



Welcome Letter

As a service to the community and our future colleagues, Sterling Physical Therapy & Wellness provides observation opportunities for students applying to physical therapy programs that requires observation hours as part of the application process. Our program allows individuals interested in pursuing a degree in the field of physical therapy the opportunity to observe our clinicians treating and interacting with our patients. Our observation program is an unpaid program that allows individuals a limited number of hours to learn more about the field, engage with our clinicians to better understand their roles and responsibilities, and to see how our efforts impact the lives of our patients.

Observation hours are offered Monday – Saturday at designated time slots (reference Observation Protocol Acknowledgement) for outpatient rehabilitation. A PT and/or PTA will be available periodically to answer any specific questions you may have regarding the treatments you are observing.

Benefits of Observing at Sterling Physical Therapy & Wellness

- The opportunity to gain experience in the world of physical therapy rehabilitation.
- Earn observation hours to satisfy physical therapy program requirements.
- Create meaningful connections with therapists of varying experience level.

What to Expect

Interest candidates should submit the following:

- Letter of Interest
- Copy of Driver's License
- Completed Application
- Signed Protocol Acknowledgement
- Signed Statement of Confidentiality
- Signed Waiver of Liability
- \$30 Application Fee (credit card accepted)

Students selected to join the program will be invited to observe our physical therapists for one-hour (1) in one of our clinics. This will be considered a working interview. Those selected to participate in the program will be issued an observation schedule.

Please understand that our number one priority is the treatment and care of our patient. Even though you are observing, you are in the patient's treatment space and are expected to behave in a respectful manner at all times.

Specifically:

- Talking on the phone or texting during observations is not allowed.
- Surfing the Internet, reading books or studying during observations is not allowed.
- Taking pictures during observations is not allowed.
- Posting on social media sites regarding anything you observe is not allowed.

You may take notes regarding what you are observing, but they must be in general terms without names or other identifying information. If you use an electronic device to take notes, please only use it for that purpose. If you are found to not be compliant with the above requests, you will be asked to leave and your observation time will be ended. Please be aware that voices carry in this treatment space so keep conversations with other observers to a minimum.

Please dress with a professional image in mind. "Ciel Blue" colored scrubs are the appropriate work attire. Remember, you may be requesting recommendations from the therapists that you interact with, so your presentation speaks to how serious you are about your pursuits.



Protocol Acknowledgement

We would like to welcome you on behalf of Sterling Physical Therapy and Wellness (SPTW) to our Student Observation / Volunteer Program. Here at SPTW, students will be working with a very committed and professional staff. Students may work closely with the Physical Therapists (PTs), Physical Therapist Assistants (PTAs), and Physical Therapist Technicians (PT Techs) in assisting with patient care; as well as maintaining the treatment areas. We look forward to assisting you with your goals in the field of Physical Therapy!

Sugar Land Clinic Observation Hours

Days	Available Hours
Monday	Between 8:00 am and 4:30 pm
Tuesday	Between 9:00 am and 6:30 pm
Wednesday	Between 8:00 am and 4:30 pm
Thursday	Between 9:00 am and 6:30 pm
Friday	Between 8:00 am and 12:00 pm
Saturday	Between 8:00 am and 12:00 pm

SW Houston Clinic Observation Hours

Days	Available Hours
Monday	Between 9:00 am and 6:00 pm
Tuesday	CLOSED
Wednesday	Between 9:00 am and 6:00 pm
Thursday	CLOSED
Friday	Between 7:00 am and 12:00 pm
Saturday	CLOSED

Observation Program Criteria

- Observers must complete a minimum of 100 observation hours before requesting a letter of recommendation.
- After three (3) no shows or cancellations, an observer will be disqualified to participate in the program and will be removed from the schedule.
- The use of cell phones is not permitted in the patient care areas.
- Due to patient sensitivity and allergies, wearing perfume and cologne is not permitted in the patient care areas.
- Dress code "Ciel Blue" colored scrubs.

Duties and Responsibility

- Stock towels/linen in the cabinets and change laundry bag as needed.

- Clean treatment tables and exercise equipment after each patient.
- Change pillow cases after each patient.
- Assist therapist in making hot/cold packs.
- Maintain water levels in hydrocollator.
- Assist with the time keeping for exercising patients.

Protocol Acknowledgement

I have read and understand the above Observation Protocol.

Signature of Student Participant

Date



Statement of Confidentiality

Your work responsibilities done on behalf of this clinic will bring you into direct contact with patient records and can cause you to know confidential information about Sterling Physical Therapy & Wellness (SPTW) patients. Any information about SPTW patients that is written, read, and/or discussed either intentionally or accidentally is strictly confidential and will be treated that way by all of SPTW volunteers.

The patient's right to privacy is a matter of medical ethics and is protected by law. Inappropriate discussion of any patient information by our volunteer is a violation of the law.

You will not discuss with anyone, other than members of our staff, any information regarding patients of this practice.

Student Participant Name (Print): _____

Signature of Student Participant

Date

Dr. Sterling L. Carter, President / CEO

Date



Waiver of Liability

In consideration for receiving permission to participate in Sterling Physical Therapy and Wellness' (SPTW) Student Observation / Volunteer Program (hereafter referred to as "the Program"), I hereby release, waive, discharge and agree not to sue SPTW, its employees and patients (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted, while in transit to or from the premises, or in any place or places connected with the Program.

I am fully aware of risks and hazards connected with being on the premises and participating in the Program, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Program, and I hereby elect to voluntarily participate in the Program, to enter upon the above-named premises and engage in activities knowing that conditions may be hazardous or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a participant in the Program, whether caused by the negligence of releasees or otherwise.

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
- B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
- C. I, my parent or guardian is at least eighteen (18) years of age and fully competent;
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Student Participant Signature:

Name Printed:

Parent or Guardian Signature:
(if participant is under 18 years of age)

Parent/Guardian Name Printed:

Sterling Therapy & Rehabilitation



1449 Hwy 6, Ste 260
Sugar Land, TX 77478
Phone (281) 240-3140 | Fax (281) 605-5075
Website: www.sterlingtherapy.com

Contact Person(s):
Kelly Garner – kgarner@sterlingtherapy.com

APPLICATION FEE

Description	Amount
Student Observation Application	\$ 30.00
Name of Student:	

Credit Card Payment

First Name

Last Name

Credit Card Number

Security Code

Expiration Month

Expiration Year

Billing Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

THANK YOU FOR YOUR INTEREST IN JOINING OUR STUDENT OBSERVATION/VOLUNTEER PROGRAM