

DIRECT HOME HEALTHCARE, INC.

EVALUATION OF CLINICAL SKILLS FOR PT AND OT

CLINICAL SKILLS: VITAL SIGNS			
	YES	NO	COMMENTS
Pulse (Radial)			
Identifies correct site			
Counts for 30 seconds			
Notes rate and rhythm			
Determines correct rate			
Blood Pressure			
Demonstrates cuff placements			
Palpates for systolic pressure			
Inflates cuff 30mm/Hg beyond obliteration			
Releases pressure evenly			
Determines correct reading			
CLINICAL SKILLS: RANGE OF MOTION			
	YES	NO	COMMENTS
Demonstrates understanding of the principle of range of motion			
Identifies contraindications and precautions relative to ROM			
Demonstrates knowledge of types of/ranges of motion for common joints			
Demonstrates proper technique and accurate measurement of ROM:			
_____ A. Hand and wrist			
_____ B. Shoulder and knee			
Identifies (3) elements to emphasize when providing family caregiver instruction			
CLINICAL SKILLS: TRANSFERS			
<i>Testing Criteria:</i>			
Type of transfer: _____			
Equipment used: _____			
Amount of assistance: _____			
	YES	NO	COMMENTS
Demonstrates safe transfer techniques			
Demonstrates proper set-up equipment			
Provides appropriate amount of assistance			
Verbalizes/demonstrates appropriate verbal and tactile cuing			
Demonstrates proper body mechanics			
Describes patient education and rationale for type of transfer			
Identifies (3) hazards to safety in the home environment			

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CLINICAL SKILLS: GAIT TRAINING WITH ASSISTIVE DEVICE

Testing Criteria:

Assistive device: _____

Pattern of ambulation: _____

Weight bearing status: _____

	YES	NO	COMMENTS
Demonstrates proper adjustment technique of assistive device	<input type="checkbox"/>	<input type="checkbox"/>	
Verbalizes appropriate gait pattern with selected weight bearing status	<input type="checkbox"/>	<input type="checkbox"/>	
Verbalizes safety issues/precautions regarding gait pattern	<input type="checkbox"/>	<input type="checkbox"/>	
Describes appropriate sequencing for stair climbing	<input type="checkbox"/>	<input type="checkbox"/>	

Reviewer's signature, Title

Date

Therapist's Name, Title

Therapist's Signature

Date