



Dear Student:

Welcome to OSI Physical Therapy. We are committed to providing quality educational opportunities and we want your experience with us to be meaningful and motivational!

In order to accomplish this, please review the enclosed materials regarding OSI vision and mission and selected Personnel Policies. As a member of the OSI “team”, even for a limited time, we expect that you would comply with our policies and reflect the professional standards and caring reputation of our organization

Please contact your clinical instructor prior to your start date. You will be supplied with information regarding your specific clinic location and your schedule. Your CI will be able to answer any questions you might have regarding your upcoming clinical.

Please bring this packet with you on your first day so that the materials can be reviewed with you in more detail. Your CI will set aside time on your first day for clinic orientation and I will arrange to meet with you as well, during your first week. Additionally, I would like to schedule an exit interview with you during your last week to discuss your experience at OSI.

If you have any questions please feel free to contact me at (651) 702-6932 or email at knash@therapypartners.com

We, at OSI, are looking forward to working with you. Welcome aboard!!

Sincerely,

Karie Nash, PT, OCS, CHT
Center Coordinator of Clinical Education

OSI PHYSICAL THERAPY STRUCTURE

OWNERS

Mike Ripley, PT, ATC
Jim Hoyme, PT

DIRECTOR OF OPERATIONS

Jim Hoyme, PT

PRESIDENT

Mike Ripley, PT, ATC

VICE PRESIDENT

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Shari Walters, PT, OCS (SOM)
Nate DeBruin, PT (LE)
Brent Jorud, PT (NSP)
Kristine Sicora, PTA (MW)
Linda Olson, PTA (SW)
Dani Olinski (WBL)
Tammy Kasprowicz, PT (FL)
Dean Erie, PT (SV)

CLINICAL STAFF

Physical Therapists
Occupational Therapists
Physical Therapy Assistants
Athletic Trainers

SUPPORT STAFF

Administrative Assistant
Outcomes/Transcription
Clinic Service Support
Courier
Benefits/AP Assistant
Process Improvement Coordinator
Front Desk Process Lead



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OUR VISION IS:

To be the **CHOSEN** provider of and the **DESIRED** employer for prevention, wellness and rehabilitation services.

OUR MISSION IS:

For our patients:

To always be friendly, helpful, and caring as we assist patients in achieving optimal function through effective interventions, relevant information and meaningful self-management.

For people paying the bill:

To provide a consistent and cost-effective service that exceeds current industry standards.

For our employees:

To create an opportunity for personal growth and professional development of our staff.

STUDENT INTERN INFORMATION SHEET

Start Date: _____ End Date: _____

Clinical Instructor: _____ Birthdate: _____

NAME: _____ Employee Number: N/A

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Permanent Address (if different from above): _____

Phone Number: _____ MWR: Y N N/A

Social Security Number: _____ Sex: M F Marital Status: _____

IN EMERGENCY CONTACT: _____ **Relationship:** _____

Phone Number: _____

Location: SW MW LE FL WBBP WSP NSP SOM LL SHORE TWC ADMIN

Position: Physical Therapy Student

Year: _____

Occupational Therapy Student

Year: _____

PTA Student

Year: _____

College/School: _____

OSI INTERN PROFILE

NAME: _____

SCHOOL: _____

LOCATION: SW MW LE FL LL SV WBBP WSP NSP SOM TWC ADMIN

Family/Personal Information (spouse, kids and their ages, pets, where do you live?, hobbies, interests, etc):
(Optional)

Educational Information (where did you go to school-high school; undergraduate and graduate; vocational or technical education; other special training you've received):

What made you decide to accept your position with OSI?

PERSONNEL POLICIES AND PROCEDURES

THREE IMPORTANT RULES:

- Respect the chain of command.
- If you have a problem, go to the source.
- Be part of the solution, rather than part of the problem.

TIPS

- Read our newsletter! Important information is shared via the newsletter.
- Check the bulletin board in your office for other pertinent information.

