

Mobility Assessment and Care clinical competencies

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| Name: | Role: |
| Base: | Date initial training completed: |

Competency Statement:

The participant demonstrates clinical knowledge and skill in mobility assessment and Care without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Health Care Professional who can demonstrate competence at level 4 or above.

| Performance Criteria | Assessment Method | Level achieved | Date | Assessor/self assessed |
|--|---------------------------|----------------|------|------------------------|
| The Participant will be able to: | | | | |
| 1. Demonstrate the knowledge and skill in assessing mobility) | | | | |
| a) Demonstrate problem solving approach using appropriate mobility technique/aid | Questioning / observation | | | |
| b) Recognises patients/clients limitations | Questioning | | | |
| c) Recognise appropriate adaptations needed for patient / client safety | Questioning | | | |
| d) Recognise appropriate time for outdoor mobility | Questioning | | | |
| e) Identify environmental risk factors | Questioning | | | |
| 2. Demonstrate ability to measure for and teach the use of walking aids | | | | |
| a) Frame (wheeled and non wheeled) | Observation | | | |
| b) Rollator frame | Observation | | | |
| c) 4 wheeled frame | Observation | | | |
| d) Pulpit frame | Observation | | | |
| e) Gutter frame | Observation | | | |
| f) Tripod/ Quadropod | Observation | | | |
| g) Crutches | Observation | | | |

| Performance Criteria | Assessment Method | Level achieved | Date | Assessor/self assessed |
|---|---------------------------|----------------|------|------------------------|
| h) Sticks | Observation | | | |
| i) Tall sticks/pole | Observation | | | |
| j) Fischer sticks | Observation | | | |
| k) Promote advise on footwear | Observation | | | |
| 3. Demonstrate ability to support patient/clients stairs mobility | | | | |
| a) Facilitate use of stair climbing technique | Observation | | | |
| b) Recognise patient/client ability to progress to next stage in sequence of stair mobility | Observation | | | |
| c) Demonstrate appropriate risk assessment | Observation | | | |
| 4. Demonstrate ability to support patient/clients bed mobility | | | | |
| Practice following techniques with client/ patient: a) Bridging b) Rolling c) Lie to sit d) Log rolling e) Moving up and down bed | Observation | | | |
| 5. Demonstrate knowledge and skill in use of wheelchairs | | | | |
| a) Demonstrate knowledge of different types of wheelchair and suitability for individual clients/ patients e.g. attendant propelled, self propelled | Questioning | | | |
| b) Demonstrates knowledge of accessories available | Questioning | | | |
| c) Demonstrates ability to adjust lap straps and footplate | Observation | | | |
| d) Demonstrates ability to check brakes, arm rests and footplates | Observation | | | |
| e) Demonstrates knowledge of centre of gravity and awareness of risk of tipping | Questioning | | | |
| 6. Demonstrate knowledge and skill in patient/client transfers | | | | |
| a) Demonstrates knowledge of different techniques and why used | Questioning / observation | | | |

| Performance Criteria | Assessment Method | Level achieved | Date | Assessor/self assessed |
|---|---------------------------|----------------|------|------------------------|
| b) Demonstrate ability to select appropriate transfer technique within patient/client limitations | Questioning / observation | | | |
| c) Demonstrate ability to use: Arjo encore/Sara Arjo Stedy Rotunda/Etac Slide Board Hoist Other | Observation | | | |
| d) Supervise / practice transfers with patient/client | Observation | | | |

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in mobility assessment and care

Assessor _____ Signature _____ Status _____ Date _____

| Review Dates: | Competent Yes / No | Health Care Professional / Assessor Signature | Verifier signature | Comments |
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