

SCORING INSTRUCTIONS:

If SPT is instructing a caregiver in a skill rather than performing the skill themselves, SPT score is based on the caregiver performance meeting the listed criteria.

Definitions used for ratings of 2, 1 and 0 are below.

(S) = Items determined to be “safety critical Items”, defined as behaviors that are likely to result in potential harm to the patient, self or others if not performed effectively, accurately or efficiently.

2 = Effective, accurate, and efficient; consistent performance of test or skill.

1 = Less effective, accurate, or efficient; inconsistent performance of test or skill.

0 = inefficient, ineffective, inaccurate, or not performed (S)

Opening of Session	2	1	0
1. SPT introduces self by full name, student physical therapist.			
2. SPT confirms patient identification by confirming patient’s full name & date of birth. (S)			
3. SPT confirms with patient how they would like to be addressed (name and/or pronouns).			
4. SPT provides overview of session and rationale of tasks.			
5. SPT confirms patient agreement with plan.			
6. Hand Hygiene: SPT sanitizes hands before touching patient. (S)			
7. Precautions: SPT reviews any relevant precautions with the patient (e.g., THR, spine, etc.) and confirms patient understanding.			
Screening	2	1	0
8. MSK Screen (UE): SPT performs bilateral UE MSK screen for ROM and strength. Screen provides sufficient information to guide clinical decision making before mobility tasks.			
9. MSK Screen (LE): SPT performs bilateral LE MSK screen for ROM and strength. Screen provides sufficient information to guide clinical decision making before mobility tasks.			
10. Balance Screen: SPT performs sitting balance screen. Screen provides sufficient information to guide clinical decision making before mobility tasks.			
11. Integumentary Screen: SPT performs integumentary screen before mobility tasks.			
12. Cardiovascular Screen: SPT performs cardiovascular screen before mobility tasks.			
13. Other Systems Screen: SPT performs other systems screens before mobility tasks, as needed.			
14. Precautions: SPT maintains all relevant movement precautions. (S)			
15. Fall Risk: SPT minimizes patient fall risk throughout skill. (S)			

Wheelchair (WC) Pressure Relief	2	1	0
16. Method: SPT selects appropriate pressure relief technique for patient that optimizes patient participation, independence, and safety.			
17. Set-up: SPT sets up environment and WC to optimize patient performance.			
18. SPT Position: SPT positions self (therapist) to facilitate/assist patient movement and maximize patient safety and independence.			
19. SPT Assistance: SPT allows patient to do as much of the movement as possible and assists patient only as needed.			
20. Skin Clearance: SPT confirms successful unweighting of bilateral ischial tuberosities during pressure relief (e.g., hand check). (S)			
21. Duration: SPT ensures patient holds the pressure relief position for at least 1 minute for right and left ischial tuberosities.			
22. Dosage: SPT provides prescription for continued independent performance of pressure relief, including dosage (at least 1-2 minutes every 15-30 minutes).			
23. Dosage: SPT provides rationale for prescribed dosage.			
24. Fall Risk: SPT minimizes patient fall risk throughout skill (e.g., WC brakes engaged, guarding in mostly likely direction of balance loss). (S)			
Wheelchair (WC) Mobility	2	1	0
25. Method (level surfaces): SPT selects appropriate WC mobility method that optimizes patient participation, independence, and safety.			
26. Method (ramp / curb): SPT selects appropriate WC mobility method for patient that optimizes patient participation, independence, and safety.			
27. WC Set-up: SPT ensures that WC components are set-up to optimize patient participation, independence, and safety at rest and during movement.			
28. Position in WC: SPT ensures that patient is positioned appropriately in WC with sufficient support for WC mobility and protection to body parts.			
29. SPT Position: SPT positions self (therapist) to facilitate/assist patient movement and maximize patient safety and independence.			
30. SPT Assistance: SPT allows patient to do as much of the movement as possible and assists patient only as needed.			
31. Lines and Tubes: SPT manages lines and tubes during movement with no undue pressure or tension placed on any lines or tubes and ensures safe placement of equipment (e.g., urine collection bag below level of bladder). (S)			
32. Precautions: SPT maintains all relevant movement precautions. (S)			
33. Fall Risk: SPT minimizes patient fall risk throughout skill. (S)			
Transferring From One Surface to Another Surface	2	1	0
34. Method: SPT selects appropriate method of transfer from one surface to the other to maximize patient function, participation, independence, and safety.			
35. Set-up: SPT sets up environment (e.g., chair, WC, sliding board, gait belt) to optimize patient performance.			
36. SPT Position: SPT positions self (therapist) to facilitate/assist patient movement and maximize patient safety and independence.			

