









PTA 104L Orthopedic Dysfunctions Lab- Sp '12 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
-  demonstrates hand washing before and after patient contact
-  Checks surroundings; maintains safe conditions to reduce the risk of injury to the patient.

Prepares for Treatment (7pts)	<input type="checkbox"/> Verbalizes review of treatment plan with examiner; formulates possible treatment ideas for the assigned case; confirms protection phase according to the case; completes within 1 minute	/3
	<input type="checkbox"/> Indicates whether or not there are clarifying questions for the supervising PT regarding POC	/2
	<input type="checkbox"/>  verbalizes signs and symptoms of a possible emergency (changes in bowel/bladder function, sudden loss of muscle function, bilateral symptoms)	P/NP
	<input type="checkbox"/> Gathers and prepares treatment equipment (pillows, bolsters, gait belt, treatment stool)	/1
	<input type="checkbox"/> Clears area of obstructions	/1
Communication (22 points)	<input type="checkbox"/> Introduces self as SPTA and name	/2
	Collects subjective data from patient within 2-3 minutes: (changes, best/worse pain, location/quality of pain, what increases/decreases sx's, patient questions/concerns/goals)	/14
	<input type="checkbox"/> Selects interventions based on chart review and subjective data	/4
	<input type="checkbox"/> Briefly explains rationale using person-first language with patient; rationale is consistent with patient condition and supported by course content	/4
	<input type="checkbox"/>  Seeks input from PT if patient status is inconsistent with information documented in plan of care	P/NP
Treatment (31 points)	<input type="checkbox"/> Selects appropriate stabilization activity based on the patient case	/4
	<input type="checkbox"/>  Explains rationale for manual contact and confirms patient understanding prior to hand placement	P/NP
	<input type="checkbox"/> Uses demonstration, allows opportunity for practice and provides feedback (verbal/tactile/visual as needed) during stabilization	/3

	<input type="checkbox"/> Assess patient ability to correctly perform and/or progress with stabilization	/2
	<input type="checkbox"/> Selects an activity to improve functional gait based on the patient's goals	/3
	<input type="checkbox"/>  Applies transfer belt and checks buckle	P/ NP
	<input type="checkbox"/> Confirms fit (approximately 20-30 degrees elbow flexion, upright posture)	/1
	<input type="checkbox"/> Examine equipment for safe operation (check loose nuts/pins, integrity of grips and weight bearing surfaces)	/1
	<input type="checkbox"/> Guards patient during transfers and gait using the most appropriate technique for the case	/4
	<input type="checkbox"/> Uses demonstration, allows opportunity for practice and provides feedback during functional gait activity instruction	/4
	<input type="checkbox"/> Educates patient on how the exercise intervention or the gait training activity is connected to treatment goals	/4
	<input type="checkbox"/> Monitors patient response to instruction & modifies activity or approach as needed	/2
	<input type="checkbox"/> Ask patient about any question prior to concluding Rx	/3
Timeliness (10 points)	<input type="checkbox"/> completes intervention (including clean-up) in the time allotted	/5
	<input type="checkbox"/> organizes treatment approach to maximize efficiency	/5

Progress Note (14pts)	'S'	<input type="checkbox"/> includes relevant patient status (pain: worst/best/quality/location aggravating/easing (function), goals for session	/ 2
	'O'	<input type="checkbox"/> includes consent to treat	/ 1
		<input type="checkbox"/> includes documentation of activity description and parameters (intervention, frequency, reps, cues (tactile/verbal, position), assist, device, gait distance/quality/level of independence	/ 4
		<input type="checkbox"/> includes documentation communication with the PT when applicable	/ 2
	'A'	<input type="checkbox"/> statement of treatment outcome reflects skilled PT services and critical thinking using specific and relevant terminology	/ 3
	'P'	<input type="checkbox"/> plan for next visit and/or follow-up is connected to PT goals and treatment outcome	/ 2

Reimbursement & Practice Act (6pts)	<input type="checkbox"/> includes date, time, duration (in minutes) of treatment	/ 1
	<input type="checkbox"/> documentation reflects care provided (no omissions or additions)	/ 2
	<input type="checkbox"/> uses appropriate medical terminology, abbreviations, and person-first language	/ 1
	<input type="checkbox"/> errors handled correctly (single line through with initials)	/ 1
	<input type="checkbox"/> includes signature with credentials or electronic authentication	/ 1

Circle Practical Exam Rating:

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

Final Comments: