International Centre for Allied Health Evidence

Tools to assist in the implementation of Extended Scope Practice Allied Health Roles Starter Pack

University of South Australia
International Centre for Allied Health Evidence
A member of the Sansom Institute

ACT Government Health
CANBERRA HOSPITAL AND HEALTH SERVICES

 – ISBN **978-971-606-559**

FOREWORD

BY MS KAREN MURPHY –
ALLIED HEALTH ADVISOR ACT HEALTH DIRECTORATE

Since 2005 the ACT Health Directorate has had a keen interested in extended scope practice for Allied Health to explore new and novel models of care. This work has been undertaken in collaboration with the International Centre for Allied Health Evidence at the University of South Australia. This partnership has ensured that this work has academic rigour, whilst at all times focussing on health care delivery and patient-centred care.

This tool pack includes documents to assist other healthcare providers/institutions introduce extended scope practice roles, highlighting the requirements as well as the potential pitfalls. The aim of this pack is to ensure that efficient workforce redesign principles are employed at other sites and that these principles are underpinned in evidence-based practice and research.

The work included in this pack has been developed under the guidance of a committed and hardworking team whose ethos is innovative and patient-focussed care. The team includes Doctors, Allied Health, Educators, Academics, Nurses, Managers and Executives, this work would not have been possible without them.

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MODULE 3

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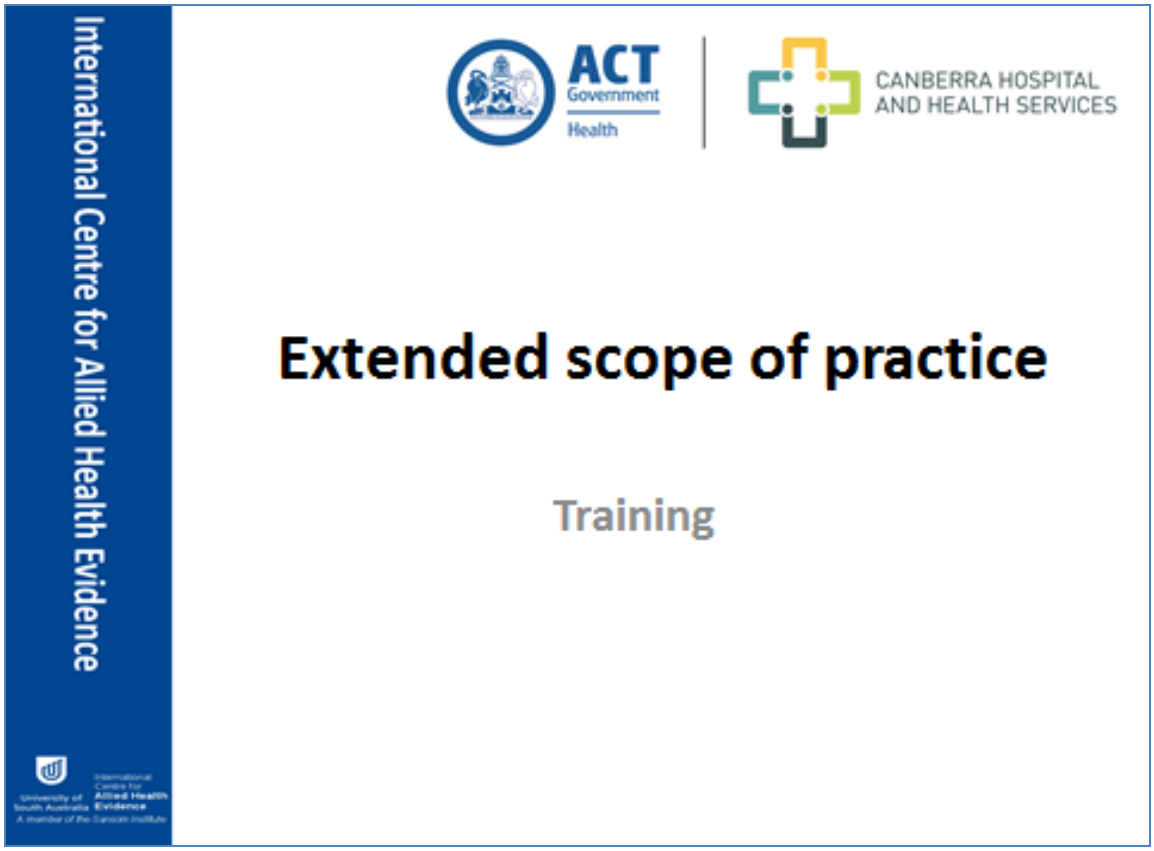
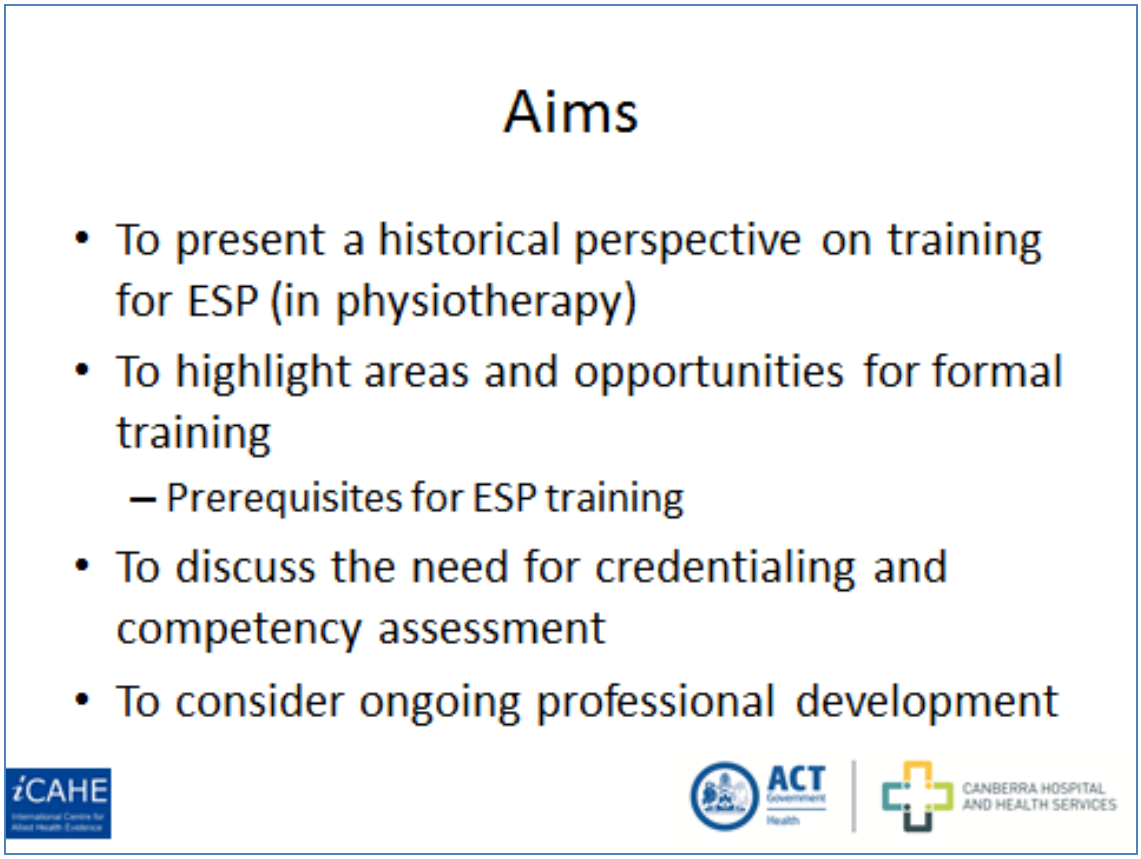
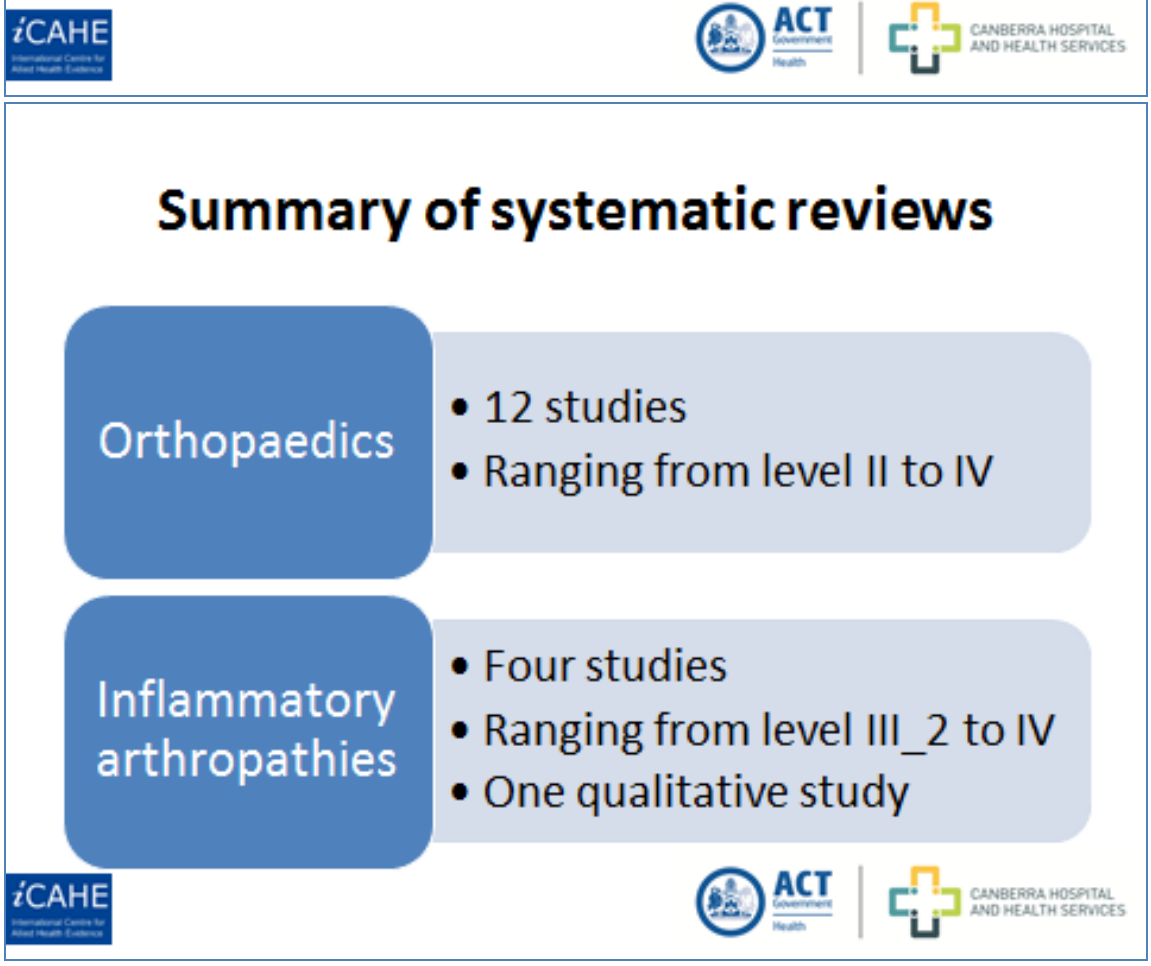
EXTENDED SCOPE OF PRACTICE TRAINING PRESENTATION





Summary of current evidence regarding ESP Physiotherapy training



Tasks performed

Performing management techniques	Requesting and interpreting further investigations	Making referrals

• Injection therapy
• Removal of plaster of Paris
• Removal of k-wires
• Monitor, recommend and change medications
	• Diagnostic imaging
	• Laboratory tests
		• Other allied health professionals
		• Medical professionals
		  • Orthopaedics
		  • Rheumatology
		  • Pain clinics
		  • Physicians
		• Listing patients for surgery

Hattam &Smetham (1999), Harrison et al. (2001), Gardiner & Turner (2002), Moloney et al. (2009), Heywood (2005), Rabey (2009), Oakes(2009), Hattam (2004), Blackburn et al. (2009), Lundon et al. (2011), MacKay et al. (2008)