37. Patient Position: SPT ensures patient's body is positioned to optimize patient's performance and safety throughout transfer (e.g., feet on floor during transfer).			
38. SPT Assistance: SPT allows patient to do as much of the movement as possible and assists patient only as needed.			
39. Lines and Tubes: SPT manages lines and tubes during movement with no undue pressure or tension placed on any lines or tubes and ensures safe placement of equipment (e.g., urine collection bag below level of bladder). (S)			
40. Precautions: SPT maintains all relevant movement precautions. (S)			
41. Fall Risk: SPT minimizes patient fall risk throughout skill (e.g., through appropriate use of gait belt, shoes, or non-slip socks; safe sitting position before and after transfer). (S)			
Sitting Up to Lying Down	2	1	0
42. Method: SPT selects appropriate method of transition from sitting up to lying down (e.g., via sidelying or down on elbow) that optimizes patient participation and independence.			
43. Set-up: SPT sets up environment to optimize patient performance.			
44. SPT Position: SPT positions self (therapist) to facilitate/assist patient movement and maximize patient safety.			
45. SPT Assistance: SPT allows patient to do as much of the movement as possible and assists patient only as needed.			
46. Body Part Support: SPT protects/supports patient's joints and skin sufficiently (e.g., avoids skin shearing and friction) during movement of body parts.			
47. Lines and Tubes: SPT manages all lines and tubes during movement without undue pressure or tension placed on any lines or tubes and ensures safe placement of equipment (e.g., urine collection bag below level of bladder). (S)			
48. Precautions: SPT maintains all relevant movement precautions. (S)			
49. Fall Risk: SPT minimizes patient fall risk throughout skill. (S)			
Final Position	2	1	0
50. Body Part Support: Final patient position supports and protects any vulnerable body parts, for instance, related to skin breakdown, edema, or medical condition.			
51. Lines and Tubes: Final patient position provides appropriate placement of lines and tubes with no undue pressure or tension placed on any lines or tubes and ensures safe placement of equipment (e.g., urine collection bag below level of bladder). (S)			
52. Precautions: Final patient position maintains all relevant movement precautions. (S)			
53. Comfort: Final patient position maximizes patient comfort, confirmed with patient (e.g., verbal, nonverbal, written feedback).			
54. Fall Risk: Final patient position minimizes patient fall risk. (S)			
Overall Encounter	2	1	0
55. Closure: SPT provides closure to end session.			
56. Hand Hygiene: SPT sanitizes hands after end of session, before exiting the room. (S)			

57. PPE: SPT uses appropriate PPE (e.g., mask, eye protection, gloves) throughout the patient encounter. (S)			
58. Instructions: SPT provides clear and effective instructions prior to initiating movement for each task (e.g., verbal, written, and/or demonstration).			
59. Patient Education: SPT confirms patient understanding of any education provided during session.			
60. Draping: SPT provides appropriate draping for modesty throughout the task and in final patient position.			
61. Body Mechanics: SPT uses appropriate body mechanics and equipment set-up to minimize risk of therapist injury.			
62. Communication: SPT's verbal (e.g., volume and tone) and nonverbal communication is appropriate for patient scenario throughout the encounter (e.g., considers cognition and communication abilities and psychosocial situation).			
63. Feedback: SPT provides individual feedback to patient on their performance.			
64. Session Management: SPT leads session without long pauses or >2 time-outs.			
Documentation (Objective Section, only skills performed in the patient encounter should be documented)	2	1	0
65. Screen: SPT documents MSK screens.			
66. Screen: SPT documents sitting balance screen.			
67. Screen: SPT documents integumentary screen.			
68. Screen: SPT documents cardiovascular screen.			
69. Screen: SPT documents any other screens performed.			
70. WC Skill: SPT documents WC pressure relief technique and parameters.			
71. WC Skill: SPT documents level of assist for WC pressure relief.			
72. WC Skill: SPT documents WC mobility parameters (e.g., distance, level surface vs curb/ramp).			
73. WC Skill: SPT documents level of assist for WC mobility.			
74. Transfer: SPT documents transfer, including type of transfer AND transfer surfaces (e.g., bed to WC, WC to toilet).			
75. Transfer: SPT documents level of assist.			
76. Bed Mobility: SPT documents bed mobility task performed, including relevant method (e.g., supine to sit via long sitting).			
77. Bed Mobility: SPT documents level of assist for bed mobility.			
78. Final Position: SPT documents final position.			
79. Patient Response: SPT documents patient response (e.g., fatigue, pain, needed additional practice).			
80. Patient Education: SPT documents; any patient education provided and patient response (e.g., return demonstration, verbalization).			