

STP 8-91WN9-SM-TG

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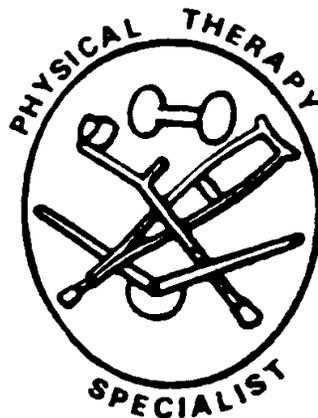
SOLDIER'S MANUAL AND TRAINER'S GUIDE

**MOS 91W
ASI N9**

**PHYSICAL THERAPY
SPECIALTY**

SKILL LEVELS 1/2/3/4

NOVEMBER 2003



HEADQUARTERS, DEPARTMENT OF THE ARMY

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SOLDIER TRAINING PUBLICATION
No. 8-91WN9-SM-TG

HEADQUARTERS
DEPARTMENT OF THE ARMY
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**SOLDIER'S MANUAL
SKILL LEVELS 1/2/3/4
AND
TRAINER'S GUIDE
MOS 91W, ASI N9
PHYSICAL THERAPY SPECIALTY**

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PREFACE

This publication is for skill level 1, 2, 3, and 4 soldiers holding military occupational specialty (MOS) 91W, additional skill identifier (ASI) N9 and for trainers and first-line supervisors. It contains standardized training objectives, in the form of task summaries, to train and evaluate soldiers on critical tasks that support unit missions during wartime. Trainers and first-line supervisors should ensure soldiers holding MOS 91WN9 have access to this publication and STP 8-91W15-SM-TG. This STP is available for download from the Reimer Digital Library (RDL).

This manual applies to both Active and Reserve Component soldiers.

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

The proponent of this publication is HQ, TRADOC. Send comments and recommendations on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Academy of Health Sciences, ATTN: MCCS-HTI, 1750 Greeley Rd, STE 135, Fort Sam Houston, TX 78234-5078.

CHAPTER 1

Introduction

1-1. General. This soldier training publication (STP), together with STP 8-91W15-SM-TG, identifies the individual military occupational specialty (MOS) training requirements for soldiers in MOS 91W, ASI N9. Another source of STP task data is the General Dennis J. Reimer Training and Doctrine Digital Library at <http://www.adtdl.army.mil/atdls.htm>. Commanders, trainers, and soldiers should use the STP to plan, conduct, and evaluate individual training in units. The STP is the primary MOS reference to support the self-development and training of every soldier in the unit. It is used with the Soldier's Manual of Common Tasks, Army training and evaluation program (ARTEP) products, and FM 7-0, Training the Force, to establish effective training plans and programs that integrate soldier, leader, and collective tasks. This chapter explains how to use the STP in establishing an effective individual training program. It includes doctrinal principles and implications outlined in FM 7-0. Based on these guidelines, commanders and unit trainers must tailor the information to meet the requirements for their specific unit.

1-2. Training Requirement. Every soldier, noncommissioned officer (NCO), warrant officer, and officer has one primary mission — to be trained and ready to fight and win our nation's wars. Success in battle does not happen by accident; it is a direct result of tough, realistic, and challenging training.

a. Operational Environment.

(1) Commanders and leaders at all levels must conduct training with respect to a wide variety of operational missions across the full spectrum of operations. These operations may include combined arms, joint, multinational, and interagency considerations, and span the entire breadth of terrain and environmental possibilities. Commanders must strive to set the daily training conditions as closely as possible to those expected for actual operations.

(2) The operational missions of the Army include not only war, but also military operations other than war (MOOTW). Operations may be conducted as major combat operations, a small-scale contingency, or a peacetime military engagement. Offensive and defensive operations normally dominate military operations in war along with some small-scale contingencies. Stability operations and support operations dominate in MOOTW. Commanders at all echelons may combine different types of operations simultaneously and sequentially to accomplish missions in war and MOOTW. These missions require training since future conflict will likely involve a mix of combat and MOOTW, often concurrently. The range of possible missions complicates training. Army forces cannot train for every possible mission; they train for war and prepare for specific missions as time and circumstances permit.

(3) One type of MOOTW is the Chemical, Biological, Radiological, Nuclear, and High-Yield Explosive (CBRNE) event. To assist commanders and leaders in training their units, CBRNE-related information is being included in AMEDD mission training plans (MTPs). Even though most collective tasks within an MTP may support a CBRNE event, the ones that will most directly be impacted are clearly indicated with a statement in the CONDITION that reads: "THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT." These collective tasks and any supporting individual tasks in this soldier's manual should be considered for training emphasis.

(4) Our forces today use a train-alert-deploy sequence. We cannot count on the time or opportunity to correct or make up training deficiencies after deployment. Maintaining forces that are ready now, places increased emphasis on training and the priority of training. This concept is a key link between operational and training doctrine.

(5) Units train to be ready for war based on the requirements of a precise and specific mission. In the process they develop a foundation of combat skills that can be refined based on the requirements of the assigned mission. Upon alert, commanders assess and refine from this foundation of skills. In the train-alert-deploy process, commanders use whatever time the alert cycle provides to continue refinement of mission-focused training. Training continues during time available between alert notification and deployment, between deployment and employment, and even during employment as units adapt to the specific battlefield environment and assimilate combat replacements.

b. How the Army Trains the Army.