Training types

- In-house
  - Due to lack of availability to formal training
- Mentoring
  - ESP colleagues
  - Orthopaedic surgeons
  - Rheumatologists
  - Pharmacists
  - Radiologists
- Log-book credentialing
- Formal training

In-house training

Positives	Negatives
• Accessible • Supported by the workplace • Specific to the area of work • Uses resources directly involved with the workplace • Aids relationship and skill validation between clinicians • Cheap	• Not accredited • Not validated • Not standardised • Not transferable

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Level of autonomy (the in-house model)

Varied between studies

- Some had to have X-rays signed off by a medical consultant
- Some had to discuss referrals, surgery listings and requests for radiological interventions with medical consultant

Moloney et al. (2009), Gardiner & Turner (2002)

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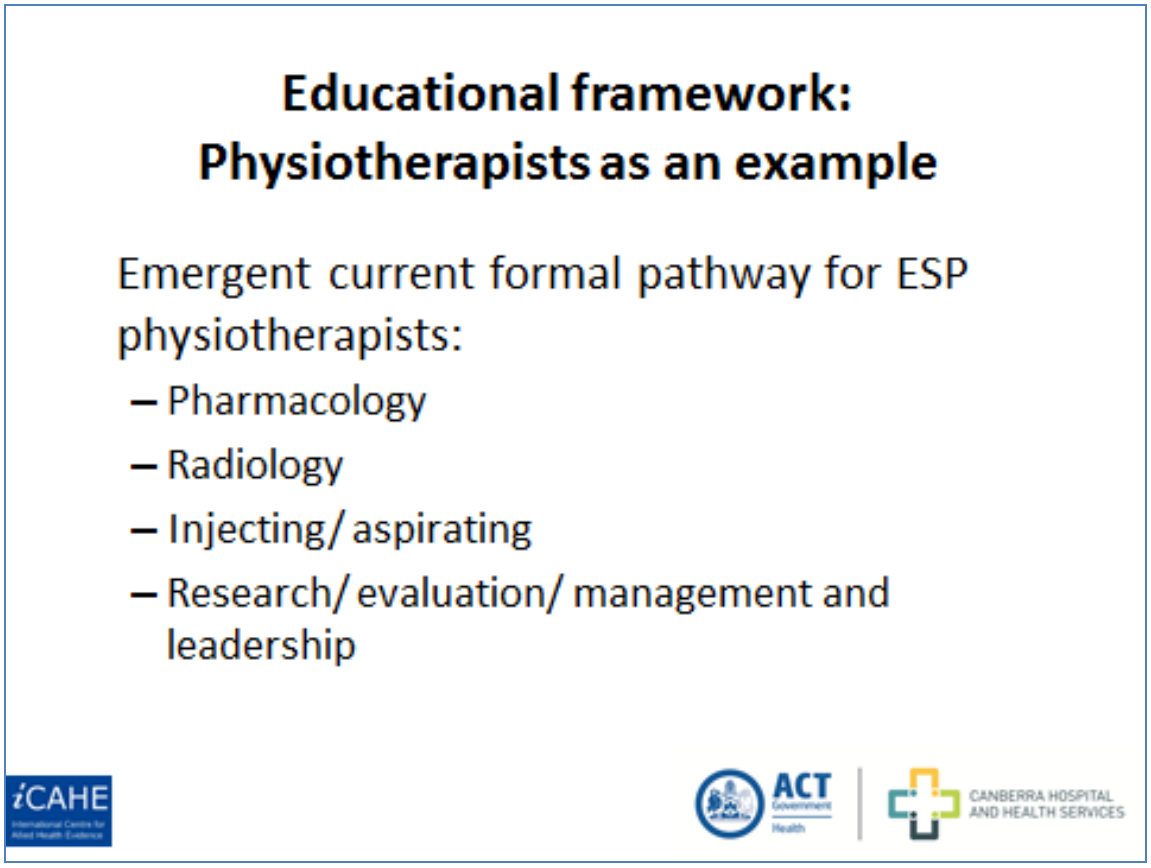

Formal training

Positives	Negatives
• Accredited by tertiary and external institution • Formalised credentialing processes • Standardised delivery • Ensures EBP taught • Transferable skills taught • Curriculum widely available for review	• Not as accessible • More expensive

Postgraduate ESP physiotherapy courses at the University of Canberra

- Two courses offered
  - Graduate certificate (one semester full time)
  - Postgraduate diploma (two semesters full time)
- Admission requirements
  - Degree in physiotherapy
  - Postgraduate qualification in their proposed area of ESP
  - Three years clinical practice experience
  - Need to identify a mentor for all new "out-of-scope" practice

Applicability across different Clinical areas – in Physiotherapy

	Pharmacology	Radiology	Injecting / aspirating	Research
ED	✓	✓	✓	✓
Orthopaedic Outpatients	✓	✓	✓	✓
Obstetrics & Gynaecology	✓	✓	X	✓
Paediatrics	✓	✓	✓	✓
Neurology	✓	✓	✓	✓

Competency Assessment and Professional Development

Despite formal training:

- Ongoing in-house experience is essential
- Ongoing local mentoring from appropriately qualified clinician(s)
- Recognised credentialing process
  - Agreed end point for achieving new competencies
- ESP Peer-support and problem solving
- Inter-disciplinary sharing (e.g. formal role in grand rounds)

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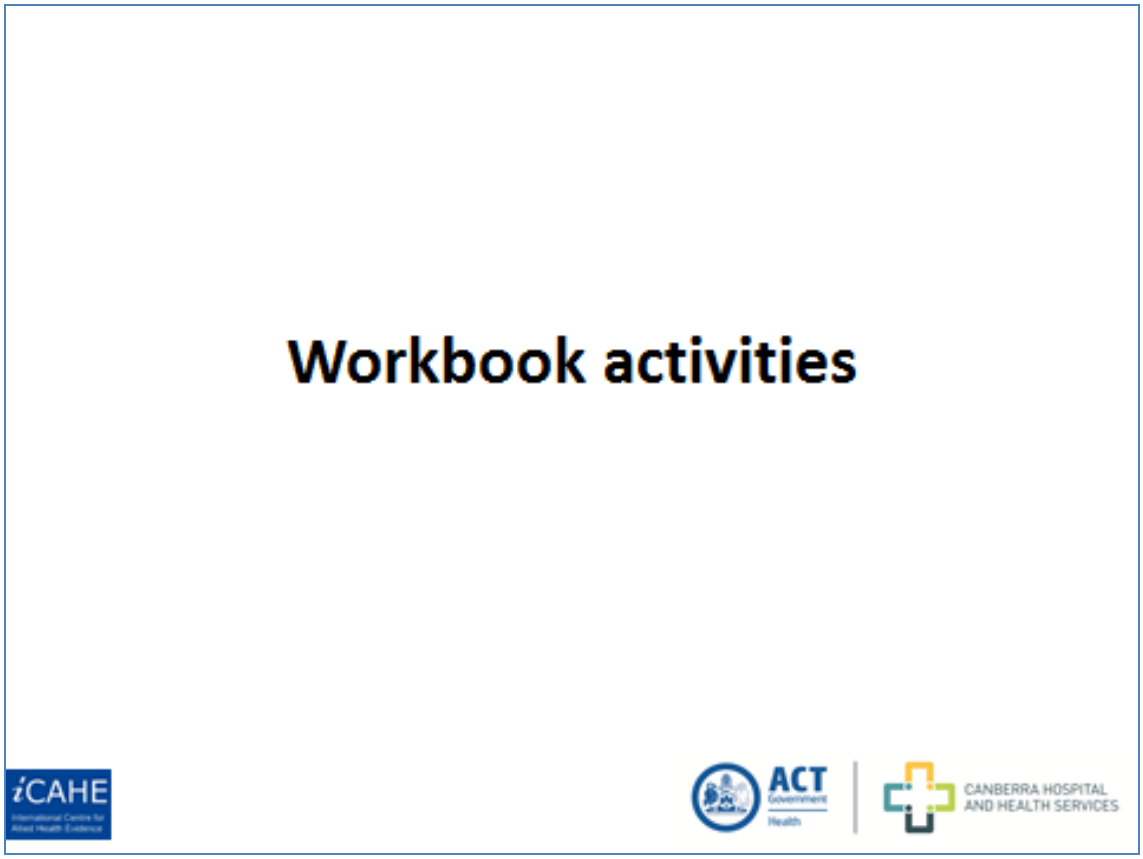
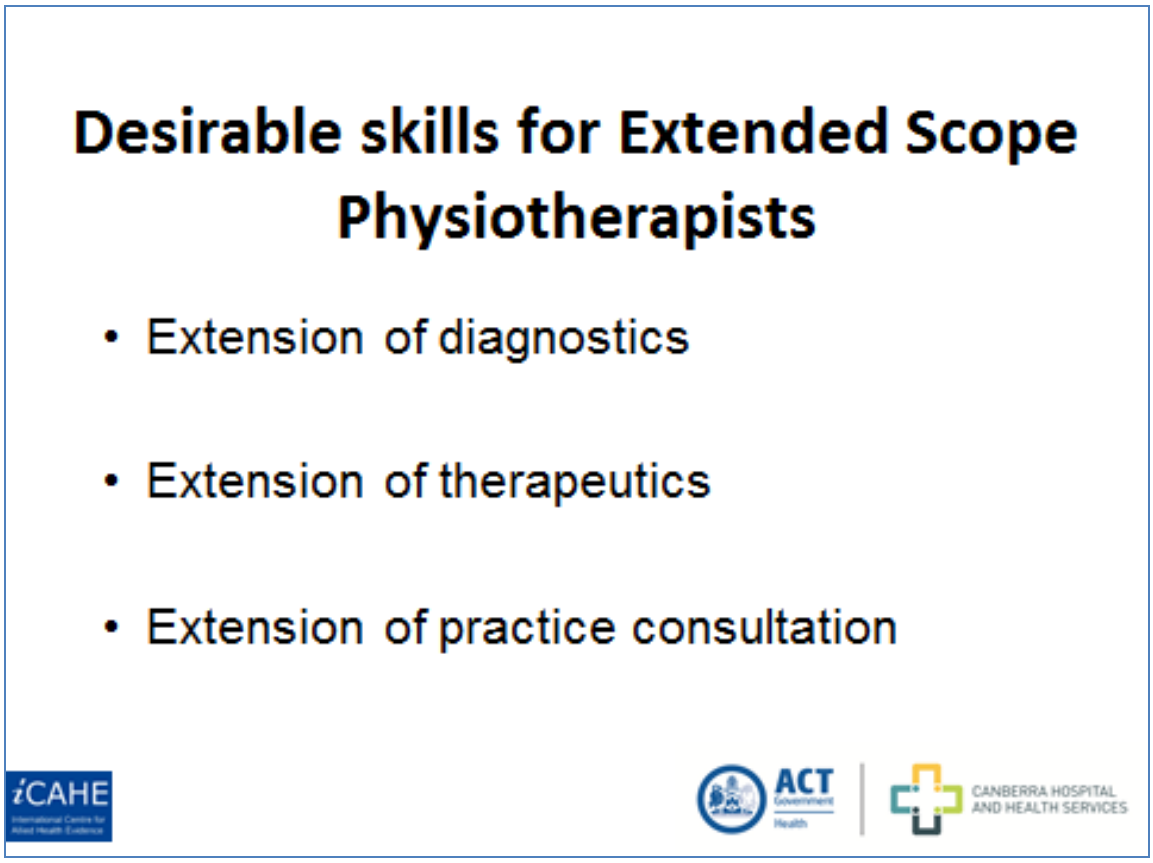


- Consider opportunities for formal training locally
- What do you consider to be an appropriately qualified person to commence ESP training?
- Who pays?
- How long can ESP-in-training person be released for formal training?
- Is there local medical specialist support for credentialing?
- Is there an ESP support group available?
- Opportunities for ongoing professional development – particularly inter-disciplinary
- When has ESP training been completed?
- When has competence been reached?

