

Patient management evaluation form: Lower-Limb Amputation

GUIDELINES	CRITERIA	M	A	I	FOCUS THEMES FOR EVALUATION
THEORETICAL KNOWLEDGE	Basic physiotherapeutic skills Additional knowledge				<ul style="list-style-type: none"> • Anatomy – physiology – biomechanics • Basic physiotherapeutic techniques • Pathology and amputation surgery • Prosthetic knowledge (e.g. components, prosthetic gait, alignment, socket design) • X-rays
ORGANIZATION & EQUIPMENT	Structured organization Availability of material				<ul style="list-style-type: none"> • Daily work organization & time management • Consumables renewed in time • Maintenance of equipment • Good use of materials & equipment
COMMUNICATION & MULTIDISCIPLINARY ASPECT	Empathy toward patients Well-integrated in team				<ul style="list-style-type: none"> • Role played in a multidisciplinary team • Attitude toward patients, family or carers and colleagues • Communication skills (speaking clearly and listening)
ASSESSMENT	Quality of the patient's file Logic of the treatment plan				<ul style="list-style-type: none"> • Patient file management • Initial assessment well performed and documented • Regular re-evaluation of goals and objectives • Capacity for clinical reasoning
TREATMENT	Quality of techniques Handling Patient instruction Execution of the treatment plan				<ul style="list-style-type: none"> • Positioning, massage, mobilization to prevent complications • Bandaging techniques to control swelling • Management of pain • Maintenance or improvement of general condition • Stump preparation before fitting the prosthesis (e.g. ROM, strengthening exercises) • Training in use of the prosthesis (e.g. postural control, weight transfer) • Gait training and correction of gait deviation • Functional training for independence in ADL • Instruction in donning & doffing and in daily care of the prosthesis • Hands-on approach
DISCHARGE & FOLLOW-UP	Instructions to patient and carer Involvement in discharge				<ul style="list-style-type: none"> • Proper final evaluation and checkout • Home programme exercises • Follow-up of the patient

M = Mastered

A = Achieved

I = Insufficient

Patient management evaluation form: Upper-Limb Amputation

GUIDELINES	CRITERIA	M	A	I	FOCUS THEMES FOR EVALUATION
THEORETICAL KNOWLEDGE	Basic physiotherapeutic skills Additional knowledge				<ul style="list-style-type: none"> Anatomy – physiology – biomechanics Basic physiotherapeutic techniques Pathology and amputation surgery Prosthetic knowledge (e.g. types of prostheses, components, alignment, socket design) X-rays
ORGANIZATION & EQUIPMENT	Structured organization Availability of materials				<ul style="list-style-type: none"> Daily work organization & time management Consumables renewed in time Maintenance of equipment Good use of materials & equipment
COMMUNICATION & MULTIDISCIPLINARY ASPECT	Empathy toward patients Well-integrated in team				<ul style="list-style-type: none"> Role played in a multidisciplinary team Attitude toward patients, family or carers and colleagues Communication skills (speaking clearly and listening)
ASSESSMENT	Quality of the patient's file Logic of the treatment plan				<ul style="list-style-type: none"> Patient file management Initial assessment well performed and documented Regular re-evaluation of goals and objectives Capacity for clinical reasoning
TREATMENT	Quality of techniques Handling Patient instruction Execution of the treatment plan				<ul style="list-style-type: none"> Positioning, massage, mobilization to prevent complications Bandaging techniques to control swelling Management of pain Maintenance or improvement of general condition Stump preparation before fitting the prosthesis (e.g. ROM, strengthening, stretching exercises) Training in use of the prosthesis (e.g. functional activities) Upper-limb tasks such as holding, carrying, grasping Functional training for independence in ADL Instruction in donning & doffing and in daily care of the prosthesis Hands-on approach
DISCHARGE & FOLLOW-UP	Instructions to patient and carer Involvement in discharge				<ul style="list-style-type: none"> Proper final evaluation and checkout Home programme exercises Follow-up of the patient

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Patient management evaluation form: Spinal Cord Injury