(1) Training is a team effort and the entire Army — Department of the Army, major commands (MACOMs), the institutional training base, units, the combat training centers (CTCs), each individual soldier, and the civilian workforce — has a role that contributes to force readiness. Department of the Army and MACOMs are responsible for resourcing the Army to train. The Institutional Army, including schools, training centers, and NCO academies, for example, train soldiers and leaders to take their place in units in the Army by teaching the doctrine and tactics, techniques, and procedures (TTP). Units, leaders, and individuals train to standard on their assigned critical individual tasks. The unit trains first as an organic unit and then as an integrated component of a team. Before the unit can be trained to function as a team, each soldier must be trained to perform their individual supporting tasks to standard. Operational deployments and major training opportunities, such as major training exercises, CTCs, and ARTEP evaluations provide rigorous, realistic, and stressful training and operational experience under actual or simulated combat and operational conditions to enhance unit readiness and produce bold, innovative leaders. The result of this Army-wide team effort is a training and leader development system that is unrivaled in the world. Effective training produces the force — soldiers, leaders, and units — that can successfully execute any assigned mission.

(2) The Army Training and Leader Development Model (Figure 1-1) centers on developing trained and ready units led by competent and confident leaders. The model depicts an important dynamic that creates a lifelong learning process. The three core domains that shape the critical learning experiences throughout a soldier's and leader's time span are the operational, institutional, and self-development domains. Together, these domains interact using feedback and assessment from various sources and methods to maximize warfighting readiness. Each domain has specific, measurable actions that must occur to develop our leaders.

- The operational domain includes home station training, CTC rotations, and joint training exercises and deployments that satisfy national objectives. Each of these actions provides foundational experiences for soldier, leader, and unit development.

- The institutional domain focuses on educating and training soldiers and leaders on the key knowledge, skills, and attributes required to operate in any environment. It includes individual, unit and joint schools, and advanced education.
- The self-development domain, both structured and informal, focuses on taking those actions necessary to reduce or eliminate the gap between operational and institutional experiences.

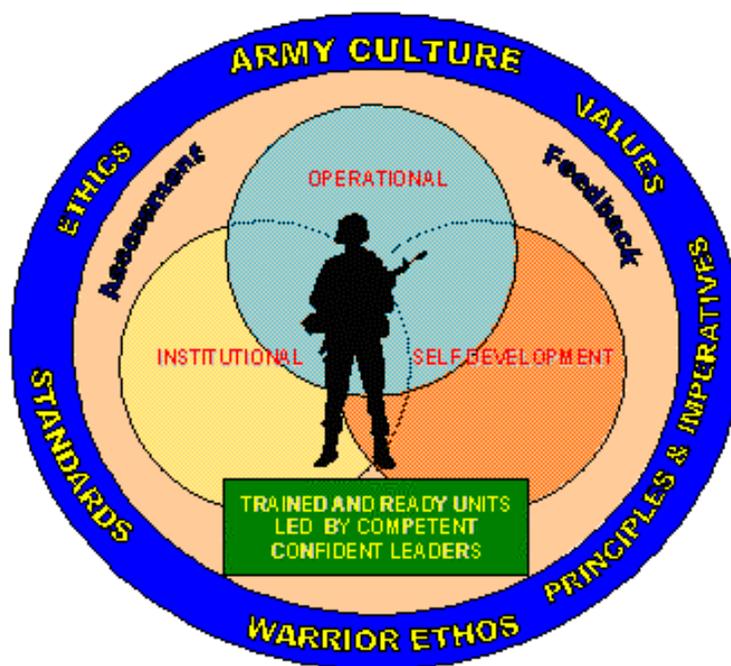


Figure 1-1. Army Training and Leader Development Model

(3) Throughout this lifelong learning and experience process, there is formal and informal assessment and feedback of performance to prepare leaders and soldiers for their next level of responsibility. Assessment is the method used to determine the proficiency and potential of leaders against a known standard. Feedback must be clear, formative guidance directly related to the outcome of training events measured against standards.

c. Leader Training and Leader Development.

(1) Competent and confident leaders are a prerequisite to the successful training of units. It is important to understand that leader training and leader development are integral parts of unit readiness. Leaders are inherently soldiers first and should be technically and tactically proficient in basic soldier skills. They are also adaptive, capable of sensing their environment, adjusting the plan when appropriate, and properly applying the proficiency acquired through training.

(2) Leader training is an expansion of these skills that qualifies them to lead other soldiers. As such, doctrine and principles of training require the same level of attention of senior

commanders. Leader training occurs in the Institutional Army, the unit, the CTCs, and through self-development. Leader training is just one portion of leader development.

(3) Leader development is the deliberate, continuous, sequential, and progressive process, grounded in Army values, that grows soldiers and civilians into competent and confident leaders capable of decisive action. Leader development is achieved through the life-long synthesis of the knowledge, skills, and experiences gained through institutional training and education, organizational training, operational experience, and self-development. Commanders play the key roll in leader development that ideally produces tactically and technically competent, confident, and adaptive leaders who act with boldness and initiative in dynamic, complex situations to execute mission-type orders achieving the commander's intent.

(4) A life cycle management diagram for MOS 91WN9 soldiers is on page 1-5. You can find more information and check for updates at <http://das.cs.amedd.army.mil/oc.htm> (scroll down to LIFE CYCLE MANAGEMENT, select ENLISTED, and find the appropriate tab along the bottom). This information, combined with the MOS Training Plan in Chapter 2, forms the career development model for the MOS.

d. Training Responsibility. Soldier and leader training and development continue in the unit. Using the institutional foundation, training in organizations and units focuses and hones individual and team skills and knowledge.

(1) Commander Responsibility.

(a) The unit commander is responsible for the wartime readiness of all elements in the formation. The commander is, therefore, the primary trainer of the organization and is responsible for ensuring that all training is conducted in accordance with the STP to the Army standard.

(b) Commanders ensure STP standards are met during all training. If a soldier fails to meet established standards for identified MOS tasks, the soldier must retrain until the tasks are performed to standard. Training to standard on MOS tasks is more important than completion of a unit training event such as an ARTEP evaluation. The objective is to focus on sustaining MOS proficiency — this is the critical factor commanders must adhere to when training individual soldiers in units.

(2) NCO Responsibility.

(a) A great strength of the US Army is its professional NCO Corps who takes pride in being responsible for the individual training of soldiers, crews, and small teams. The NCO support channel parallels and complements the chain of command. It is a channel of communication and supervision from the Command Sergeant Major (CSM) to the First Sergeants (1SGs) and then to other NCOs and enlisted personnel. NCOs train soldiers to the non-negotiable standards published in STPs. Commanders delegate authority to NCOs in the support channel as the primary trainers of individual, crew, and small team training. Commanders hold NCOs responsible for conducting standards-based, performance-oriented, battle-focused training and providing feedback on individual, crew, and team proficiency. Commanders define responsibilities and authority of their NCOs to their staffs and subordinates.

MOS 91W ASI N9
PHYSICAL THERAPY SPECIALTY
CAREER/TRAINING LIFE CYCLE

RANK	AMEDD Course NR	TRAINING	LENGTH	LOCATION	ATTENDANCE REQUIREMENT	Self-Development Course NR	SELF-DEVELOPMENT	LENGTH	LOCATION	ATTENDANCE REQUIREMENT
E1 - E5		Basic Combat Training Course	9 wks	Ft. LW Ft. Sill Ft. Jackson Ft. Benning	IET		Army Correspondence Course Program			
*	300-91W10	Health Care Specialist	16 wks	FSH, TX	AIT/MOS	081-CBRNE-W	<i>Introduction to CBRNE</i>		On-Line	Just in Time
	303-N9	PHYSICAL THERAPY SPECIALTY	PH1 17 wks PH2 10 wks	FSH, TX Multiple Sites	ASI		See 91W Correspondence Courses			
		PLDC	4 wks	Multiple sites	Leadership	340-A0715	MEDCOM CSM/SGM SR NCO	4 Days	SA, TX	Optional
	6-8-C40(91WY2)	AMEDD NCO BASIC (NCOES)	14 Wks, 4 Days	FSH, TX	Leadership	340-A0743	CSM/SGM SR NCO Course	4 days	Landstuhl, Germany	Leadership
		BASELINE	REQUIRED	RECOMMENDED	PROFIS	6H-300/A0608	MGT of Burns and Multiple Trauma for OT/PT	5 days	FSH, TX	Sus
		Cardio Pulmonary Resuscitation (CPR)	X			6H-300/A0620	Management of Combat Stress Casualties	2 wks	SA, TX	Just in Time
		Field Management of Chemical & Biological Casualties (FMCBC)			X/TOE Only	6H-300/A0630	AMSC Supt of Cbt Cas/Humanitarian Missions	5 days	SA, TX	Just in Time
		Physical Therapy Assistant License		X						
		Emergency Medical Training (EMT)		X		A0711	Multiple System Trauma Short Course	1 wk	SA, TX	Just in Time
E6 - E9	5K-F3/520-F3	Instructor Training Course	2 weeks	AHS	JIT/SI (5K)	081-MD0010	Basic Medical Terminology		Correspondence	Sustainment
	5K-F6/520-F6	Small Group Instructor Training Course (SGITC)	1 Week	AHS	JIT	081-ENHANC	Combat Life Saver (CLS)		Unit Training	Just in Time
							PPSCP			
	250-ASI2S	Battle Staff NCO	4 Wks, 1 Day	USASMA (Ft. Bliss)	Optional		Specialty Courses			
		Recruiter	6 wks	USAREC	Just in time	5K-F13/520-F10	<i>CBRNE TRAINER EVALUATOR</i>	2 Days	Fort Sam Houston, TX	Just in Time
		Master Fitness Trainer	2 wks	Multiple Sites	Just in time ASI P5	5K-F7/520-F7	ADVANCED INSTRUCTOR TRAINING COURSE (Ph 1&2)	1 Wk, 3 Days	FSH, TX	
		Drill Sgt School	9 wks	Multiple Sites	Just in Time SQI-X	5K-F8/520-F8	EDUCATION AND TRAINING FOR THE 21ST CENTURY	4 wks	FSH, TX	
	6-8-C42	AMEDD NCO Advanced (NCOES)	2 Wks, 3 Days	FSH, TX	Leadership					
	1-250-C5	U.S. ARMY SERGEANTS MAJOR	38 Wks, 2 Days	USASMA (Ft. Bliss)	Just in time MEL-A					
	521-F1	Command Sergeant Major Course	1 wk	USASMA	Leadership					
	521-SQIM	First Sergeant Course	8 wks	USASMA	Just in time SQI-M					
Note: Use with 91W SPC thru SFC.										
NOTE: Expert Field Medical Badge and DEPMEDS if assigned PROFIS										