POLICY HIGHLIGHTS

- Every new staff member has a three-month orientation and training period. At the end of the three months, a formal performance evaluation will be performed. Employment is at will. Employment can be terminated at any time with or without cause by either the employee or the employer.
- Staff members are evaluated on an annual basis, one year from their anniversary date (original start date). Salary increases are considered at that time. Payroll increases will be effective for the next payroll date after your review. If your review was done after your anniversary date, any salary adjustment is retro to your anniversary date.
- Staff members are expected to attend all staff meetings, in-services, and quarterly meetings as they pertain to their specific positions.
- Time sheets should be completed daily and are due every other Friday morning on the run. Staff members must turn in their hours or call/fax in their hours to the Payroll area in the Stillwater office by 12:00 noon Friday or they **will not** receive their paycheck until the following pay period.
- Time-off request forms should be completed for all time-off requests. If you arrange your own coverage (which you are encouraged to do if you are a support staff member), please indicate this on the time-off request form. Your manager will review the time-off request and route it to the appropriate place.
- Chewing gum is not allowed by any staff member. Food and beverages should be consumed in non-patient care areas.
- In general, lunch periods are ½ hour in length and are unpaid time.
- Staff members are expected to be at work on-time and ready to work at their specified start times.

STANDARDS OF CONDUCT

I. PURPOSE

To assure safe, efficient and harmonious operations and to fully inform all employees of their responsibilities in this regard.

II. SCOPE

This policy applies to all employees at all locations of the company.

III. POLICY

The company's standards of conduct are established for the guidance of all employees. The following represents only a partial list of unacceptable behaviors and conduct; a complete list of all possible violations would be impossible to write.

Infractions can/will lead to corrective action up to and including discharge. (See Policy No. F8, Corrective Action.)

BREACHES OF STANDARDS OF CONDUCT (Partial List)

- Failure to maintain the confidentiality of Company, customer, or client information.
- Interfering with another employee in his/her job performance.
- Falsifying employment application, personnel, or other company documents or records.
- Punching another's time card or falsifying any time or production record.
- Employees not being at their appointed work places, ready to work, at the regular starting time and failing to remain at such work places and at work until the regular quitting time or until relieved.
- Employees not punching in at the time they begin work and punching out at the time they cease work (hourly staff). This procedure also applies to meal periods.
- Unauthorized possession of company or employee property, gambling, carrying weapons or explosives, or violating criminal laws on company premises.
- Fighting, throwing things, horseplay, practical jokes or other disorderly conduct which may endanger the well-being of any

employee or company operations.

- Threatening, intimidating, coercing, using abusive or vulgar language, or interfering with the performance of other employees.
- Insubordination or refusal to comply with instructions or failure to perform reasonable duties which are assigned.
- Possession or use of any illegal drug, alcohol or controlled substance while on the company premises or during working hours.
- Inconsiderate and/or abusive behavior toward a customer.
- Unauthorized use of company material, time, equipment or property.
- Damaging or destroying company property through careless or willful acts.
- Conduct that the company feels reflects adversely on the employee or company.
- Performance which, in the company's opinion, does not meet the requirements of the position.
- Engaging in such other practices as the company determines may be inconsistent with the ordinary and reasonable rules of conduct necessary to the welfare of the company, its employees or clients.
- Negligence in observing fire prevention and safety rules.
- Other circumstance for which the company feels that corrective action is warranted.
- Sexual Harassment
- Frequent tardiness or unexcused absences from work.
- Failure to wear clothing conforming to established standards.
- Inattention to duties, visiting or loafing during work hours.
- Refusing or failing to carry out a legitimate instruction of a supervisor.
- Engaging in acts of dishonesty, fraud, theft or sabotage.

This list is intended to be representative of the types of activities which may/can result in corrective action. It is not intended to be comprehensive and does not alter the employment-at-will relationship between employees and the company.