GUIDELINES	CRITERIA	M	A	I	FOCUS THEMES FOR EVALUATION
THEORETICAL KNOWLEDGE	Basic physiotherapeutic skills Additional knowledge				<ul style="list-style-type: none"> • Anatomy – physiology – biomechanics • Basic physiotherapeutic techniques • Pathology, rehabilitation stages and level of injury • Management of bladder and bowel • Orthotic and wheelchair knowledge (e.g. components, orthotic gait, alignment, fittings) • X-rays
ORGANIZATION & EQUIPMENT	Structured organization Availability of materials				<ul style="list-style-type: none"> • Daily work organization & time management • Consumables renewed in time, splint material & POP • Maintenance of equipment • Good use of materials & equipment
COMMUNICATION & MULTIDISCIPLINARY ASPECT	Empathy toward patients Well-integrated in team				<ul style="list-style-type: none"> • Role played in a multidisciplinary team • Attitude toward patients, family or carers and colleagues • Communication (speaking clearly and listening)
ASSESSMENT	Quality of the patient's file Logic of the treatment plan				<ul style="list-style-type: none"> • Patient file management • Initial assessment well performed and documented, especially capacity to do muscle testing • Regular re-evaluation of goals and objectives at all four stages of the illness • Capacity for clinical reasoning
TREATMENT	Quality of techniques Handling Patient instruction Execution of the treatment plan				<ul style="list-style-type: none"> • Positioning, chest therapy and ROM during acute phase to prevent complications • Management of pain, skin and spasticity • Maintenance or improvement of general condition • Preparatory exercises for mobilization in wheelchair (e.g. ROM & strengthening exercises) • Hand function (e.g. tenodesis in tetraplegics) • Wheelchair training (e.g. transfers, in and outside obstacles management) • Gait training and correction of gait deviation with orthoses • Functional training for independence in ADL • Daily care of the orthoses and wheelchair • Hands-on approach
DISCHARGE & FOLLOW-UP	Instructions to patient and carer involvement in discharge				<ul style="list-style-type: none"> • Proper final evaluation and checkout • Home programme exercises • Instruction provided to carers for the long term • Motivation provided for return to work or social activity (e.g. sports) • Follow-up of the patient

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Patient management evaluation form: Stroke

GUIDELINES	CRITERIA	M	A	I	FOCUS THEMES FOR EVALUATION
THEORETICAL KNOWLEDGE	Basic physiotherapeutic skills Additional knowledge				<ul style="list-style-type: none"> • Anatomy – physiology – biomechanics • Basic physiotherapeutic techniques • Pathology, stages and level of disability • Orthotic and wheelchair knowledge (e.g. components, orthotic alignment, fittings) • X-rays
ORGANIZATION & EQUIPMENT	Structured organization Availability of materials				<ul style="list-style-type: none"> • Daily work organization & time management • Consumables renewed in time, splint material • Maintenance of equipment • Good use of materials & equipment
COMMUNICATION & MULTIDISCIPLINARY ASPECT	Empathy toward patients Well-integrated in team				<ul style="list-style-type: none"> • Role played in a multidisciplinary team • Attitude toward patients, family or carers and colleagues • Ability to work with cognitively impaired people • Communication (speaking clearly and listening)
ASSESSMENT	Quality of the patient's file Logic of the treatment plan				<ul style="list-style-type: none"> • Patient file management • Initial assessment well performed and documented • Regular re-evaluation of goals and objectives • Capacity for clinical reasoning
TREATMENT	Quality of techniques Handling Patient instruction Execution of the treatment plan				<ul style="list-style-type: none"> • Positioning and mobilization techniques • Prevention of complications (e.g. skin, incontinence, swallowing) • Management of pain and spasticity • Maintenance or improvement of general condition (e.g. endurance) • Exercises preparatory to fitting the orthoses (e.g. ROM & strengthening exercises) • Training in use of the orthotic devices (postural control, weight transfer, hand splint) • Progressive gait training and correction of gait deviation • Functional training for independence in ADL • Daily care of the orthosis • Hands-on approach
DISCHARGE & FOLLOW-UP	Instructions to patient and carer Involvement in discharge				<ul style="list-style-type: none"> • Proper final evaluation and checkout • Home programme exercises • Instruction provided to carers in this lifelong disability • Follow-up of the patient

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Patient management evaluation form: Club foot