(b) NCOs continue the soldierization process of newly assigned enlisted soldiers, and begin their professional development. NCOs are responsible for conducting standards-based, performance-oriented, battle-focused training. They identify specific individual, crew, and small team tasks that support the unit's collective mission essential tasks; plan, prepare, rehearse, and execute training; and evaluate training and conduct after action reviews (AARs) to provide feedback to the commander on individual, crew, and small team proficiency. Senior NCOs coach junior NCOs to master a wide range of individual tasks.

(3) Soldier Responsibility. Each soldier is responsible for performing individual tasks identified by the first-line supervisor based on the unit's mission essential task list (METL). Soldiers must perform tasks to the standards included in the task summary. If soldiers have questions about tasks or which tasks in this manual they must perform, they are responsible for asking their first-line supervisor for clarification, assistance, and guidance. First-line supervisors know how to perform each task or can direct soldiers to appropriate training materials, including current field manuals, technical manuals, and Army regulations. Soldiers are responsible for using these materials to maintain performance. They are also responsible for maintaining standard performance levels of all Soldier's Manual of Common Tasks at their current skill level and below. Periodically, soldiers should ask their supervisor or another soldier to check their performance to ensure that they can perform the tasks.

1-3. Battle-Focused Training. Battle focus is a concept used to derive peacetime training requirements from assigned and anticipated missions. The priority of training in units is to train to standard on the wartime mission. Battle focus guides the planning, preparation, execution, and assessment of each organization's training program to ensure its members train as they are going to fight. Battle focus is critical throughout the entire training process and is used by commanders to allocate resources for training based on wartime and operational mission requirements. Battle focus enables commanders and staffs at all echelons to structure a training program that copes with non-mission-related requirements while focusing on mission essential training activities. It is recognized that a unit cannot attain proficiency to standard on every task whether due to time or other resource constraints. However, unit commanders can achieve a successful training program by consciously focusing on a reduced number of METL tasks that are essential to mission accomplishment.

a. Linkage Between METL and STP. A critical aspect of the battle focus concept is to understand the responsibility for and the linkage between the collective mission essential tasks and the individual tasks that support them. For example, the commander and the CSM/1SG must jointly coordinate the collective mission essential tasks and supporting individual tasks on which the unit will concentrate its efforts during a given period. This task hierarchy is provided in the task database at the Reimer Digital Library. The CSM/1SG must select the specific individual tasks that support each collective task to be trained. Although NCOs have the primary role in training and sustaining individual soldier skills, officers at every echelon remain responsible for training to established standards during both individual and collective training. Battle focus is applied to all missions across the full spectrum of operations.

b. Relationship of STPs to Battle-focused Training. The two key components of any STP are the soldier's manual (SM) and trainer's guide (TG). Each gives leaders important information to help implement the battle-focused training process. The trainer's guide relates soldier and leader tasks in the MOS and skill level to duty positions and equipment. It states where the task is trained, how often training should occur to sustain proficiency, and who in the unit should be trained. As leaders assess and plan training, they should rely on the trainer's guide to help identify training needs.

(1) Leaders conduct and evaluate training based on Army-wide training objectives and on the task standards published in the soldier's manual task summaries or in the Reimer Digital Library. The task summaries ensure that --

- Trainers in every unit and location define task standards the same way
- Trainers evaluate all soldiers to the same standards

(2) Figure 1-2 shows how battle-focused training relates to the trainer’s guide and soldier's manual:

- The left column shows the steps involved in training soldiers.
- The right column shows how the STP supports each of these steps.

BATTLE-FOCUS PROCESS	STP SUPPORT PROCESS
Select supporting soldier tasks	Use TG to relate tasks to METL
Conduct training assessment	Use TG to define what soldier tasks to assess
Determine training objectives	Use TG to set objectives
Determine strategy; plan for training	Use TG to relate soldier tasks to strategy
Conduct pre-execution checks	Use SM task summary as source for task performance
Execute training; conduct after action review	Use SM task summary as source for task performance
Evaluate training against established standards	Use SM task summary as standard for evaluation

Figure 1-2. Relationship of Battle-focused Training and STP

1-4. Task Summary Format. Task summaries outline the wartime performance requirements of each critical task in the SM. They provide the soldier and the trainer with the information necessary to prepare, conduct, and evaluate critical task training. As a minimum, task summaries include information the soldier must know and the skills that he must perform to standards for each task. The format of the task summaries included in this SM is as follows:

- a. **Task Title.** The task title identifies the action to be performed.
- b. **Task Number.** A 10-digit number identifies each task or skill. This task number, along with the task title, must be included in any correspondence pertaining to the task.
- c. **Conditions.** The task conditions identify all the equipment, tools, references, job aids, and supporting personnel that the soldier needs to use to perform the task in wartime. This section identifies any environmental conditions that can alter task performance, such as visibility, temperature, or wind. This section also identifies any specific cues or events that trigger task performance, such as a chemical attack or identification of a threat vehicle.
- d. **Standards.** The task standards describe how well and to what level the task must be performed under wartime conditions. Standards are typically described in terms of accuracy, completeness, and speed.
- e. **Performance Steps.** This section includes a detailed outline of information on how to perform the task. Additionally, some task summaries include safety statements and notes.