EXTRA TRAINING PRESENTATION



Early learnings.....

An early review of the extended scope physiotherapy literature and the early project findings identified that a key component for successful implementation is an accredited education pathway, to assist with:

- Medical buy-in
- Clear role definition
- Establishment and evaluation of clinical competencies
- Recruitment and retention of appropriately qualified clinicians

Purpose of literature review

To establish existing national and international training programs and content for advanced and extended scope physiotherapy practices, to assess:

- Training requirements and opportunities for advanced and extended scope physiotherapy practitioners
- Core elements of effective advanced and extended scope physiotherapy practice
- Existing accredited post-graduate training availability
- Training/experience prerequisites to undertake an advanced or extended role

Literature findings – Education and training

"Training and education for the new roles were variable and often not described" (McPherson et al. 2006, p.246)

- On many occasions "in-house"/institution-based training was reported due to the lack of availability of post-graduate education
- Mentoring by ESP colleagues – Orthopaedic surgeons, rheumatologists, pharmacists and radiologists

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Literature findings – Prerequisites of ESP physiotherapists

Variability was reported in the pre-requisites to undertaking an Extended Scope Physiotherapy role:

- Variation between 5 and 10 years post-graduate experience
- 3 years experience in relevant clinical area
- A Masters level qualification and/or advanced training in the relevant speciality area are desirable, but not a necessity

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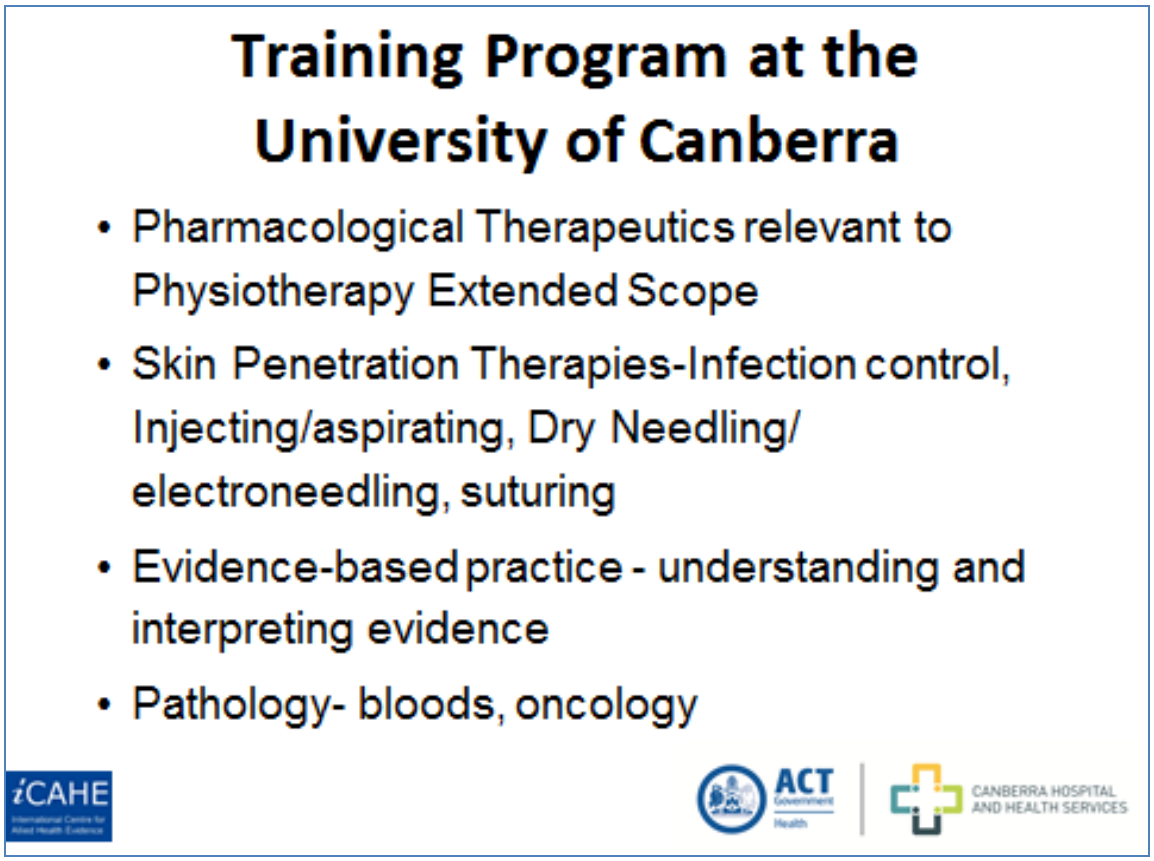

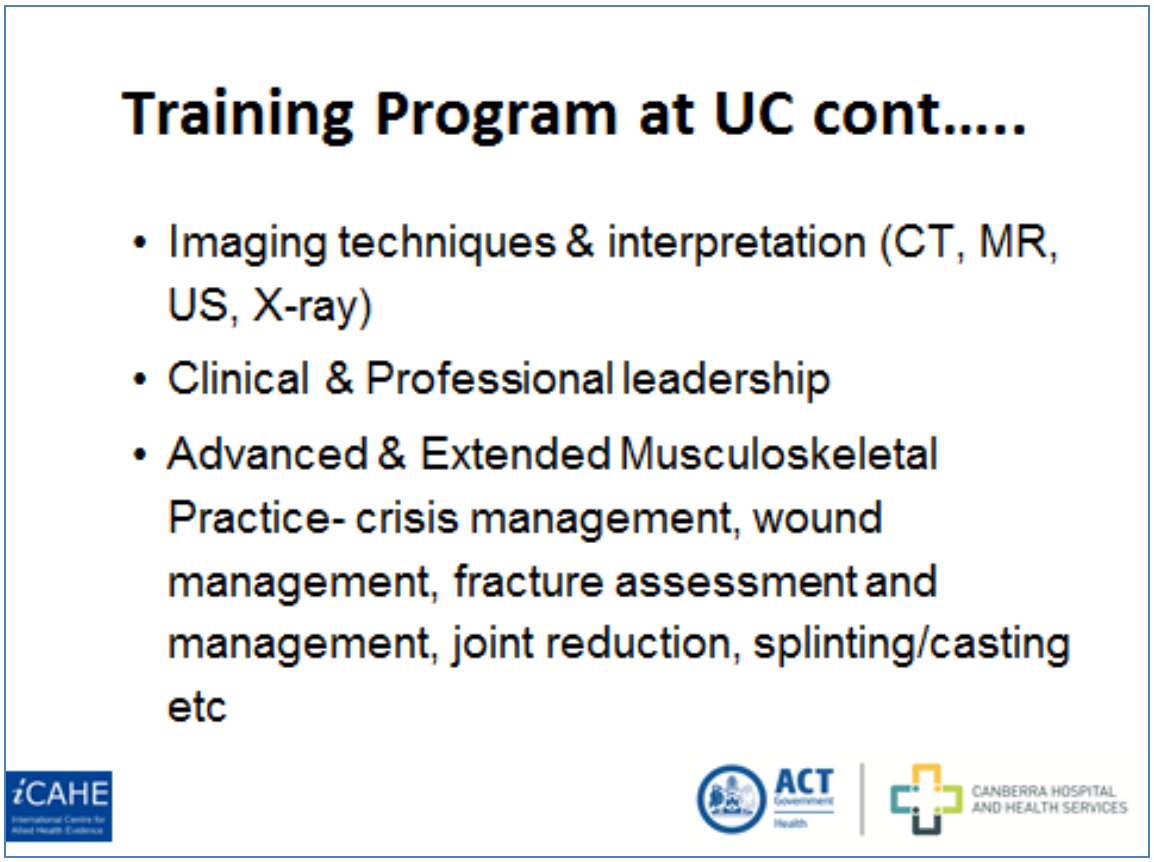

Name of Physiotherapist in Training _____

Formal Supervision of Extended Scope Practice Physiotherapists in Training

This document formalises understanding of all parties regarding the supervisory arrangements for extended scope physiotherapists in training.

Definition of Clinical Supervision: "It is central to the process of learning and to the expansion of the scope of practice and should be seen as a means of encouraging self-assessment and analytical and reflective skills" Cotterell & Smith[1]

Skill acquisition will occur via a number of different mechanisms:

Clinical education from Orthopaedic surgeons, Rheumatologists, Pharmacists, Physiotherapists and relevant medical imaging personnel provides physiotherapists with context-based learning, gained through first-hand client and professional interactions that provides opportunities to observe and learn in the clinical setting.

Supervision, by the above professionals, compliments the clinical skills log-book providing physiotherapists with professional support, guidance, feedback and evaluation by a recognised team.

Clinical skills log-book records skill acquisition and competency. The education process embedded in the log-book refers to the practical integration and application of knowledge, skills and attitudes to professional advanced and extended-scope physiotherapy practice. The log-book provides a formal vehicle for assessment of extended scope physiotherapy skills through a peer-review process; with the aim of recognising the clinician's level of professionalism, inter-professional collaboration, communication strategies and quality of service delivery.

Competency is assessed by the supervising personnel using the log-book. Competency will be measured by the level of skill at which procedures/tasks are performed and the application, knowledge and aptitude of the physiotherapist. The log-book provides evidence that the most appropriate and evidence-based management strategies have been chosen, and that the clinical decisions match the clinical contexts.

The supervising clinician defines the number of repetitions required and the procedures required when performing these tasks/skills.

Competency to perform a task/skill is determined by the supervising clinician.

Signature of Extended Scope Physiotherapist in Training:

_____Date: _____

Name and designation_____

Signature:_____Date: _____

Name and designation_____

Signature:_____Date: _____

Photocopy and repeat supervisory details as necessary

[1] www.clinical-supervision.com/development

COURSE OUTLINE
AND INFORMATION

UNIVERSITY OF
CANBERRA
AUSTRALIA'S CAPITAL UNIVERSITY

A pathway in Extended Scope Physiotherapy at the University of Canberra.

For physiotherapists contemplating developing an extended scope of practice the University of Canberra Faculty of Health offers a comprehensive education pathway.

Graduate Certificate in Extended Scope Physiotherapy

One semester full time

The objective of the Graduate Certificate in Extended Scope Physiotherapy is to offer graduate students with entry level physiotherapy degrees extended scope of practice skills and knowledge as an entry to an extended scope of practice in their professional discipline area. The Graduate Certificate in Extended Scope Physiotherapy will provide students with a physiotherapy degree a single postgraduate program with focused training in extended scope of practice in their professional practice area. On completion of the Graduate Certificate in Extended Scope Physiotherapy students will be competent in the knowledge and skills necessary to commence and extended scope of practice training program within the relevant discipline area.

Postgraduate Diploma in Extended Scope Physiotherapy

Two semesters full time

The objectives of the Postgraduate Diploma in Extended Scope Physiotherapy are to enhance pathways and increase capacity in the area of need in extended scope of practice physiotherapy identified by government. The Postgraduate Diploma in Extended Scope Physiotherapy degree will incorporate lectures, online and tutorial sessions to provide students with the necessary skills to commence extended scope practice in their professional area. On completion of the Postgraduate Diploma in Extended Scope Physiotherapy students will be competent in the advanced knowledge, clinical skills and evidence based practice evaluation for extended scope of practice in their discipline area.

The Postgraduate Diploma in Extended Scope Physiotherapy is intended to be subsumable within a proposed Doctor of Clinical Physiotherapy program.

Admission Requirements

Applicants must have a degree in a physiotherapy as approved by the University with a postgraduate qualification in the proposed area of extended scope of practice and with three years clinical practice experience or equivalent.

Additional requirements:

As determined by the relevant discipline registration authority.

Applicants undertaking either of these courses will need to identify a mentor who is currently practicing injecting techniques and is willing to supervise the applicant while undertaking a clinical practicum in injection techniques.

