Neuro Clinical Skills List

The following list is sent to clinical supervisors and outlines what is expected from you in clinic. It is based on the School of Medical Rehabilitation, Department of Physical Therapy Clinical Decision Making Process and covers topics primarily from courses PT 7121.

A. Examination

History

- The student will be able to take a basic history from the client, family, and/or chart. May need assistance with cues for questions related to specific diagnoses.

Assessment

- In uncomplicated patients, the student should be able to choose appropriate assessment methods including:

- Assessment and interpretation of: discriminatory touch, localization of touch, pain and temperature, ROM, tone, normal reflexes, abnormal reflexes, movement deficits (selective versus incompletely selective movement), posture, balance, motor coordination.

- Assessment and interpretation of functional activities including; postural control, transfers, sit to stand, balance and gait (components of normal gait and abnormal gait)

- Observational skills in identifying basic missing components of a purposeful movement (eg. sit to stand or walking) and identification of muscle imbalance in all ages

- In more complicated patients, the students may need assistance with communication, adaptive positioning, or choosing specialized procedures.

- Students have been exposed to and can apply to a non-complicated patient (using the administration guidelines):

  - Berg Balance Scale

  - Chedoke McMaster Stroke Assessment

  - Timed Up and Go

  - Functional Gait Assessment

  - Modified CTSIB

- Students should be able to apply other outcomes measures under the guidance of the supervising therapist.

B. Identification of Issues

- o Students will be able to summarize assessment findings into a problem summary, initially with cues or prompts from the clinical instructor.

- o Students will be able to identify other factors that influence physiotherapy treatment plan such as speech deficits, mental orientation, neglect, co morbidities, and medical contra-indications.

- o Students will be able to identify when referral to another health care professional is appropriate.

C. Goals

- o Students will need assistance with rationalizing achievable goals within a reasonable time frame. They are familiar with the formulation of SMART goals.

D. Strategy for Intervention

- o Students will be able to identify treatment options that are consistent with the problem summary independently.

E. Intervention

- o Students will be able to apply basic skills in:

  - ▪ bed positioning

  - ▪ teaching bed mobility

  - ▪ techniques to improve postural control

  - ▪ techniques for transfers

  - ▪ techniques for training sit to stand

  - ▪ techniques for training standing balance

  - ▪ techniques for training upper extremity function

  - ▪ techniques for re-training gait

  - ▪ techniques for inhibition and facilitation of abnormal tone .

- o Students will require occasional cues from the supervisor for uncomplicated patients and assistance for more complicated patients.

- Students have had an introduction to wheelchair styles and seating, exposure to adaptations to wheelchairs, and exposure to the variety of choices of orthoses. They are not expected to be independent in these areas.

- Students will be able to initiate discharge planning

    - They will be able to discuss preparation for home or community.

    - They will be able to devise a home program with assistance from the supervising therapist.

    - Students have a basic awareness of community resources and may need assistance to identify additional resources.

F. Re-examination

- Students will be able to initiate re-evaluation procedures.

- They may need cueing or prompting to determine presence of change with accuracy and precision.

They may need cueing or prompting to revise identification of issues, goals, and strategies for intervention.