Safety statements (danger, warning, and caution) alert users to the possibility of immediate death, personal injury, or damage to equipment. Notes provide a small, extra supportive explanation or hint relative to the performance steps.

f. Evaluation Preparation (when used). This subsection indicates necessary modifications to task performance in order to train and evaluate a task that cannot be trained to the wartime standard under wartime conditions. It may also include special training and evaluation preparation instructions to accommodate these modifications and any instructions that should be given to the soldier before evaluation.

g. Performance Measures. This evaluation guide identifies the specific actions that the soldier must do to successfully complete the task. These actions are listed in a GO/NO-GO format for easy evaluation. Each evaluation guide contains an evaluation guidance statement that indicates the requirements for receiving a GO on the evaluation.

h. References. This section identifies references that provide more detailed and thorough explanations of task performance requirements than those given in the task summary description.

1-5. Training Execution. All good training, regardless of the specific collective, leader, and individual tasks being executed, must comply with certain common requirements. These include adequate preparation, effective presentation and practice, and thorough evaluation. The execution of training includes preparation for training, conduct of training, and recovery from training.

a. Preparation for Training. Formal near-term planning for training culminates with the publication of the unit training schedule. Informal planning, detailed coordination, and preparation for executing the training continue until the training is performed. Commanders and other trainers use training meetings to assign responsibility for preparation of all scheduled training. Preparation for training includes selecting tasks to be trained, planning the conduct of the training, training the trainers, reconnaissance of the site, issuing the training execution plan, and conducting rehearsals and pre-execution checks. Pre-execution checks are preliminary actions commanders and trainers use to identify responsibility for these and other training support tasks. They are used to monitor preparation activities and to follow up to ensure planned training is conducted to standard. Pre-execution checks are a critical portion of any training meeting. During preparation for training, battalion and company commanders identify and eliminate potential training distracters that develop within their own organizations. They also stress personnel accountability to ensure maximum attendance at training.

(1) Subordinate leaders, as a result of the bottom-up feed from internal training meetings, identify and select the individual tasks necessary to support the identified training objectives. Commanders develop the tentative plan to include requirements for preparatory training, concurrent training, and training resources. At a minimum, the training plan should include confirmation of training areas and locations, training ammunition allocations, training simulations and simulators availability, transportation requirements, soldier support items, a risk management analysis, assignment of responsibility for the training, designation of trainers responsible for approved training, and final coordination. The time and other necessary resources for retraining must also be an integral part of the original training plan.

(2) Leaders, trainers, and evaluators are identified, trained to standard, and rehearsed prior to the conduct of the training. Leaders and trainers are coached on how to

train, given time to prepare, and rehearsed so that training will be challenging and doctrinally correct. Commanders ensure that trainers and evaluators are not only tactically and technically competent on their training tasks, but also understand how the training relates to the organization's METL. Properly prepared trainers, evaluators, and leaders project confidence and enthusiasm to those being trained. Trainer and leader training is a critical event in the preparation phase of training. These individuals must demonstrate proficiency on the selected tasks prior to the conduct of training.

(3) Commanders, with their subordinate leaders and trainers, conduct site reconnaissance, identify additional training support requirements, and refine and issue the training execution plan. The training plan should identify all those elements necessary to ensure the conduct of training to standard. Rehearsals are essential to the execution of good training. Realistic, standards-based, performance-oriented training requires rehearsals for trainers, support personnel, and evaluators. Preparing for training in Reserve Component (RC) organizations can require complex pre-execution checks. RC trainers must often conduct detailed coordination to obtain equipment, training support system products, and ammunition from distant locations. In addition, RC pre-execution checks may be required to coordinate Active Component assistance from the numbered CONUSA, training support divisions, and directed training affiliations.

b. Conduct of Training. Ideally, training is executed using the crawl-walk-run approach. This allows and promotes an objective, standards-based approach to training. Training starts at the basic level. Crawl events are relatively simple to conduct and require minimum support from the unit. After the crawl stage, training becomes incrementally more difficult, requiring more resources from the unit and home station, and increasing the level of realism. At the run stage, the level of difficulty for the training event intensifies. Run stage training requires optimum resources and ideally approaches the level of realism expected in combat. Progression from the walk to the run stage for a particular task may occur during a one-day training exercise or may require a succession of training periods over time. Achievement of the Army standard determines progression between stages.

(1) In crawl-walk-run training, the tasks and the standards remain the same; however, the conditions under which they are trained change. Commanders may change the conditions, for example, by increasing the difficulty of the conditions under which the task is being performed, increasing the tempo of the task training, increasing the number of tasks being trained, or by increasing the number of personnel involved in the training. Whichever approach is used, it is important that all leaders and soldiers involved understand in which stage they are currently training and understand the Army standard.