For further information contact the Convener: Dr Gordon Waddington
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Email: Gordon.Waddington@canberra.edu.au

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CREDENTIALING CRITERIA FOR EDUCATION (POST MAY, 2012)

National Registration Board (currently state registrations) encompassing Physiotherapy, Medicine, Pharmacy, Medical Imaging, Nursing

Australian Physiotherapy Council (APC)

Accredited courses,
Agreed competencies,
Quality standards,
Evidence-based criteria

Recognised University Coursework Masters clinical practice programs (Orthopaedics, Manipulative Physiotherapy, Sports Physiotherapy)

Australian Physiotherapy Association

Agreed competencies,
Quality standards,
Peer review,
Evidence-based criteria

Titled physiotherapists in Orthopaedics, Manipulative Physiotherapy, Sports physiotherapy)

Local medical specialists / authorities

Standards setting
Agreed competencies
Specific in-house training
Medical supervision
Auditing & in-house review

Appropriate / relevant local medical sign-off (providing Gold Standard competency) standards)

Formal tertiary training programs with recognised accreditation and agreed competencies

- Imaging
- Prescribing
- Injecting

Specific targeted short course training designed for ESP program requirements
OR
Modules / courses of current tertiary programs

- Medical radiation
- Pharmacy / general medical practice
- Nursing / Podiatry

Satisfactory completion of modules from recognised tertiary institutions / training

Clinical Skills

Extended Scope Physiotherapy Log-Book

Orthopaedic Outpatients

International Centre for Allied Health Evidence

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Background Information

Hierarchy of Clinical Skills Acquisition

The fundamental basis of the clinical skills log-book approach is skill acquisition and competency, utilising a variety of models to build on the skills the Physiotherapist has already acquired through their career (see *relevant personal specifications* below). On completion of the log-book the physiotherapist will be able to perform the outlined skills within the clinical realm with more confidence, expertise and minimised risk of an inexpertly performed skill which may adversely affect the patient.

The education process embedded in this log-book refers to the practical integration and application of knowledge, skills and attitudes to professional advanced and extended-scope Physiotherapy practice.

This process is facilitated with the provision of professional support, supervision, guidance, feedback and evaluation by a recognised team, including, but not limited to Orthopaedic surgeons, Rheumatologists, members of the Pharmacy department, the Physiotherapy department and the department of medical imaging.

Clinical education from members of the multi-disciplinary team provides the Physiotherapist with context-based learning that is gained through first-hand client and professional interactions and through opportunity to experience "the doing" in the clinical practice setting.

Relevant Personal Specification

It is a pre-requisite stipulated by ACT Health that Physiotherapists in advanced or extended scope roles have:

- At least five years clinical experience post entry-level physiotherapy qualification
- At least three years experience in the relevant specialist area; and/or
- Completion of APA specialisation training to ‘titled’ member level in the relevant specialist area; and/or
- Completion of a recognised postgraduate qualification and/or advanced training in the relevant specialist area

Senior Musculoskeletal Physiotherapists have recognised advanced theoretical and applied skills in musculoskeletal Physiotherapy and demonstrated skills in the assessment, diagnosis and management of musculoskeletal conditions and these skills assist with an accurate, cost effective diagnosis and appropriate evidence based management of conditions.

It has been identified in the literature that an integral skill-set of physiotherapists in these roles is clinical leadership skills. Clinical leadership behaviour has been defined as falling into 5 categories:

Developing Personal Qualities

- Knowledge of self, team dynamics and process improvement
- Self-reflection and self-management
- Professionalism
- Self-development

Working with Others

- Skills in communication, conflict resolution and team leadership
- Performance appraisal
- Teamwork, cohesion and collaboration
- Motivation and facilitation
- Building and maintaining relationships
- Engaging with clients and consumers
- Inspire trust and confidence
- Help others to feel capable and realise their own potential

Improving Services

- Leading sustainable system improvement and patient safety initiatives
- Developing a culture of patient-centred care within an environment that supports workplace learning
- Critical evaluation of service provision
- Improving health care processes
- Developing new services and roles

Managing Services

- Resource management
- Development and management of policies and protocols
- Performance management
- Information management

Setting Direction

- Identifying opportunities for change
- Applying knowledge and evidence to service provision
- Evaluation of service impact and outcomes
- Monitoring and adapting service delivery trends as indicated
- Innovative and creative approach to service delivery

This log-book will analyse these skills through the peer-review process with the aim of recognising the clinician's level of professionalism, inter-professional collaboration, communication strategies and quality of service delivery.

When a clinician is deemed to be competent on the performance of a task/skill and the number of times a task needs to be completed will be at the discretion of the supervising clinician.

Related Definitions

NAHAC Endorsed National Definitions
April 2010

1. Advanced Scope of Practice

"A role that is within currently recognised scope of practice for that profession, but that through custom and practice has been performed by other professions. The advanced role would require additional training, competency development as well as significant clinical experience and formal peer recognition. This role describes the depth of practice."

2 Extended Scope of Practice

"A role that is outside the currently recognised scope of practice and requires legislative change. Extended scope of practice requires some method of credentialing following additional training, competency development and significant clinical experience. Examples include prescribing, injecting and surgery. This role describes the breadth of practice."

It is important to note that scope of practice will change and that some roles considered extended now, may not be in the future.

Acknowledgements:
Department of Health, Victoria for their lead role in developing these definitions.

Specialist:

"Crawford-White (1996) define a specialist in occupational therapy as "one who is devoted to a special branch of learning while a generalist is one whose skills extend to several different fields'. A clinician who demonstrates professional clinical leadership skills; including mentorship, clinical supervision/education and research and is a recognised quality improvement leader."

Senior Musculoskeletal Physiotherapist:

"A physiotherapist with extensive experience in providing expert musculoskeletal assessment, diagnosis and appropriate onward management for patients presenting with chronic and/or acute pain."

Responsibility Statement

I agree to work in an ethically responsible manner in my interactions with patients and colleagues

I agree to work within the designated Scope of Practice for an Advanced and / or Extended Scope Practitioner role, acting within my capabilities and 'signed off' competencies (to date)

I recognise that in my role as an advanced/ extended scope practitioner, I may be part of a multidisciplinary team that has little experience to date, of such a role. I recognise that I have responsibilities to communicate my activities to other team members in a respectful manner that encourages team decision-making and inter-professional learning.

I agree to communicate concerns about patient care in a timely and thorough manner to appropriately skilled colleagues within my team, to ensure the best outcomes for patients and the health system.

I agree to appropriately and accurately record my activities in patient notes, and in any other documentation required of me in the role of an advanced and/ or extended scope physiotherapy practitioner. I particularly recognise the importance of documenting my activities as a physiotherapist working out of 'usual' scope practice, to inform ongoing evaluation of the role, and for quality improvement purposes.

I understand that the role of an advanced/ extended scope physiotherapist is evolving, and therefore the activities I undertake may be subject to change. I recognise the importance of

participating wholeheartedly in the change process by engaging in (and documenting, where appropriate) regular personal reflections, and providing respectful and timely feedback to supervisors and colleagues

I agree to undertake ongoing training to improve my skills in advanced and/ or extended scope physiotherapy practice and to recognise when I need to seek advice and mentorship to improve my skills. Should such situations arise, I agree to actively seek advice and mentoring from appropriately skilled/ qualified persons.

I agree to assist willingly in the professional development of colleagues, particularly physiotherapists who are acting within scope or in advanced scope roles, and other health discipline colleagues, as required

I recognise the privilege of the position of an advanced/ extended scope physiotherapy practitioner, and I agree to undertake professional leadership roles, as required.

Physiotherapists Name: _____

Physiotherapist Signature: _____ Date: _____

Name of Witness: _____

Signature of Witness:_____ Date: _____

"Sign off" or "Action Required Checklist"

TASK	Supervisors Name	Date signed off
1. X-ray Interpretation		
A1 – Cervical Spine		
A2 – Thoracic Spine		
A3 – Lumbar Spine		
A4 – Shoulder		
A5 – Shoulder (Acromio-clavicular joint)		
A6 – Shoulder (Clavicle)		
A7 – Shoulder (Sterno-clavicular joint)		
A8 – Humerus		
A9 – Elbow		
A10 – Forearm		
A11 – Wrist		
A12 – Scaphoid views		
A13 – Hand		
A14 – Fingers		
A15 – Thumb		
A16 – Pelvis		
A17 - Hip		
A18 – Knee		
A19 – Femur		
A20 – Tibia/Fibula		
A21 – Ankle		
A22 – Calcaneum		
A23 – Foot		
A24 - Toes		

2. MRI Interpretation		
A25 – Cervical Spine		
A26 – Thoracic Spine		
A27 – Lumbar Spine		
A28 – Shoulder		
A29 – Elbow		
A30 – Wrist		
A31 – Hand		
A32 – Pelvis		
A33 - Hip		
A34 – Knee		
A35 – Ankle		
A36 – Foot		
3. CT Scan Interpretation		
A37 – Cervical Spine		
A38 – Thoracic Spine		
A39 – Lumbar Spine		
A40 – Shoulder		
A41 – Elbow		
A42 – Wrist		
A43 – Hand		
A44 – Pelvis		
A45 - Hip		
A46 – Knee		
A47 – Ankle		
A48 – Foot		

4. Administration of Intra-Articular Joint Injections		
A49 – Knee		
A50 – Ankle		
A51 – Great toe		
A52 – Shoulder		
A53 – 1st CMC		
A54 – MCP joints		
A55 – PIP joints		
A56 – DIP joints		
5. Soft tissue injections		
A57 – Subacromial bursa		
A58 – Achilles tendon		
A59 – Common extensor tendon – elbow		
A60 – Common extensor tendon – elbow		
A61 – Plantar fascia		
6. Prescription of Medication under Standing Order protocols		
A62 – Ibuprofen		
A63 – Naprosyn		
A64 – Paracetamol		
Celestone injection (see chapter 4&5 for appropriate use)		
Kenocort injection (see chapter 4&5 for appropriate use)		
1% lignocaine injection (see chapter 4 for appropriate use)		
6. Peer Review		
A61 – Peer Review 1		
A62 – Peer Review 2		
A63 – Peer Review 3		
A64 – Peer Review 4		
A65 – Peer Review 5		

X-ray Interpretation Assessment

A standardised approach should be taken with the interpretation of Radiographs:

SYSTEMIC INTERPRETATION – ABCS	
Adequacy	All views are included Correct patient and procedure Correct positioning and penetration (exposure)
Alignment	Anatomical relationship between all bones are normal
Bones	Look for fracture lines, disruption of cortex or trabeculae Supplementary views may be needed to detect non-displaced fractures Pseudo-fractures can mimic a fracture Observation of general density / opacity
Cartilage	Joints should be of normal width and have uniform spacing, noting signs of degeneration and osteophyte formation Fracture fragments can be seen within joint space
Soft Tissue	Soft tissue swelling, joint effusions and distortions of fat planes can be easier to see than the fracture itself Note any abnormal calcium deposits within soft tissue
TARGETED INTERPRETATION	
1. Common sites of injury/pathology	
2. Easily missed injuries	

Assessment 1 – Interpretation of Cervical Spine X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a cervical spine x-ray of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging All seven vertebrae seen Symmetry – four curves of alignment and general posture Prevertebral soft tissue structures examined and implications explained/ demonstrated Intevertebral disc spaces Interspinous process distance Vertebral bodies, lateral masses, laminae and spinous processes (Open mouth view) Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Age appropriate degenerative changes Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 2 – Interpretation of a Thoracic Spine X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a thoracic spine x-ray of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Symmetry and postural alignment Intevertebral disc spaces Interspinous process distance Vertebral bodies, lateral masses, laminae, transverse process, pedicle and spinous processes Prevertebral soft tissue structures examined and implications explained/ demonstrated Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Age appropriate degenerative changes Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 3 – Interpretation of a Lumbar Spine X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a lumbar spine x-ray of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Symmetry – including sacrum and postural alignment Intevertebral disc spaces Interspinous process distance Vertebral bodies, lateral masses, pedicle, transverse process, laminae and spinous processes Sacro-iliac joints “Scotty Dog” sign for Spondylolithesis Age appropriate degenerative changes Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 4 – Interpretation of Shoulder X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a shoulder x-ray, including where indicated scapula views, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Acromio-clavicular joint Sterno-clavicular joint Scapula (where indicated) Glenohumeral joint (specific comments on enlocation) Neck of humerus Glenoid Clavicle Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 5 – Interpretation of Acromio-Clavicular Joint X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a Acromio-Clavicular joint x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Acromio-clavicular joint (enlocation versus degree of displacement) Sterno-clavicular joint (enlocation versus degree of displacement) Clavicle (distal, proximal and shaft) Head and Neck of humerus Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Comparison of right and left where appropriate Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 6 – Interpretation of Clavicle X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a clavicle x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Acromio-clavicular joint Sterno-clavicular joint Clavicle (distal, proximal and shaft) Sternum Enlocation Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 7 – Interpretation of Sterno-Clavicular Joint X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a Sterno-Clavicular joint x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Acromio-clavicular joint Sterno-clavicular joint Clavicle (distal, proximal and shaft) Sternum Enlocation Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Comparison of right and left where appropriate Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 8 – Interpretation of Humerus X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a humerus x-ray, including where indicated scapula views, of a patient under their care. (Making note that a humerus X-ray will include reviewing the shoulder and elbow joint) Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Acromio-clavicular joint Sterno-clavicular joint Scapula (where indicated) Glenohumeral joint (specific comments on enlocation) Neck of humerus Glenoid Clavicle Humeral shaft Distal humerus (including medial and lateral epicondyles) Radial head and neck Olecranon Coronoid process “Sail” sign Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) NB: In a paediatric elbow the Physiotherapist demonstrates a clear understanding of the progression of growth plates Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 9 – Interpretation of Elbow X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of an elbow x-ray of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal humerus (including medial and lateral epicondyles) Radial head and neck Olecranon Coronoid process “Sail” sign Enlocation identified Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) In a paediatric elbow the Physiotherapist demonstrates a clear understanding of the progression of growth plates Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 10 – Interpretation of forearm X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a forearm x-ray, making note that this will include review of an elbow and wrist, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal humerus (including medial and lateral epicondyles) Radial head and neck Olecranon Coronoid process “Sail” sign Enlocation identified Radial and ulna shafts Distal radius Ulna styloid Distal radio-ulna joint Carpals??? Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) NB: In a paediatric elbow the Physiotherapist demonstrates a clear understanding of the progression of growth plates Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 11 – Interpretation of a wrist X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a wrist x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal radius Ulna styloid Distal radio-ulna joint Carpals Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 12 – Interpretation of Scaphoid Views

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a scaphoid x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal radius Ulna styloid Distal radio-ulna joint Carpals Scaphoid Scapho-lunate joint Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 13 – Interpretation of Hand X-ray

Date Completed:	
Assessor:	
Physiotherapist:	
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a hand x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal radius Ulna styloid Distal radio-ulna joint Carpals Scaphoid Scapho-lunate joint Base, heads and shafts of metacarpals Proximal, middle and distal phalanx Ensure enlocation Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO	
Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 14 – Interpretation of a finger X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a finger x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Base, heads and shafts of metacarpals Proximal, middle and distal phalanx Ensure enlocation Volar plate fractures Avulsion fractures Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 15 – Interpretation of a thumb X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a thumb x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Base, heads and shafts of metacarpals Proximal, middle and distal phalanx Ensure enlocation Volar plate fractures Avulsion fractures Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 16 – Interpretation of Pelvis X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a pelvis x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Symmetry Pubic symphysis Sacro-iliac joints Pubic rami – inferior and superior Ischium Sacrum Ilium Femoral head and acetabulum Obturator foreman Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 17 – Interpretation of a hip X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a hip x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Neck of femur Greater trochanter Lesser Trochanter Enlocation Head of femur Acetabulum Joint space Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 18 – Interpretation of knee X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a knee x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Patella (including fracture and enlocation/positioning) Lipohaemarthrosis Joint space Tibial plateaux (medial and lateral) Avulsion fractures Tibial spine Soft tissue Fibula head Femoral condyles (medial and lateral) Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 19 – Interpretation of Femur X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a femur x-ray, making note that this will include review of a hip and knee, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Patella (including fracture and enlocation/positioning) Lipohaemarthrosis Joint space Tibial plateaux (medial and lateral) Avulsion fractures Tibial spine Soft tissue Fibula head Femoral condyles (medial and lateral) Neck of femur Greater trochanter Lesser Trochanter Enlocation Head of femur Acetabulum Joint space Femur Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 20 – Interpretation of a tibia/fibula X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a tibia/fibula x-ray, making note that this will include review of an ankle and knee, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Patella (including fracture and enlocation/positioning) Lipohaemarthrosis Joint space Tibial plateaux (medial and lateral) Tibial tuberosity Avulsion fractures Tibial spine Soft tissue Fibula head Femoral condyles (medial and lateral) Tibia Fibula Medial, lateral and posterior malleolus Talar shift/ Joint space Talus Syndesmosis Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 21 – Interpretation of an Ankle X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of an ankle x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Avulsion fractures Soft tissue Medial, lateral and posterior malleolus Talar shift/ Joint space Talus Syndesmosis Calcaneus Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 22 – Interpretation of Calcaneum X-ray

Date Completed:	
Assessor:	
Physiotherapist:	
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a calcanuem x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Avulsion fractures Soft tissue **Medial, lateral and posterior malleolus** **Talar shift/ Joint space** Talus Syndesmosis Calcaneus Sub-talar joint Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO	
Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 23 – Interpretation of a foot X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a foot x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Avulsion fractures Soft tissue Talus Navicular Metatarsal heads, shafts and bases Phalanges (proximal, mid and distal) Joint spaces/alignment Calcaneus Sub-talar joint Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 24 – Interpretation of Toes X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a toes x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Avulsion fractures Soft tissue Navicular Metatarsal heads, shafts and bases Phalanges (proximal, mid and distal) Joint spaces/alignment Enlocation Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

MR Scan Assessments

Assessment 25 – Interpretation of a Cervical Spine MR scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a cervical spine MR scan of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging All seven vertebrae seen Symmetry – four curves of alignment Prevertebral soft tissue structures examined and implications explained/ demonstrated Paraspinal muscles Intevertebral disc spaces Interspinous process distance Vertebral bodies, lateral masses, laminae and spinous processes Anterior and posterior longitudinal ligaments Alar ligament Ligamentum flavum Transverse ligament Anterior atlanto-occipital membrane Apical ligament Tectorial membrane Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 26 – Interpretation of a Thoracic Spine MR scan

Date Completed:	
Assessor:	
Physiotherapist:	
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a thoracic spine MR scan of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Symmetry Intevertebral disc spaces Interspinous process distance Vertebral bodies, lateral masses, laminae, lateral processes, transverse processes, pedicle and spinous processes Prevertebral soft tissue structures examined and implications explained/ demonstrated Paraspinal muscles Neural foramina Spinal nerve root Spinal cord Superior and inferior articular facets Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO	
Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 27 – Interpretation of a Lumbar Spine MR Scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a lumbar spine MR scan of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Symmetry Soft tissue structures examined and implications explained/demonstrated Disc height Ligamentum Flavum Paraspinal muscles Vertebral bodies, lateral masses, laminae, lateral processes, transverse processes, pedicle and spinous processes Pedicles Sacro-iliac joints Sacrum Spinal cord Spinal nerve root Lateral recess Neural foramina Dorsal Root Ganglia Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 28 – Interpretation of Shoulder MR scan

Date Completed:

Assessor:

Physiotherapist:

Task:

Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a shoulder MR Scan, of a patient under their care.

Description of available views and their quality
Image checked – correct patient and date of imaging

Including review of:

Acromio-clavicular joint	Clavicle
Sterno-clavicular joint	Deltoid
Scapula (neck and body)	Subscapularis
Glenohumeral joint	Supraspinatus
Neck of humerus	Infraspinatus
Glenoid (inc rim)	Biceps tendon
Teres minor	Coracoid

Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review of image and description complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 29 – Interpretation of Elbow MR scan

Date Completed:

Assessor:

Physiotherapist:

Task:

Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of an elbow MR scan of a patient under their care.

Description of available views and their quality
Image checked – correct patient and date of imaging

Including review of:

Distal humerus	Ulna collateral ligament
Medial and lateral epicondyles	Lateral collateral ligament
Radial head and neck	Capitellum
Olecranon (fossa and process)	Trochlea
Coronoid process	Bicipital tuberosity

Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

In a paediatric elbow the Physiotherapist demonstrates a clear understanding of the progression of growth plates

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review and description of image complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 30 – Interpretation of Wrist MR scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a wrist MR scan, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of:

Distal radius	Scapholunate ligament
Ulna styloid	Intercarpal ligaments
Distal radio-ulna joint	CMC joint
Carpals	Scapholunate joint
TFCC	Tendon/tendon sheath
Retinaculum	UCL of the 1st MCP joint

Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review and description of image complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 31 – Interpretation of a hand MR scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a hand MR scan, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of:

Distal radius	Scapholunate ligament
Ulna styloid	Intercarpal ligaments
Distal radio-ulna joint	CMC joint
Carpals	Scapholunate joint
TFCC	Tendon/tendon sheath
Retinaculum	UCL of the 1st MCP joint
Central slip	MCP, PIP and DIP ligaments
Volar plate	

Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review and description of image complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 32 – Interpretation of Pelvis MR scan

Date Completed:

Assessor:

Physiotherapist:

Task:

Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a pelvis MR scan, of a patient under their care.

Description of available views and their quality
Image checked – correct patient and date of imaging

Including review of:

Symmetry	Anterior & posterior columns of acetabulum
Pubic symphysis	Greater trochanter
Sacro-iliac joints	Lesser trochanter
Pubic rami (Inferior and Superior)	Ischium
Sacrum	Femoral neck
Coccyx	Femoral head
Iliac wing	Iliopsoas
Acetabular dome	Iliacus
Subtrochantric Bursa	Ischio-gluteal Bursa

Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review and description of image complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 33 – Interpretation of Hip MR scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a hip MR scan, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of:

Neck of femur	Anterior & posterior columns of acetabulum
Greater trochanter	Labrum
Lesser Trochanter	Tendon/tendon sheath
Head of femur	Subtrochantric bursa
Neck of femur	
Acetabular dome	

Joint space
Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review and description of image complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 34 – Interpretation of Knee MR scan

Date Completed:
Assessor:
Physiotherapist:

Task:

Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a knee MR scan, of a patient under their care.

Description of available views and their quality
Image checked – correct patient and date of imaging

Including review of:

Femoral condyles (medial and lateral)	Lateral patellar retinaculum
Patella	Medial and lateral gastrocnemius
Joint space	Tibial nerve
Tibial plateaux (medial and lateral)	Patellar tendon
Tibial spine	Medial collateral ligament
Fibula head	Lateral collateral ligament
Vastus medialis	Proximal tibiofibular joint
Vastus lateralis	Popliteus muscle
Quadriceps tendon	Peroneus longus muscle
Iliotibial band	Tibialis anterior
Biceps femoris	Soleus
Semimembranosus	Pes anserine tendons
Semitendinosis	Popliteal vessels
Sartorius	Common peroneal nerve
Gracilis	Medial patellofemoral ligament
Anterior Cruciate ligament	Medial meniscus
Posterior Cruciate ligament	Lateral meniscus

Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review and description of image complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 35 – Interpretation of Ankle MR Scan

Date Completed:

Assessor:

Physiotherapist:

Task:

Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of an ankle MR scan, of a patient under their care.

Description of available views and their quality
Image checked – correct patient and date of imaging

Including review of:

Avulsion fractures	Base of first metatarsal
Medial, lateral and posterior malleolus	Talonavicular joint
Talar dome	Peroneal tendons
Calcaneus	Tibialis posterior and anterior
Navicular	Achilles tendon
Posterior subtalar joint	Anterior talo-fibular ligament
Sinus tarsi	Calcaneofibular ligament
Cuneiforms	Posterior talo-fibular ligament
Talus	Calcaneocuboid joint
Syndesmosis	Sustentaculum tali
Cuboid	Flexor Hallucis Longus

Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review and description of image complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 36 – Interpretation of Foot MR scan

Date Completed:

Assessor:

Physiotherapist:

Task:

Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a foot MR scan, of a patient under their care.