HARASSMENT

I. PURPOSE

To establish the company's position on the subject of harassment, to set forth guidelines for handling violations of the policy and to specify the related complaint-handling procedure.

II. SCOPE

This policy applies to all employees of the company.

III. POLICY

Harassment, including sexual harassment, is contrary to basic standards of conduct between individuals and is prohibited by Title VII and state regulations. Any employee who engages in any of the acts or behavior defined below violates company policy, and such misconduct will subject an employee to corrective action up to and including immediate discharge.

Employees who feel they have been discriminated against on the basis of gender, or sexually harassed or in any other manner harassed, should immediately report such incidents, following the procedure described below, without fear of reprisal. Confidentiality will be maintained to the extent permitted by the circumstances.

IV. DEFINITIONS

A. Harassment. No one may harass anyone because of that person's race, color, age, sexual orientation, religion, ancestry, or national origin. Repeated actions, comments, or objects that "unreasonably interfere" with work performance or that create an "intimidating, hostile, or offensive" work environment. (Examples of conduct prohibited by this policy include using racial and ethnic slurs or offensive stereotypes and making jokes about these characteristics).

B. Sexual Harassment. No one may threaten or imply that an employee's submission to or rejection of sexual advances will in any way influence any decision about that employee's employment, advancement, duties, compensation, or other terms or conditions of employment. No one may take any personnel action based on an employee's submission to or rejection of sexual advances.

No one may subject another employee to any unwelcome conduct of a sexual nature. This includes both unwelcome physical conduct, such as touching, blocking, staring, making sexual gestures, and making or displaying sexual drawings or photographs, and unwelcome verbal conduct, such as sexual propositions, slurs, insults, jokes, and other sexual comments. An employee's conduct will be considered unwelcome and in violation of this policy when the employee knows or should know it is unwelcome to the person subjected to it.

Sexual or other forms of harassment of an employee by any company employee or manager will not be tolerated. Sexual harassment by a customer, vendor, supplier or patient is also prohibited.

- C. Employee. Any employee of the company including Director of Operations, Direct Reports, managers and owners.

V. PROCEDURE

If you are the victim of harassment, you are requested and encouraged to make a complaint to Orthopaedic Sports, Inc. You are not required to complain first to the person who is harassing you. If you prefer, you may complain directly to any of the following:

They include:

- A. The employee's Direct Report.
- B. The Director of Operations.
- C. Benefits Manager
- D. The owner(s).

Similarly, if you observe harassment of another employee, you are requested and encouraged to report this to one of the persons described above. No reprisal, retaliation, or other adverse action will be taken against any employee for making in good faith a complaint or report of harassment, or for assisting in good faith in the investigation of any such complaint or report. Any suspected retaliation or intimidation should be reported immediately to one of the persons described above. It is Orthopaedic Sports, Inc. intention to provide a safe environment for all employees and customers.

(For Violence in the Workplace: See Safety Manual)

Receiving the report responsibility:

Be sure to explain the procedure involved.

- **Fact Gathering:** All documents that may establish facts should be collected and reviewed. This includes carefully interviewing and getting signed statements from: the accuser and accused- including specific information about the incident(s) and what the effects have been. Others-co-workers or friends who may have observed the effects on the accuser's work or personal life.

- **Documentation:** After all the facts are gathered, a report should be prepared and a decision made. In most cases, a company's human resources representative will determine the validity of the complaint and any disciplinary measures to be taken. A Company's legal counsel may also be involved in the investigation and decision. The report may be: Founded-the incident(s) occurred as charged. Unfounded-the accused is not guilty of the harassment. No conclusion-there is insufficient evidence to make a ruling either way. This may occur when the accuser and the accused provide conflicting information and there are no other witnesses. The finding should always be put in writing, and a reason for the judgment should be given.
- **Resolution:** Depending on the finding, the consequences may range from an apology to termination. If no conclusion is made, there may be a verbal warning to the harasser, a follow-up investigation and summary report to be included in personnel files.

