










## PTA 104L Orthopedic Dysfunctions Lab- Sp '10 Laboratory Practical Exam 1

 **Critical Safety Elements** are noted in **BOLD**. These are **PASS/NO PASS**. Failure to complete critical safety elements during formal assessment will result in a **zero grade and the lab final must be successfully repeated in order to be eligible to pass the course.**  
**Minimum points for passing = 63/90 points.**

 **uses good body mechanics throughout the lab exam (P/NP)**

<b>Prepares for Treatment (7pts)</b>	<input type="checkbox"/> Verbalizes review of treatment plan with examiner; formulates possible treatment ideas for the assigned case; confirms stage of tissue healing according to the case	/3
	<input type="checkbox"/> Indicates whether or not there are clarifying questions for the supervising PT regarding POC	/2
	<input type="checkbox"/>  <b>verbalizes signs and symptoms of a possible emergency (changes in bowel/bladder function, sudden loss of muscle function, bilateral symptoms)</b>	<b>P/NP</b>
	<input type="checkbox"/> Gathers and prepares treatment equipment (pillows, bolsters, gait belt, treatment stool)	/1
	<input type="checkbox"/> Clears area of obstructions	/1
	<input type="checkbox"/>  <b>demonstrates hand washing</b>	<b>P/NP</b>
<b>Communication (22 points)</b>	<input type="checkbox"/> Introduces self as SPTA and name	/2
	Collects subjective data from patient:	
	<input type="checkbox"/> changes since last visit with PT	/3
	<input type="checkbox"/> pain/symptoms levels at best and worse	/2
	<input type="checkbox"/> location and quality of pain/symptoms	/2
	<input type="checkbox"/> two activities which cause increase symptoms	/2
	<input type="checkbox"/> one or more activities which relieve symptoms	/1
	<input type="checkbox"/> questions since last visit with PT	/2
	<input type="checkbox"/> patient goals for today's treatment session	/2
	<input type="checkbox"/> Selects interventions based on chart review and subjective data, (including verbalizing need to take vitals signs before treatment)	/3
	<input type="checkbox"/> Briefly explains rationale using person-first language with patient; rationale is consistent with patient condition and supported by course content	/3
<input type="checkbox"/>  <b>Seeks input from PT if patient status is inconsistent with information documented in plan of care</b>	<b>P/NP</b>	

<b>Treatment (30 points)</b>	<input type="checkbox"/> Selects appropriate stabilization activity based on the patient case	/3
	<input type="checkbox"/>  <b>Explains rationale for manual contact and obtains permission from patient prior to hand placement</b>	<b>P/NP</b>
	<input type="checkbox"/> Uses demonstration, allows opportunity for practice and provides feedback during stabilization	/3
	<input type="checkbox"/> Monitors patient response to instruction & modifies activity or approach as needed	/1
	<input type="checkbox"/> Determines patient ability to progress with stabilization based on POC , ‘S’ and ;’O’;	/2
	<input type="checkbox"/> Selects an activity to improve body mechanics/functional activity based on the patient’s goals	/3
	<input type="checkbox"/> Uses demonstration, allows opportunity for practice and provides feedback during body mechanics/functional activity instruction	/3
	<input type="checkbox"/> Monitors patient response to instruction & modifies activity or approach as needed	/1
	<input type="checkbox"/> Confirms fit (approximately 20-30 degrees elbow flexion, upright posture)	/2
	<input type="checkbox"/> Examine equipment for safe operation (check loose nuts/pins, integrity of grips and weight bearing surfaces)	/2
	<input type="checkbox"/>  <b>Checks surroundings; maintains safe conditions to reduce the risk of injury to the patient.</b>	<b>P/ NP</b>
	<input type="checkbox"/>  <b>Applies transfer belt and checks buckle</b>	<b>P/ NP</b>
	<input type="checkbox"/> Selects an activity to improve gait activities based on the patient’s goals	/3
	<input type="checkbox"/> Uses demonstration, allows opportunity for practice and provides feedback for optimal gait using least restrictive device	/3
	<input type="checkbox"/> Monitors patient response to instruction & modifies activity or approach as needed	/1
	<input type="checkbox"/> Ask patient about any question prior to concluding Rx	/3
<input type="checkbox"/>  <b>Washes hands after patient contact</b>	<b>P/NP</b>	
<b>Timeliness (10 points)</b>	<input type="checkbox"/> completes intervention (including clean-up) in the time allotted	/5
	<input type="checkbox"/> organizes treatment approach to maximize efficiency	/5

<b>Progress Note (21 points)</b>	<input type="checkbox"/> accurately documents intervention using SOAP format	/1
	<input type="checkbox"/> includes date, time, duration (in minutes) of treatment	/1
	<input type="checkbox"/> includes changes since last visit or confirms no changes in 'S'	/1
	<input type="checkbox"/> includes pain level (best/worst), location and quality in 'S'	/1
	<input type="checkbox"/> includes activities which increase and decrease sx's in 'S'	/1
	<input type="checkbox"/> includes patient's goal(s) for treatment in 'S'	/1
	<input type="checkbox"/> includes informed consent/consent to treat in 'O'	/1
	<input type="checkbox"/> includes communication (and result) with PT (pre and during Rx) in 'O'	/1
	<input type="checkbox"/> includes type of stabilization exercise(s), position, method of instruction and any modifications in 'O'	/2
	<input type="checkbox"/> includes description of body mechanics/functional activity training, method of instruction and any modification in 'O'	/1
	<input type="checkbox"/> includes gait training activity, assistive device, gait pattern, cues (verbal/tactile), level of assist	/2
	<input type="checkbox"/> includes SPTA rationale for patient response to Rx in 'A'	/2
	<input type="checkbox"/> rationale is consistent with patient performance and course content and reflect skilled care	/1
	<input type="checkbox"/> includes thread to plan of care and patient goals (need for skilled services) in 'P'	/1
	<input type="checkbox"/> includes signature with credentials	/1
	<input type="checkbox"/> documentation reflects care provided (no omissions or additions)	/1
<input type="checkbox"/> errors handled correctly (single line through with initials)	/1	
<input type="checkbox"/> uses appropriate medical terminology, abbreviations, and person-first language	/1	

**Circle Practical Exam Rating:**

<b>V+</b>	<b><i>Excellent, safe and effective &gt;=(81/90) 😊</i></b>
<b>V</b>	<b><i>Safe and Effective 😊</i></b>
<b>V-</b>	<b><i>omissions, ineffective Rx, below appropriate level 😞 (&lt;=70/90)</i></b>
<b>Repeat</b>	<b><i>indicates unsafe and/or ineffective Rx 😡 (&lt;63/90)</i></b>

Final Comments: