

# DIRECT HOME HEALTHCARE, INC.

## CLINICAL DOCUMENTATION COMPETENCY CHECKLIST FOR PHYSICAL THERAPIST ASSISTANTS

Therapist: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

COMPETENCY AREA	YES	NO	COMMENTS
<b>DEMONSTRATES ABILITY TO COMPLETE DOCUMENTATION RELATED TO THE FOLLOWING FUNCTIONS:</b>			
Coordination of Services			
<ul style="list-style-type: none"> <li>• Delivers services according to Plan of Care</li> </ul>			
<ul style="list-style-type: none"> <li>• Obtains instructions from Registered Physical Therapist to modify Plan of Treatment</li> </ul>			
<ul style="list-style-type: none"> <li>• Refers/uses community resources</li> </ul>			
<ul style="list-style-type: none"> <li>• Communication with Registered Physical Therapist and other members of the interdisciplinary team</li> </ul>			
Transfer/Discharge of Client			
<ul style="list-style-type: none"> <li>• Discharge Planning</li> </ul>			
<ul style="list-style-type: none"> <li>• Community Resources</li> </ul>			
<ul style="list-style-type: none"> <li>• Provide input to the Registered Physical Therapist for the completion of the Discharge Summary</li> </ul>			
Regulatory Compliance			
<ul style="list-style-type: none"> <li>• Medicare Qualifying Criteria</li> </ul>			
<ul style="list-style-type: none"> <li>• Skilled Need Evidence</li> </ul>			
<ul style="list-style-type: none"> <li>• Homebound Status</li> </ul>			
<ul style="list-style-type: none"> <li>• Skilled Visits</li> </ul>			
<b>DEMONSTRATES ASSESSMENT SKILLS AND DOCUMENTS FINDINGS AND INTERVENTIONS</b>			
<ul style="list-style-type: none"> <li>• Cardiopulmonary system                             <ul style="list-style-type: none"> <li>- Endurance</li> <li>- Exercise tolerance</li> <li>- Pain and physical limitation</li> <li>- Circulatory impairment</li> <li>- Vital signs measurement</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>• Musculoskeletal system                             <ul style="list-style-type: none"> <li>- Range of motion, posture, functional limitations</li> <li>- Mobility and gait</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>• Neurological system                             <ul style="list-style-type: none"> <li>- Strength</li> <li>- Coordination</li> <li>- Reflexes</li> <li>- Pain</li> <li>- Sensation</li> <li>- Cognition/Communication</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>• Integumentary System                             <ul style="list-style-type: none"> <li>- Ultrasound</li> <li>- Heat and cold treatments</li> <li>- TENS</li> <li>- Massage</li> </ul> </li> </ul>			
<b>DEMONSTRATES ABILITY TO PERFORM AND DOCUMENT SPECIFIC TREATMENTS AND INTERVENTIONS</b>			
<ul style="list-style-type: none"> <li>• Pain evaluation that includes use of rating scale</li> </ul>			
<ul style="list-style-type: none"> <li>• Assessment of location, intensity, and duration of pain</li> </ul>			

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• Use of alternative therapies			
• Therapeutic exercises, active, and passive			
• Strengthening and endurance exercises			
• Transfers			
• Use of Therapies: - Ultrasound - Heat and cold treatments - TENS Massage			
• Assistive devices: - Fit and adjustment - Orthotics - Prosthesis fit and adjustment			
• Hoyer Lifts			
• Walker			
• Wheelchair			
• Assistive devices			
• Ulcer prevention techniques			
<b>DEMONSTRATES SKILL IN TEACHING CLIENTS AND IN DOCUMENTATION OF THE PLAN</b>			
• Assess learning needs of client/family			
• Documents client response			
• Evaluates effectiveness of plan			
• Documents response and progress toward goals			
• Coordinates with Registered Physical Therapist regarding need to modify plan of treatment, to accommodate client specific needs			
<b>DEMONSTRATES KNOWLEDGE OF AGENCY SAFETY REQUIREMENTS AND ASSESSMENT OF SAFETY NEEDS IN THE HOME</b>			
• Fire safety and use of extinguishers and warning devices			
• Hazardous materials			
• Emergency preparedness plan			
• Home safety evaluation (documentation/action taken)			
• Restraints			
• Personal safety practices			