Description of available views and their quality
Image checked – correct patient and date of imaging

Including review of:

Avulsion fractures	Sustentaculum joint
Talus	Phalanges (proximal, mid and distal)
Navicular	Joint spaces/alignment
Cuneiform	Calcaneus
Metatarsal heads, shafts and bases	Sub-talar joint
Metatarsal joints	Cuboid
Lis Franc injury	

Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review and description of image complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

CT Scan Assessments

Assessment 37 – Interpretation of Cervical Spine CT Scan

Date Completed:	
Assessor:	
Physiotherapist:	
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a cervical spine CT scan of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging All seven vertebrae seen Symmetry – four curves of alignment Prevertebral soft tissue structures examined and implications explained/ demonstrated Paraspinal muscles Intevertebral disc spaces Interspinous process distance Vertebral bodies, lateral masses, laminae and spinous processes Spinal cord Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO	
Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 38 – Interpretation of Thoracic Spine CT scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a thoracic spine MR scan of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Symmetry Intevertebral disc spaces Interspinous process distance Vertebral bodies, lateral masses, laminae, lateral processes, transverse processes, pedicle and spinous processes Prevertebral soft tissue structures examined and implications explained/ demonstrated Spinal cord Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 39 – Interpretation of Lumbar Spine CT Scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a lumbar spine CT scan of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Symmetry Soft tissue structures examined and implications explained/demonstrated Disc height Ligamentum Flavum Paraspinal muscles Vertebral bodies, lateral masses, laminae, lateral processes, transverse processes, pedicle and spinous processes Pedicles Sacro-iliac joints Sacrum Spinal cord Spinal nerve root Lateral recess Neural foramina Dorsal Root Ganglia Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 40 – Interpretation of Shoulder CT scan

Date Completed:

Assessor:

Physiotherapist:

Task:

Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a shoulder CT Scan, of a patient under their care.

Description of available views and their quality
Image checked – correct patient and date of imaging

Including review of:

Acromio-clavicular joint	Clavicle
Sterno-clavicular joint	Deltoid
Scapula (neck and body)	Subscapularis
Glenohumeral joint	Supraspinatus
Neck of humerus	Infraspinatus
Glenoid (inc rim)	Biceps tendon
Teres minor	Coracoid

Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review of image and description complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 41 – Interpretation of Elbow CT scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a wrist CT scan, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Humerus Olecranon fossa Coronoid fossa Olecranon process Lateral epicondyle Medial epicondyle Capitellum Trochlea Radial head Ulna Radius Bicipital tuberosity Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 42 – Interpretation of Wrist CT scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a wrist CT scan, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal radius Ulna Proximal carpal row: scaphoid, lunate, triquetrum, pisiform Distal carpal row: trapezium, trapezoid, capitate, hamate Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 43 – Interpretation of a hand CT scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a hand CT scan, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal radius Ulna styloid Distal radio-ulna joint Carpals Scaphoid Scapho-lunate joint Base, heads and shafts of metacarpals Proximal, middle and distal phalanx Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 44 – Interpretation of Pelvis CT scan

Date Completed:

Assessor:

Physiotherapist:

Task:

Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a pelvis CT scan, of a patient under their care.

Description of available views and their quality
Image checked – correct patient and date of imaging

Including review of:

Symmetry	Innominate bone
Sacral promontory	Acetabular dome
Sacroiliac joint	Femoral head
Iliac wing	Coccyx
Sacral body	Femoral neck
S1/2 neural foramina	Greater trochanter
Symphysis pubis	Inferior pubic ramus
Ischium	Lesser trochanter
Anterior and posterior columns of the acetabulum	

Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review and description of image complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 45 – Interpretation of Hip CT scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a hip CT scan, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Neck of femur Greater trochanter Lesser Trochanter Head of femur Anterior & posterior columns of acetabulum Labrum Acetabular dome Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 46 – Interpretation of Knee CT Scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a knee CT scan, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Patella (including fracture and enlocation/positioning) Joint space Tibial plateaux (medial and lateral) Avulsion fractures Tibial spine Fibula head Femoral condyles (medial and lateral) Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 47 – Interpretation of Ankle CT Scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of an ankle CT scan, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Talar dome Medial and lateral malleoli Talar body Calcaneus Posterior subtalar joint Talonavicular joint Sinus tarsi Navicular Sustentaculum tali/sustentaculum joint Cuneiforms Calcaneocuboid joint Base of first metatarsal Cuboid Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 48 – Interpretation of Foot CT scan

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a foot CT scan, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of:

Avulsion fractures	Sustentaculum joint
Talus	Phalanges (proximal, mid and distal)
Navicular	Joint spaces/alignment
Cuneiform	Calcaneus
Metatarsal heads, shafts and bases	Sub-talar joint
Metatarsal joints	Cuboid
Lis Franc injury	

Radiological red flags (e.g. increased opacity indicative of Cyst/Ca)

Was the appropriate imaging ordered to fit the clinical presentation?
(n/a – documented if the Physiotherapist did not order the imaging)

YES / NO

Accurate review and description of image complete?

YES / NO

Appropriate management described?

YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Intra-articular injection Assessments

A clinical history including prior adverse drug reactions will be obtained and examination of patient undertaken prior to the procedure
Physiotherapist:
All patients must remain in the clinic for 30 minutes after the injections to monitor them for adverse/allergic reactions Adverse reactions requiring immediate medical attention: • Convulsions • Sudden alteration of mental status • CV collapse • Bradycardia Physiotherapist must commence ABC assessment and call a code blue Other adverse events to be monitored and appropriately reported: • Tendon rupture • Impaired wound healing/infection • Facial erythema • Increased sweating • Vaginal bleeding (slight) • Increase blood sugar levels in diabetic patients • Temporary bruising around injection site (particularly in patients on anti-coagulants) **The procedure, indications, risks and benefits will be explained to the patient and patients will be required to sign a consent form which is to be placed in the patient's medical record.** **Each patient must be provided with an information sheet regarding injection and post-injection care and management.** **Every patient receiving an injection will be followed-up within 24-48hours of injection via telephone and where applicable a follow-up appointment will be offered.**

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 49 – Intra-articular Injection of Knee Joint

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an intra-articular injection of the knee joint of a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 50 – Intra-articular injection of ankle joint

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an intra-articular injection of the ankle joint of a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 51 – Intra-articular injection of great toe MTP joint

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an intra-articular injection of the great toe MTP joint of a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 52 – Intra-articular injection of shoulder joint

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an intra-articular injection of the shoulder joint of a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 53 – Intra-articular injection of 1st CMC joint

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an intra-articular injection of the 1st CMC joint of a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 54 – Intra-articular injection of MCP joint

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an intra-articular injection of the MCP joint of a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 55 – Intra-articular injection of PIP joint

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an intra-articular injection of the PIP joint of a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 56 – Intra-articular injection of DIP joint

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an intra-articular injection of the DIP joint of a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Soft tissue injection Assessments

Assessment 57 – Injection of the subacromial bursa

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an injection of the subacromial bursa of a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 58 – Injection of the Achilles tendon

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an injection of an Achilles tendon for a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 59 – Injection of a common extensor tendon (elbow)

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an injection of a common extensor tendon (elbow) for a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 60 – Injection of a common flexor tendon (elbow)

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an injection of a common flexor tendon (elbow) for a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 61 – Injection of a plantar fascia

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake an injection of a plantar fascia for a patient under their care – following the relevant standard operating procedure for injecting. Brief description of patient case: Correct positioning of patient? YES / NO Demonstration of accurate surface anatomy identification and location of appropriate entry site? YES / NO Consent obtained to injection and procedure explained appropriately? YES / NO Was the appropriate injection, including dosage and needle gauge size, given to fit the clinical presentation? YES / NO Accurate aseptic injection technique displayed? YES / NO Appropriate management plan discussed? YES / NO Correct 'after' injection patient advice and information sheet given? YES / NO
Additional comments from supervising practitioner:

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Prescription Assessments

Assessment 62 – Prescription of Ibuprofen

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must prescribe Ibuprofen to a patient under their care. Brief description of patient case: Was the appropriate medication selected to fit the clinical presentation? YES / NO Were the indications/contraindications accurately described and explained to the patient? YES / NO Were the appropriate drug interactions described? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 63 – Prescription of Naprosyn

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must prescribe Naprosyn to a patient under their care. Brief description of patient case: Was the appropriate medication selected to fit the clinical presentation? YES / NO Were the indications/contraindications accurately described and explained to the patient? YES / NO Were the appropriate drug interactions described? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 64 – Prescription of Paracetamol

Date Completed:	
Assessor:	
Physiotherapist:	
Task: Under the supervision of a Medical Practitioner the Physiotherapist must prescribe Paracetamol to a patient under their care. Brief description of patient case: Was the appropriate medication selected to fit the clinical presentation? YES / NO Were the indications/contraindications accurately described and explained to the patient? YES / NO Were the appropriate drug interactions described? YES / NO Appropriate management described? YES / NO	
Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Peer Review Assessments

Peer review 1

Task	Peer review of a Clinical Case
Major issues to consider: Complete peer review assessment. Remember, if your peer review is unsatisfactory, you will be contacted and may be required to develop a remediation plan.	
Peer review completed: Physiotherapist signature: _____ Colleague's signature & designation: _____	

Peer review 2

Task	Peer review of a Clinical Case
Major issues to consider: Complete peer review assessment. Remember, if your peer review is unsatisfactory, you will be contacted and may be required to develop a remediation plan.	
Peer review completed: Physiotherapist signature: _____ Colleague's signature & designation: _____	

Peer review 3

Task	Peer review of a Clinical Case
Major issues to consider: Complete peer review assessment. Remember, if your peer review is unsatisfactory, you will be contacted and may be required to develop a remediation plan.	
Peer review completed: Physiotherapist signature: _____ Colleague's signature & designation: _____	

Peer review 4

Task	Peer review of a Clinical Case
Major issues to consider: Complete peer review assessment. Remember, if your peer review is unsatisfactory, you will be contacted and may be required to develop a remediation plan.	
Peer review completed: Physiotherapist signature: _____ Colleague's signature & designation: _____	

Peer review 5

Task	Peer review of a Clinical Case
Major issues to consider: Complete peer review assessment. Remember, if your peer review is unsatisfactory, you will be contacted and may be required to develop a remediation plan.	
Peer review completed: Physiotherapist signature: _____ Colleague's signature & designation: _____	

Clinical Skills

Extended Scope Physiotherapy Log-Book

Emergency Department

International Centre for Allied Health Evidence

ACT Government Health

CANBERRA HOSPITAL AND HEALTH SERVICES

Table of Contents

International Centre for Allied Health Evidence

ACT Government Health | CANBERRA HOSPITAL AND HEALTH SERVICES

Background Information

Hierarchy of Clinical Skills Acquisition

The fundamental basis of the clinical skills log-book approach is skill acquisition and competency, utilising a variety of models to build on the skills the Physiotherapist has already acquired through their career (see *relevant personal specifications* below). On completion of the log-book the physiotherapist will be able to perform the outlined skills within the clinical realm with more confidence, expertise and minimised risk of an inexpertly performed skill which may adversely affect the patient.

The education process embedded in this log-book refers to the practical integration and application of knowledge, skills and attitudes to professional advanced and extended-scope Physiotherapy practice.

This process is facilitated with the provision of professional support, supervision, guidance, feedback and evaluation by a recognised team, including, but not limited to Orthopaedic surgeons, Rheumatologists, members of the Pharmacy department, the Physiotherapy department and the department of medical imaging.

Clinical education from members of the multi-disciplinary team provides the Physiotherapist with context-based learning that is gained through first-hand client and professional interactions and through opportunity to experience "the doing" in the clinical practice setting.