GUIDELINES	CRITERIA	M	A	I	FOCUS THEMES FOR EVALUATION
THEORETICAL KNOWLEDGE	Basic physiotherapeutic skills Additional knowledge				<ul style="list-style-type: none"> Anatomy – physiology – biomechanics Basic physiotherapeutic techniques Pathology, stages and level of disability Orthotic knowledge (e.g. components, alignment, fittings) X-rays
ORGANIZATION & EQUIPMENT	Structured organization Availability of materials				<ul style="list-style-type: none"> Daily work organization & time management Consumables renewed in time, splint material & POP Maintenance of equipment Good use of materials & equipment
COMMUNICATION & MULTIDISCIPLINARY ASPECT	Empathy toward patients Well-integrated in team				<ul style="list-style-type: none"> Role played in a multidisciplinary team (e.g. with orthopaedic surgeons) Attitude toward patients, parents or carers and colleagues Ability to work with children Communication (speaking clearly and listening)
ASSESSMENT	Quality of the patient's file Logic of the treatment plan				<ul style="list-style-type: none"> Patient file management Initial assessment well performed and documented Regular re-evaluation of goals and objectives at the different stages Capacity for clinical reasoning
TREATMENT	Quality of techniques Handling Patient instruction Execution of the treatment plan				<ul style="list-style-type: none"> Positioning and mobilization of lower-limb joints Ponseti approach, corrective plaster, splinting Maintenance of motor developpement (strength, coordination, changes of position) Exercises preparatory to fitting the orthosis (e.g. ROM & strengthening exercises) Adaptation to device Gait training and correction of gait deviation (with older children) Functional training for independence in ADL Daily care of the orthosis by the parents or under their supervision Weekly or monthly evaluation of the progression Hands-on approach
DISCHARGE & FOLLOW-UP	Instructions to patient and carer Involvement in discharge				<ul style="list-style-type: none"> Proper final evaluation and checkout Home programme exercises Instruction provided to parents in this lifelong treatment Follow-up of the patient

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Patient management evaluation form : Cerebral Palsy

GUIDELINES	CRITERIA	M	A	I	FOCUS THEMES FOR EVALUATION
THEORETICAL KNOWLEDGE	Basic physiotherapeutic skills Additional knowledge				<ul style="list-style-type: none"> • Anatomy – physiology – biomechanics • Basic physiotherapeutic techniques • Pathology, types of disability • Orthotic and wheelchair knowledge (e.g. components, orthotic alignment, fittings) • X-rays
ORGANIZATION & EQUIPMENT	Structured organization Availability of materials				<ul style="list-style-type: none"> • Daily work organization & time management • Consumables renewed in time, splint material & POP • Maintenance of equipment • Good use of materials & equipment
COMMUNICATION & MULTIDISCIPLINARY ASPECT	Empathy toward patients Well-integrated in team				<ul style="list-style-type: none"> • Role played in a multidisciplinary team (e.g. surgeons) • Attitude toward patients, parents or carers and colleagues • Ability to work with children • Communication (speaking clearly and listening)
ASSESSMENT	Quality of the patient's file Logic of the treatment plan				<ul style="list-style-type: none"> • Patient file management • Initial assessment well performed and documented, especially capacity to do muscle testing • Regular re-evaluation of goals and objectives throughout the years • Capacity for clinical reasoning
TREATMENT	Quality of techniques Handling Patient instruction Execution of the treatment plan				<ul style="list-style-type: none"> • Positioning and mobilization of joints • Management of spasticity & adequate handling • Facilitation of movement to develop new skills • Maintenance or improvement of general or specific condition (e.g. swallowing) • Exercises preparatory to fitting the orthosis (e.g. ROM & strengthening exercises) • Training in use of the orthosis (postural control, weight transfer) • Gait and wheelchair training and correction of gait deviation • Functional training for independence in ADL • Daily care of the orthosis by the parents or under their supervision • Adaptation of corrective techniques if necessary (e.g. corrective plaster, stretching, splinting) • Hands-on approach
DISCHARGE & FOLLOW-UP	Instructions to patient and carer Involvement in discharge				<ul style="list-style-type: none"> • Proper final evaluation and checkout • Home programme exercises • Instruction provided to parents in this lifelong treatment • Stimulation for education or integration with other children • Follow-up of the patient

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