with occupational therapists and speech language pathologists.
- Be prepared to research new diagnoses.
- Know the developmental sequence (i.e., when babies roll, sit, stand, etc.).
- Spend some time around children who have typical development.
- Evaluate a child who is developing typically using a measure, such as the Peabody.
- Learn basic sign language (yes, no, please, thank you, etc).

GERIATRIC

A geriatric setting may actually be any of the settings described above (with the exception of pediatrics) where patients seen are older or elder adults. Subacute/Skilled Nursing Facilities are typically seen as specialty geriatric care settings. To fulfill the Geriatric internship requirement, a student must account for significant geriatric experiences within their internships (a student is not required to complete an internship in a subacute or skilled nursing facility).

OTHER

Other clinical internship opportunities may include experiences in home care, women’s health, work hardening, wound care, industrial, administration, cardiac rehabilitation, wellness/prevention, aquatics or chronic pain. Other types of experiences are also possible.