Relevant Personal Specification

It is a pre-requisite stipulated by ACT Health that Physiotherapists in advanced or extended scope roles have:

- At least five years clinical experience post entry-level physiotherapy qualification
- At least three years' experience in the relevant specialist area; and/or
- Completion of APA specialisation training to 'titled' member level in the relevant specialist area; and/or
- Completion of a recognised postgraduate qualification and/or advanced training in the relevant specialist area
- Attendance at the APA ED course is desirable

Senior Musculoskeletal Physiotherapists have recognised advanced theoretical and applied skills in musculoskeletal Physiotherapy and demonstrated skills in the assessment, diagnosis and management of musculoskeletal conditions and these skills assist with an accurate, cost effective diagnosis and appropriate evidence based management of conditions.

It has been identified in the literature that an integral skill-set of physiotherapists in these roles is clinical leadership skills. Clinical leadership behaviour has been defined as falling into 5 categories:

Developing Personal Qualities

- Knowledge of self, team dynamics and process improvement
- Self-reflection and self-management
- Professionalism
- Self-development

Working with Others

- Skills in communication, conflict resolution and team leadership
- Performance appraisal
- Teamwork, cohesion and collaboration
- Motivation and facilitation
- Building and maintaining relationships
- Engaging with clients and consumers
- Inspire trust and confidence
- Help others to feel capable and realise their own potential

Improving Services

- Leading sustainable system improvement and patient safety initiatives
- Developing a culture of patient-centred care within an environment that supports workplace learning
- Critical evaluation of service provision
- Improving health care processes
- Developing new services and roles

Managing Services

- Resource management
- Development and management of policies and protocols
- Performance management
- Information management

Setting Direction

- Identifying opportunities for change
- Applying knowledge and evidence to service provision
- Evaluation of service impact and outcomes
- Monitoring and adapting service delivery trends as indicated
- Innovative and creative approach to service delivery

This log-book will analyse these skills through the peer-review process with the aim of recognising the clinician's level of professionalism, inter-professional collaboration, communication strategies and quality of service delivery.

When a clinician is deemed to be competent on the performance of a task/skill and the number of times a task needs to be completed will be at the discretion of the supervising clinician.

Related Definitions

NAHAC Endorsed National Definitions
April 2010

1. Advanced Scope of Practice

"A role that is within currently recognised scope of practice for that profession, but that through custom and practice has been performed by other professions. The advanced role would require additional training, competency development as well as significant clinical experience and formal peer recognition. This role describes the depth of practice."

2 Extended Scope of Practice

"A role that is outside the currently recognised scope of practice and requires legislative change. Extended scope of practice requires some method of credentialing following additional training, competency development and significant clinical experience. Examples include prescribing, injecting and surgery. This role describes the breadth of practice."

It is important to note that scope of practice will change and that some roles considered extended now, may not be in the future.

Acknowledgements:
Department of Health, Victoria for their lead role in developing these definitions.

Specialist:

"Crawford-White (1996) define a specialist in occupational therapy as "one who is devoted to a special branch of learning while a generalist is one whose skills extend to several different fields'. A clinician who demonstrates professional clinical leadership skills; including mentorship, clinical supervision/education and research and is a recognised quality improvement leader."

Senior Musculoskeletal Physiotherapist:

"A physiotherapist with extensive experience in providing expert musculoskeletal assessment, diagnosis and appropriate onward management for patients presenting with chronic and/or acute pain."

Responsibility Statement

I agree to work in an ethically responsible manner in my interactions with patients and colleagues

I agree to work within the designated Scope of Practice for an Advanced and / or Extended Scope Practitioner role, acting within my capabilities and 'signed off' competencies (to date)

I recognise that in my role as an advanced/ extended scope practitioner, I may be part of a multidisciplinary team that has little experience to date, of such a role. I recognise that I have responsibilities to communicate my activities to other team members in a respectful manner that encourages team decision-making and inter-professional learning.

I agree to communicate concerns about patient care in a timely and thorough manner to appropriately skilled colleagues within my team, to ensure the best outcomes for patients and the health system.

I agree to appropriately and accurately record my activities in patient notes, and in any other documentation required of me in the role of an advanced and/ or extended scope physiotherapy practitioner. I particularly recognise the importance of documenting my activities as a physiotherapist working out of 'usual' scope practice, to inform ongoing evaluation of the role, and for quality improvement purposes.

I understand that the role of an advanced/ extended scope physiotherapist is evolving, and therefore the activities I undertake may be subject to change. I recognise the importance of participating wholeheartedly in the change process by engaging in (and documenting, where

appropriate) regular personal reflections, and providing respectful and timely feedback to supervisors and colleagues

I agree to undertake ongoing training to improve my skills in advanced and/ or extended scope physiotherapy practice and to recognise when I need to seek advice and mentorship to improve my skills. Should such situations arise, I agree to actively seek advice and mentoring from appropriately skilled/ qualified persons.

I agree to assist willingly in the professional development of colleagues, particularly physiotherapists who are acting within scope or in advanced scope roles, and other health discipline colleagues, as required

I recognise the privilege of the position of an advanced/ extended scope physiotherapy practitioner, and I agree to undertake professional leadership roles, as required.

Physiotherapists Name: _____

Physiotherapist Signature: _____ Date: _____

Name of Witness: _____

Signature of Witness: _____ Date: _____

"Sign off" or "Action Required Checklist"

TASK	Supervisors Name	Date signed off
X-ray Interpretation		
A1 – Cervical Spine		
A2 – Thoracic Spine		
A3 – Lumbar Spine		
A4 – Shoulder		
A5 – Shoulder (Acromio-clavicular joint)		
A6 – Shoulder (Clavicle)		
A7 – Shoulder (Sterno-clavicular joint)		
Scapula		
A8 – Humerus		
A9 – Elbow		
A10 – Forearm		
A11 – Wrist		
A12 – Scaphoid views		
A13 – Hand		
A14 – Fingers		
A15 – Thumb		
A16 – Pelvis		
A17 - Hip		
A18 – Knee		
A19 – Femur		
A20 – Tibia/Fibula		

A21 – Ankle		
A22 – Calcaneum		
A23 – Foot		
A24 - Toes		
4. Relocation of Small Joints		
A25 – Digital block		
A26 – Relocation of small joint		
5. Management of simple fractures		
A27 – Scaphoid fracture		
A28 – Distal radius/ulna fracture		
A29 – Volar plate fracture		
A30 – Avulsion fracture of triquetral		
A31 – Clavicle fracture		
A32 – SNOH fracture		
A33 – Radial Head fracture		
A34 – Radial Neck fracture		
A35 – “Sail” sign on Xray		
A36 – UCL avulsion fracture of the 1st MCP joint		
A37 – Avulsion fracture of fibula		
A38 – Weber A, B, C fracture		
A39 – Base or shaft of 5th metatarsal fracture		
A40 – Navicular fracture		
A41 – 1st metatarsal fracture		
A42 – Fracture of great toe		

A43 – March fracture		
A44 – Toe fracture/s		
6. Prescription of Medication under Standing Order protocols		
A45 – Ibuprofen		
A46 – Paracetamol		
A47 – Naproxsyn		
7. Peer review		
Peer review 1		
Peer review 2		
Peer review 3		
Peer review 4		
Peer review 5		

X-ray Interpretation Assessment

A standardised approach should be taken with the interpretation of Radiographs:

SYSTEMIC INTERPRETATION – ABCS	
Adequacy	All views are included Correct patient and procedure Correct positioning and penetration (exposure)
Alignment	Anatomical relationship between all bones are normal
Bones	Look for fracture lines, disruption of cortex or trabeculae Supplementary views may be needed to detect non-displaced fractures Pseudo-fractures can mimic a fracture Observation of general density / opacity
Cartilage	Joints should be of normal width and have uniform spacing, noting signs of degeneration and osteophyte formation Fracture fragments can be seen within joint space
Soft Tissue	Soft tissue swelling, joint effusions and distortions of fat planes can be easier to see than the fracture itself Note any abnormal calcium deposits within soft tissue
TARGETED INTERPRETATION	
1. Common sites of injury/pathology	
2. Easily missed injuries	

Assessment 1 – Interpretation of Cervical Spine X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a cervical spine x-ray of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging All seven vertebrae seen Symmetry – four curves of alignment and general posture Prevertebral soft tissue structures examined and implications explained/ demonstrated Intevertebral disc spaces Interspinous process distance Vertebral bodies, lateral masses, laminae and spinous processes (Open mouth view) Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Age appropriate degenerative changes Soft tissue signs for cervical fracture – anterior longditudinal ligament Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 2 – Interpretation of a Thoracic Spine X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a thoracic spine x-ray of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Symmetry and postural alignment Intevertebral disc spaces Interspinous process distance Vertebral bodies, lateral masses, laminae, transverse process, pedicle and spinous processes Prevertebral soft tissue structures examined and implications explained/ demonstrated Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Age appropriate degenerative changes Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 3 – Interpretation of a Lumbar Spine X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a lumbar spine x-ray of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Symmetry – including sacrum and postural alignment Intevertebral disc spaces Interspinous process distance Vertebral bodies, lateral masses, pedicle, transverse process, laminae and spinous processes Sacro-iliac joints “Scotty Dog” sign for Spondylolithesis Age appropriate degenerative changes Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 4 – Interpretation of Shoulder X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a shoulder x-ray, including where indicated scapula views, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Acromio-clavicular joint Sterno-clavicular joint Scapula (where indicated) Glenohumeral joint (specific comments on enlocation) Neck of humerus Glenoid Clavicle Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 5 – Interpretation of Acromio-Clavicular Joint X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a Acromio-Clavicular joint x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Acromio-clavicular joint (enlocation versus degree of displacement) Sterno-clavicular joint (enlocation versus degree of displacement) Clavicle (distal, proximal and shaft) Head and Neck of humerus Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Comparison of right and left where appropriate Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 6 – Interpretation of Clavicle X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a clavicle x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Acromio-clavicular joint Sterno-clavicular joint Clavicle (distal, proximal and shaft) Sternum Enlocation Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 7 – Interpretation of Sterno-Clavicular Joint X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a Sterno-Clavicular joint x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Acromio-clavicular joint Sterno-clavicular joint Clavicle (distal, proximal and shaft) Sternum Enlocation – including posterior displacement and the significance of this Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Comparison of right and left where appropriate Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review of image and description complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 8 – Interpretation of Humerus X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a humerus x-ray, including where indicated scapula views, of a patient under their care. (Making note that a humerus X-ray will include reviewing the shoulder and elbow joint) Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Acromio-clavicular joint Sterno-clavicular joint Scapula (where indicated) Glenohumeral joint (specific comments on enlocation) Neck of humerus Glenoid Clavicle Humeral shaft Distal humerus (including medial and lateral epicondyles) Radial head and neck Olecranon Coronoid process “Sail” sign Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) NB: In a paediatric elbow the Physiotherapist demonstrates a clear understanding of the progression of growth plates Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 9 – Interpretation of Elbow X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of an elbow x-ray of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal humerus (including medial and lateral epicondyles) Radial head and neck Olecranon Coronoid process “Sail” sign Enlocation identified Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Hourglass sign of true lateral Alignment of coronoid with anterior surface of humerus In a paediatric elbow the Physiotherapist demonstrates a clear understanding of the progression of growth plates CRITOE (Capitellum, Radial head, Inner epicondyle, Trochlea, Olecranon, External epicondyle) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 10 – Interpretation of forearm X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a forearm x-ray, making note that this will include review of an elbow and wrist, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal humerus (including medial and lateral epicondyles) Radial head and neck Olecranon Coronoid process “Sail” sign Enlocation identified Radial and ulna shafts Distal radius Ulna styloid Distal radio-ulna joint Carpals??? Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Consideration of additional views for Monteggia or Galeazzi # NB: In a paediatric elbow the Physiotherapist demonstrates a clear understanding of the progression of growth plates. CRITOE (Capitellum, Radial head, Inner epicondyle, Trochlea, Olecranon, External epicondyle) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 11 – Interpretation of a wrist X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a wrist x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal radius Ulna styloid Distal radio-ulna joint Carpals Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Scapho-Lunate Instability – noted by joint space Scaphoid/lunate AVN Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 12 – Interpretation of Scaphoid Views

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a scaphoid x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal radius Ulna styloid Distal radio-ulna joint Carpals Scaphoid Scapho-lunate joint Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) AVN Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 13 – Interpretation of Hand X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a hand x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Distal radius Ulna styloid Distal radio-ulna joint Carpals Scaphoid Scapho-lunate joint Base, heads and shafts of metacarpals Proximal, middle and distal phalanx Ensure enlocation Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 14 – Interpretation of a finger X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a finger x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Base, heads and shafts of metacarpals Proximal, middle and distal phalanx Ensure enlocation Volar plate fractures Avulsion fractures Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 15 – Interpretation of a thumb X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a thumb x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Base, heads and shafts of metacarpals Proximal, middle and distal phalanx Ensure enlocation Volar plate fractures Avulsion fractures Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 16 – Interpretation of Pelvis X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a pelvis x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Symmetry Pubic symphysis Sacro-iliac joints Pubic rami – inferior and superior Ischium Sacrum Ilium Femoral head and acetabulum Obturator foreman Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 17 – Interpretation of a hip X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a hip x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Neck of femur Greater trochanter Lesser Trochanter Enlocation Head of femur Acetabulum Joint space Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) SUFE views if clinically indicated Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 18 – Interpretation of knee X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a knee x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Patella (including fracture and enlocation/positioning) Lipohaemarthrosis Joint space Tibial plateaux (medial and lateral) Avulsion fractures Tibial spine Soft tissue Fibula head Femoral condyles (medial and lateral) Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 19 – Interpretation of Femur X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a femur x-ray, making note that this will include review of a hip and knee, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Patella (including fracture and enlocation/positioning) Lipohaemarthrosis Joint space Tibial plateaux (medial and lateral) Avulsion fractures Tibial spine Soft tissue Fibula head Femoral condyles (medial and lateral) Neck of femur Greater trochanter Lesser Trochanter Enlocation Head of femur Acetabulum Joint space Femur Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 20 – Interpretation of a tibia/fibula X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a tibia/fibula x-ray, making note that this will include review of an ankle and knee, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Patella (including fracture and enlocation/positioning) Lipohaemarthrosis Joint space Tibial plateaux (medial and lateral) Tibial tuberosity Avulsion fractures Tibial spine Soft tissue Fibula head Femoral condyles (medial and lateral) Tibia Fibula Medial, lateral and posterior malleolus Talar shift/ Joint space Talus Syndesmosis Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 21 – Interpretation of an Ankle X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of an ankle x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Avulsion fractures Soft tissue Medial, lateral and posterior malleolus Talar shift/ Joint space Talus Syndesmosis Calcaneus Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Consideration of fib views for Maisonneuve # Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 22 – Interpretation of Calcaneum X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a calcanuem x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Avulsion fractures Soft tissue **Medial, lateral and posterior malleolus** **Talar shift/ Joint space** Talus Syndesmosis Calcaneus Sub-talar joint Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Consideration of lumbar spine views if # Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 23 – Interpretation of a foot X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a foot x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Avulsion fractures Soft tissue Talus Navicular Metatarsal heads, shafts and bases Phalanges (proximal, mid and distal) Joint spaces/alignment Calcaneus Sub-talar joint Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 24 – Interpretation of Toes X-ray

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake interpretation of a toes x-ray, of a patient under their care. Description of available views and their quality Image checked – correct patient and date of imaging Including review of: Avulsion fractures Soft tissue Navicular Metatarsal heads, shafts and bases Phalanges (proximal, mid and distal) Joint spaces/alignment Enlocation Radiological red flags (e.g. increased opacity indicative of Cyst/Ca) Was the appropriate imaging ordered to fit the clinical presentation? (n/a – documented if the Physiotherapist did not order the imaging) YES / NO Accurate review and description of image complete? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 25 – Administration of digital block

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake the administration of a digital block for a patient under their care. Brief description of patient case: Consent obtained to the digital block? YES / NO Was the appropriate block given to fit the clinical presentation? YES / NO Accurate injection technique displayed? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 26 – Relocation of small joint

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must undertake the relocation of a small joint for a patient under their care. Brief description of patient case: Consent obtained to the digital block? YES / NO Was the appropriate block given to fit the clinical presentation? YES / NO Accurate injection technique displayed? YES / NO Appropriate management described? YES / NO Correct relocation technique demonstrated? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 27 – Management of a scaphoid fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected scaphoid fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Scaphoid backslab and GP follow-up ➢ Scaphoid backslab and Registrar review follow-up ➢ Orthopaedic review in the Emergency Department +/- backslab as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 28 – Management of a distal radius/ulna fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected minimally displaced distal radius/ulna fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Backslab/appropriate splint and GP follow-up ➢ Backslab/appropriate splint and Registrar review follow-up ➢ Orthopaedic review in the Emergency Department +/- backslab as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 29 – Management of a volar plate fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected volar plate fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate splint (30˚ flexion) and Registrar review follow-up ➢ Plastics review in the Emergency Department +/- splint as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 30 – Management of an avulsion fracture of triquetral

Date Completed:	
Assessor:	
Physiotherapist:	
Task: The physiotherapist must present a case for a patient under their care who has a suspected avulsion fracture of triquetral; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Backslab/Appropriate splint and GP follow-up ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO	
Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 31 – Management of a clavicle fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected clavicle fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate sling and GP follow-up ➢ Appropriate sling and Registrar review follow-up ➢ Orthopaedic review in the Emergency Department +/- sling as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 32 – Management of a SNOH fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected SNOH fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate sling and GP follow-up ➢ Appropriate sling and Registrar review follow-up ➢ Orthopaedic review in the Emergency Department +/- sling as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 33 – Management of a radial head fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected radial head fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate backslab/sling and GP follow-up ➢ Appropriate backslab/sling and Registrar review follow-up ➢ Orthopaedic review in the Emergency Department +/- sling as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 34 – Management of a radial neck fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected radial neck fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate backslab/sling and GP follow-up ➢ Appropriate backslab/sling and Registrar review follow-up ➢ Orthopaedic review in the Emergency Department +/- sling as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 35 – Management of a "sail" sign on Xray

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected "sail" sign on X-ray; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? And appropriate consideration of further imaging? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate sling and GP follow-up ➢ Appropriate sling and Registrar review follow-up ➢ Orthopaedic review in the Emergency Department +/- sling as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 36 – Management of a UCL avulsion fracture of the 1st MCP joint

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected UCL avulsion fracture of the 1st MCP joint; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate thumb spica backslab/splint and GP follow-up ➢ Appropriate spica backslab/splint and Registrar review follow-up ➢ Plastics review in the Emergency Department +/- splint/backslab as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 37 – Management of an avulsion fracture of the fibula

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected avulsion fracture of the fibula; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate backslab/ immobilisation, weight-bearing status and GP follow-up ➢ Appropriate backslab/ immobilisation, weight-bearing status and Registrar review or Sports Physician follow-up ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 38 – Management of Weber A, B or C fracture of the fibula

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected Weber A, B or C fracture of the fibula; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate backslab/ immobilisation, weight-bearing status and GP follow-up ➢ Appropriate backslab/ immobilisation, weight-bearing status and Registrar review follow-up ➢ Orthopaedic review in the Emergency Department +/- backslab as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 39 – Management of base or shaft of 5th metatarsal fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected base or shaft of 5th metatarsal fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate backslab/ immobilisation, weight-bearing status and GP follow-up ➢ Appropriate backslab/ immobilisation, weight-bearing status and Registrar review follow-up ➢ Orthopaedic review in the Emergency Department +/- backslab as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 40 – Management of navicular fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected navicular fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate backslab/ immobilisation, weight-bearing status and GP follow-up ➢ Appropriate backslab/ immobilisation, weight-bearing status and Registrar review follow-up ➢ Orthopaedic review in the Emergency Department +/- backslab as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 41 – Management of 1st metatarsal fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected 1st metatarsal fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate backslab/ immobilisation, weight-bearing status and GP follow-up ➢ Appropriate backslab/ immobilisation, weight-bearing status and Registrar review follow-up ➢ Orthopaedic review in the Emergency Department +/- backslab as indicated ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 42 – Management of great toe fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected great toe fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate backslab/ immobilisation, weight-bearing status and GP follow-up ➢ Appropriate backslab/ immobilisation, weight-bearing status and Registrar review follow-up ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 43 – Management of March fracture

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected March fracture; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate immobilisation, weight-bearing status and GP follow-up ➢ Appropriate immobilisation, weight-bearing status and Registrar review or Sports Physician follow-up ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 44 – Management of toe/s fracture/s

Date Completed:
Assessor:
Physiotherapist:
Task: The physiotherapist must present a case for a patient under their care who has a suspected toe/s fracture/s; as diagnosed by the Physiotherapist. Brief description of patient case: Appropriate assessment completed? YES / NO Appropriate investigations (including X-ray views) ordered? YES / NO Accurate interpretation of X-ray? YES / NO Proposed management (please circle) +/- appropriate analgesia ➢ Appropriate immobilisation, weight-bearing status and GP follow-up ➢ Appropriate immobilisation, weight-bearing status and Registrar review or Sports Physician follow-up ➢ Analgesia required? (see separate assessment sheets if not previously completed) Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 45 – Prescription of Ibuprofen

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must prescribe Ibuprofen to a patient under their care. Brief description of patient case: Was the appropriate medication selected to fit the clinical presentation? YES / NO Were the indications/contraindications accurately described and explained to the patient? YES / NO Were the appropriate drug interactions described? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 46 – Prescription of Paracetamol

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must prescribe Paracetamol to a patient under their care. Brief description of patient case: Was the appropriate medication selected to fit the clinical presentation? YES / NO Were the indications/contraindications accurately described and explained to the patient? YES / NO Were the appropriate drug interactions described? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Assessment 47 – Prescription Naprosyn

Date Completed:
Assessor:
Physiotherapist:
Task: Under the supervision of a Medical Practitioner the Physiotherapist must prescribe Naprosyn to a patient under their care. Brief description of patient case: Was the appropriate medication selected to fit the clinical presentation? YES / NO Were the indications/contraindications accurately described and explained to the patient? YES / NO Were the appropriate drug interactions described? YES / NO Appropriate management described? YES / NO

Signed: _____ (Physiotherapist)	Signed: _____ (Supervisor)

Peer Review Assessments

Peer review 1

Task	Peer review of a Clinical Case
Major issues to consider: Complete peer review assessment. Remember, if your peer review is unsatisfactory, you will be contacted and may be required to develop a remediation plan.	
Peer review completed: Physiotherapist signature: _____ Colleague's signature & designation: _____	

Peer review 2

Task	Peer review of a Clinical Case
Major issues to consider: Complete peer review assessment. Remember, if your peer review is unsatisfactory, you will be contacted and may be required to develop a remediation plan.	
Peer review completed: Physiotherapist signature: _____ Colleague's signature & designation: _____	

Peer review 3

Task	Peer review of a Clinical Case
Major issues to consider: Complete peer review assessment. Remember, if your peer review is unsatisfactory, you will be contacted and may be required to develop a remediation plan.	
Peer review completed: Physiotherapist signature: _____ Colleague's signature & designation: _____	

Peer review 4

Task	Peer review of a Clinical Case
Major issues to consider: Complete peer review assessment. Remember, if your peer review is unsatisfactory, you will be contacted and may be required to develop a remediation plan.	
Peer review completed: Physiotherapist signature: _____ Colleague's signature & designation: _____	

Peer review 5

Task	Peer review of a Clinical Case
Major issues to consider: Complete peer review assessment. Remember, if your peer review is unsatisfactory, you will be contacted and may be required to develop a remediation plan.	
Peer review completed: Physiotherapist signature: _____ Colleague's signature & designation: _____	

A FRAMEWORK FOR POST-GRADUATE TRAINING FOR EXTENDED SCOPE PHYSIOTHERAPISTS PRESENTATION