

DIRECT HOME HEALTHCARE, INC.

CLINICAL DOCUMENTATION COMPETENCY CHECKLIST FOR PHYSICAL THERAPISTS

Therapist: _____ Evaluator: _____ Date: _____

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

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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			
DEMONSTRATES SKILL IN TEACHING CLIENTS AND IN DOCUMENTATION OF THE PLAN			
• 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			
DEMONSTRATES KNOWLEDGE OF AGENCY SAFETY REQUIREMENTS AND ASSESSMENT OF SAFETY NEEDS IN THE HOME			
• Fire safety and use of extinguishers and warning devices			
• Hazardous materials			
• Emergency preparedness plan			
• Home safety evaluation (documentation/action taken)			
• Restraints			
• Personal safety practices			