DRESS AND PERSONAL APPEARANCE

I. PURPOSE

To establish guidelines for appropriate dress and appearance during normal business hours.

II. SCOPE

This policy applies to employees at all locations.

III. POLICY

All employees are expected to project a professional image in keeping with the high level of professional and personal service we provide for our customers. In keeping with our OSI philosophy and concern for our patients' full recovery, we want to create the most favorable environment for this to occur. For this reason, we have established the following dress guidelines for our staff:

IV. DEFINITIONS

Clinical Staff

Professional Attire Required as defined below:

Pants, Gauchos, or Skirt (**NO** rivets, denim of any color, cargo style with pockets on sides of legs, or ties at bottom. The edges of the item must be finished, not jagged).

and

Shirt/blouses (must be free of logos, with the exception of the OSI and/or TPI logo and no sweatshirts, cobble cloth or denim of any kind)

and

Lab Coat with any type of the above shirt underneath. Lab coats are optional.

or

Dresses (follow bulleted guidelines below)

The following guidelines must also be followed:

- Dresses and skirts must be no shorter than 3 inches above the knee in standing
- Shoes, including solid color tennis shoes must be clean, unscuffed and closed-toed.
- Socks or hose (covering the ankle) must be worn at all times.
- Good personal hygiene must be maintained.
- Hair should be kept neat and nails should be kept neatly trimmed. Facial hair must be neatly trimmed.
- Make-up and perfume/aftershave should be used minimally.
- Jewelry should not interfere with or be a safety hazard in providing patient care.
- No facial or tongue piercing or facial tattoos.
- Nametags must be worn at all times.

- Cleavage and midriff (front and back) should not be exposed at any time.
- NO denim material of any kind (top or bottom)
- Sleeveless shirts/blouses/dresses are not allowed unless worn beneath a jacket.
- No leggings or leg warmers
- Pants must cover undergarments at all times.
- Males must wear tucked in collared shirts, with tie optional.
- Males may wear a sweater with collared shirt underneath. The sweater must have finished edges and look professional.

Responsibility

Each staff member is responsible for following the Dress and Personal Appearance guidelines. If enforcement is required, a Direct Report and/or Director of Operations will speak to the staff member to review the guidelines. If attire is unacceptable for work, the staff member may be asked to go home and change clothing. This will be on the staff member's time. Repeated violations may result in disciplinary action.

IV. PROCEDURE

All Direct Reports are responsible to evaluate the dress and appearance of employees. If an employee is not dressed appropriately, the Direct Report should take the following steps:

- A. If the employee is not under your direct supervision, try to contact that Direct Report and explain the situation. If the Direct Report is not available contact the Director of Operations.
- B. On any occasion, the employee may be sent home to change clothes immediately as well as given a written warning.
- C. Further violations may result in discharge.

** Contact the Benefits Manager for allowance for specialty uniforms.*

STUDENT/VOLUNTEER EXIT INTERVIEW FORM

NAME:	DATE:
PROGRAM:	LOCATION: SW FL LE NSP MW LL SV WBBP WSP SOM TWC
PRECEPTOR/CLINICAL INSTRUCTOR:	

1. What did you accomplish during your time with OSI Physical Therapy?

2. Where there things you wanted to accomplish but didn't Yes No Explain.

3. What were the pluses and minuses of your relationship with you clinical instructor(s) / preceptor(s)?

Clinical Instructor 1: _____

Clinical Instructor 2: _____

Clinical Instructor 3: _____

4. What can OSI do to improve the experience for future students / volunteers?

5. a) Would you work for OSI in the future? Yes No
Comments:

b) Would you recommend OSI to other students / volunteers? Yes No
Comments:

6. Do you have any concerns / issues / other comments that we should be aware of?

Signature of CCCE conducting interview

Date