(2) An AAR is immediately conducted and may result in the need for additional training. Any task that was not conducted to standard should be retrained. Retraining should be conducted at the earliest opportunity. Commanders should program time and other resources for retraining as an integral part of their training plan. Training is incomplete until the task is trained to standard. Soldiers will remember the standard enforced, not the one discussed.

c. Recovery From Training. The recovery process is an extension of training, and once completed, it signifies the end of the training event. At a minimum, recovery includes conduct of maintenance training, turn-in of training support items, and the conduct of AARs that review the overall effectiveness of the training just completed.

(1) Maintenance training is the conduct of post-operations preventive maintenance checks and services, accountability of organizational and individual equipment, and final inspections. Class IV, Class V, TADSS, and other support items are maintained, accounted for, and turned-in, and training sites and facilities are closed out.

(2) AARs conducted during recovery focus on collective, leader, and individual task performance, and on the planning, preparation, and conduct of the training just completed. Unit AARs focus on individual and collective task performance, and identify shortcomings and the training required to correct deficiencies. AARs with leaders focus on tactical judgment. These AARs contribute to leader learning and provide opportunities for leader development. AARs with trainers and evaluators provide additional opportunities for leader development.

1-6. Training Assessment. Assessment is the commander's responsibility. It is the commander's judgment of the organization's ability to accomplish its wartime operational mission. Assessment is a continuous process that includes evaluating individual training, conducting an organizational assessment, and preparing a training assessment. The commander uses his experience, feedback from training evaluations, and other evaluations and reports to arrive at his assessment. Assessment is both the end and the beginning of the training management process. Training assessment is more than just training evaluation, and encompasses a wide variety of inputs. Assessments include such diverse systems as training, force integration, logistics, and personnel, and provide the link between the unit's performance and the Army standard. Evaluation of training is, however, a major component of assessment. Training evaluations provide the commander with feedback on the demonstrated training proficiency of soldiers, leaders, battle staffs, and units. Commanders cannot personally observe all training in their organization and, therefore, gather feedback from their senior staff officers and NCOs.

a. Evaluation of Training. Training evaluations are a critical component of any training assessment. Evaluation measures the demonstrated ability of soldiers, commanders, leaders, battle staffs, and units against the Army standard. Evaluation of training is integral to standards-based training and is the cornerstone of leader training and leader development. STPs describe standards that must be met for each soldier task.

(1) All training must be evaluated to measure performance levels against the established Army standard. The evaluation can be as fundamental as an informal, internal evaluation performed by the leader conducting the training. Evaluation is conducted specifically to enable the individual undergoing the training to know whether the training standard has been achieved. Commanders must establish a climate that encourages candid and accurate feedback for the purpose of developing leaders and trained soldiers.

(2) Evaluation of training is not a test; it is not used to find reasons to punish leaders and soldiers. Evaluation tells soldiers whether or not they achieved the Army standard and, therefore, assists them in determining the overall effectiveness of their training plans. Evaluation produces disciplined soldiers, leaders, and units. Training without evaluation is a waste of time and resources.

(3) Evaluations are used by leaders as an opportunity to coach and mentor soldiers. A key element in developing leaders is immediate, positive feedback that coaches and leads subordinate leaders to achieve the Army standard. This is a tested and proven path to develop competent, confident adaptive leaders.

b. **Evaluators.** Commanders must plan for formal evaluation and must ensure the evaluators are trained. These evaluators must also be trained as facilitators to conduct AARs that elicit maximum participation from those being trained. External evaluators will be certified in the tasks they are evaluating and normally will not be dual-hatted as a participant in the training being executed.

c. **Role of Commanders and Leaders.** Commanders ensure that evaluations take place at each echelon in the organization. Commanders use this feedback to teach, coach, and mentor their subordinates. They ensure that every training event is evaluated as part of training execution and that every trainer conducts evaluations. Commanders use evaluations to focus command attention by requiring evaluation of specific mission essential and battle tasks. They also take advantage of evaluation information to develop appropriate lessons learned for distribution throughout their commands.

d. **After Action Review.** The AAR, whether formal or informal, provides feedback for all training. It is a structured review process that allows participating soldiers, leaders, and units to discover for themselves what happened during the training, why it happened, and how it can be done better. The AAR is a professional discussion that requires the active participation of those being trained. FM 7-1 provides detailed instructions for conducting an AAR and detailed guidance on coaching and critiquing during training.

1-7. Training Support. This manual includes the following information which provides additional training support information.

a. **Appendix A, DA Form 5165-R (Field Expedient Squad Book).** This appendix provides an overprinted copy of DA Form 5165-R for the tasks in this MOS. The NCO trainer can use this form to set up the leader book described in FM 7-1, paragraph 4-12.

b. **Glossary.** The glossary, which follows the last appendix, is a single comprehensive list of acronyms, abbreviations, definitions, and letter symbols.

c. **References.** This section contains two lists of references, required and related, which support training of all tasks in this SM. Required references are listed in the conditions statement and are required for the soldier to do the task. Related references are materials that provide more detailed information and a more thorough explanation of task performance.

CHAPTER 2

Training Guide

2-1. General. The MOS Training Plan (MTP) identifies the essential components of a unit training plan for individual training. Units have different training needs and requirements based on differences in environment, location, equipment, dispersion, and similar factors. Therefore, the MTP should be used as a guide for conducting unit training and not a rigid standard. The MTP consists of two parts. Each part is designed to assist the commander in preparing a unit training plan which satisfies integration, cross training, training up, and sustainment training requirements for soldiers in this MOS.

Part One of the MTP shows the relationship of an MOS skill level between duty position and critical tasks. These critical tasks are grouped by task commonality into subject areas.

Section I lists subject area numbers and titles used throughout the MTP. These subject areas are used to define the training requirements for each duty position within an MOS.

Section II identifies the total training requirement for each duty position within an MOS and provides a recommendation for cross training and train-up/merger training.

- **Duty Position Column.** This column lists the duty positions of the MOS, by skill level, which have different training requirements.
- **Subject Area Column.** This column lists, by numerical key (see Section I), the subject areas a soldier must be proficient in to perform in that duty position.
- **Cross Train Column.** This column lists the recommended duty position for which soldiers should be cross trained.
- **Train-up/Merger Column.** This column lists the corresponding duty position for the next higher skill level or MOSC the soldier will merge into on promotion.

Part Two lists, by general subject areas, the critical tasks to be trained in an MOS and the type of training required (resident, integration, or sustainment).

- **Subject Area Column.** This column lists the subject area number and title in the same order as Section I, Part One of the MTP.
- **Task Number Column.** This column lists the task numbers for all tasks included in the subject area.
- **Title Column.** This column lists the task title for each task in the subject area.
- **Training Location Column.** This column identifies the training location where the task is first trained to soldier training publications standards. If the task is first trained to standard in the unit, the word "Unit" will be in this column. If the task is first trained to standard in the training base, it will identify, by brevity code (ANCOC, BNCOC, etc.), the resident course where the task was taught. Figure 2-1 contains a list of training locations and their corresponding brevity codes.

AIT	Advanced Individual Training
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Figure 2-1. Training Locations

- **Sustainment Training Frequency Column.** This column indicates the recommended frequency at which the tasks should be trained to ensure soldiers maintain task proficiency. Figure 2-2 identifies the frequency codes used in this column.

BA	- Biannually
AN	- Annually
SA	- Semiannually
QT	- Quarterly
MO	- Monthly
BW	- Biweekly
WK	- Weekly

Figure 2-2. Sustainment Training Frequency Codes

- **Sustainment Training Skill Level Column.** This column lists the skill levels of the MOS for which soldiers must receive sustainment training to ensure they maintain proficiency to soldier's manual standards.

2-2. Part One, Section I. Subject Area Codes.

Skill Level 1

- 1 Documentation
- 2 Ambulation and Transfer Techniques
- 3 Therapeutic Procedures and Physical Agents
- 4 Therapeutic Exercise
- 5 Tests and Measures
- 6 Musculoskeletal Injury Prevention and Control
- 7 Management of Neurologically Impaired Patients
- 8 Stump Care

2-3. Part One, Section II. Duty Position Training Requirements.

NOTE: Refer to STP 8-91W15-SM-TG for additional sustainment training requirements.

DUTY POSITION	SUBJECT AREAS	CROSS TRAIN	TRAIN-UP/MERGER
SL 1-4 Physical Therapy Specialist	1-8	NA	91W5 Health Care NCO

2-4. Part Two. Critical Tasks List.**MOS TRAINING PLAN
91WN9****CRITICAL TASKS**

Task Number	Title	Training Location	Sust Tng Freq	Sust Tng SL
Skill Level 1				
Subject Area 1. Documentation				
081-836-0097	WRITE A PHYSICAL THERAPY INITIAL, PROGRESS AND TREATMENT NOTE	AIT	AN	1-4
Subject Area 2. Ambulation and Transfer Techniques				
081-836-0050	CONDUCT A GAIT SCREENING	AIT	AN	1-4
081-836-0078	INSTRUCT A PATIENT ON PROPER USE OF ASSISTIVE DEVICES	AIT	AN	1-4
081-836-0079	INSTRUCT A PATIENT ON PROPER TRANSFER TECHNIQUES	AIT	AN	1-4
Subject Area 3. Therapeutic Procedures and Physical Agents				
081-836-0004	ADMINISTER A COMBINATION THERAPEUTIC ULTRASOUND WITH ELECTRICAL THERAPY TREATMENT	AIT	AN	1-4
081-836-0005	ADMINISTER A MOIST HEAT PACK TREATMENT	AIT	AN	1-4
081-836-0008	ADMINISTER A PARAFFIN TREATMENT	AIT	AN	1-4
081-836-0013	ADMINISTER A MECHANICAL CERVICAL TRACTION TREATMENT	AIT	AN	1-4
081-836-0017	ADMINISTER A CONTRAST BATH TREATMENT	AIT	AN	1-4
081-836-0051	ADMINISTER A CRYOTHERAPY TREATMENT	AIT	AN	1-4
081-836-0053	ADMINISTER A THERAPEUTIC ULTRASOUND TREATMENT (DIRECT CONTACT METHOD)	AIT	AN	1-4
081-836-0055	ADMINISTER AN ELECTRICAL STIMULATION TREATMENT	AIT	AN	1-4
081-836-0081	PERFORM A FREE FLOW WOUND TREATMENT	AIT	AN	1-4
081-836-0082	ADMINISTER A PNEUMATIC COMPRESSION TREATMENT	AIT	AN	1-4
081-836-0083	ADMINISTER A TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) TREATMENT	AIT	AN	1-4
081-836-0084	ADMINISTER AN IONTOPHORESIS TREATMENT	AIT	AN	1-4
081-836-0085	ADMINISTER A BIOFEEDBACK TREATMENT	AIT	AN	1-4
081-836-0086	ADMINISTER A MECHANICAL PELVIC TRACTION TREATMENT	AIT	AN	1-4
081-836-0087	PERFORM TRANSVERSE FRICTION MASSAGE	AIT	AN	1-4
081-836-0088	FABRICATE PLANTAR FASCIA ORTHOSES	AIT	AN	1-4
Subject Area 4. Therapeutic Exercise				
081-836-0033	PERFORM PASSIVE RANGE OF MOTION EXERCISES	AIT	AN	1-4
081-836-0034	ADMINISTER AN ACTIVE ASSISTIVE RANGE OF MOTION EXERCISE PROGRAM	AIT	AN	1-4

CRITICAL TASKS

Task Number	Title	Training Location	Sust Tng Freq	Sust Tng SL
081-836-0035	ADMINISTER AN ACTIVE RANGE OF MOTION EXERCISE PROGRAM	AIT	AN	1-4
081-836-0074	ADMINISTER A THERAPEUTIC EXERCISE PROGRAM FOR THE UPPER AND LOWER EXTREMITIES	AIT	AN	1-4
081-836-0075	ADMINISTER A THERAPEUTIC EXERCISE PROGRAM FOR THE SPINE	AIT	AN	1-4
081-836-0092	ADMINISTER AN ISOTONIC EXERCISE PROGRAM	AIT	AN	1-4
081-836-0093	ADMINISTER AN ISOMETRIC EXERCISE PROGRAM	AIT	AN	1-4
081-836-0094	ADMINISTER STRETCHING TECHNIQUES	AIT	AN	1-4
<i>Subject Area 5. Tests and Measures</i>				
081-836-0031	PERFORM GIRTH MEASUREMENTS	AIT	AN	1-4
081-836-0046	PERFORM JOINT RANGE OF MOTION MEASUREMENTS	AIT	AN	1-4
081-836-0049	PERFORM GROSS MANUAL MUSCLE TESTS	AIT	AN	1-4
081-836-0080	PERFORM COMPONENTS OF A KNEE EXAMINATION	AIT	AN	1-4
081-836-0096	PERFORM COMPONENTS OF AN ANKLE EXAMINATION	AIT	AN	1-4
<i>Subject Area 6. Musculoskeletal Injury Prevention and Control</i>				
081-836-0067	CONDUCT A BACK CARE CLASS	AIT	AN	1-4
081-836-0068	CONDUCT A KNEE CARE CLASS	AIT	AN	1-4
081-836-0095	CONDUCT A FOOT SCREENING	AIT	AN	1-4
<i>Subject Area 7. Management of Neurologically Impaired Patients</i>				
081-836-0076	ADMINISTER A THERAPEUTIC PROGRAM FOR THE NEUROLOGICAL PATIENT	AIT	AN	1-4
<i>Subject Area 8. Stump Care</i>				
081-836-0089	PERFORM STUMP CARE FOR THE AMPUTEE PATIENT	AIT	AN	1-4

CHAPTER 3

MOS/Skill Level Tasks

Skill Level 1

Subject Area 1: Documentation

WRITE A PHYSICAL THERAPY INITIAL, PROGRESS AND TREATMENT NOTE

081-836-0097

Conditions: You have a narrative of a patient's examination information on SF 600/513 from a physician, patient's medical record, and a black ink pen.

Standards: Wrote a physical therapy initial, progress, and treatment note using the American Physical Therapy Association format to include an examination (history and tests & measures), assessment, prognosis, intervention, short-term goals (less than 2 weeks), and long-term goals (greater than 2 weeks).

Performance Steps

1. Review patient's medical record for pertinent information to determine the note format needed.

NOTE: A physical therapy initial note is used on the patient's first visit; the progress note is used to document the patient's progress during follow up visits.

2. Write a physical therapy initial note on SF 600/513.
 - a. Document the "Examination", to include--
 - (1) History.
 - (a) Age, sex, race, and occupation.
 - (b) Lab and radiology results.
 - (c) Nature of complaint and treatment area.
 - (d) How long patient has had this complaint.
 - (e) Mechanism of injury (if trauma).
 - (f) Signs and symptoms.
 - (g) Quote the patient verbatim to document attitude, confusion, denial, or use of abusive language.
 - (h) Ask the patient about prior treatments and the results.
 - (i) Document medications the patient is taking along with known drug allergies.
 - (j) Ask the patient if he has any other medical problems.
 - (k) Ask for information regarding past history such as past injuries and surgeries.

NOTE: Those things that aggravate or help the patient's problem, along with limitations to daily living should be documented under signs and symptoms.

EXAMPLE: 22 y/o male airborne ranger c/o (R) knee pain and swelling x 2 days, hyperextended knee while playing basketball. Rates pain 7/10. Better with rest and ice. Worse with walking and up/down stairs. No prior injury to knee. Pnt c/o (R) knee "giving out", (-) c/o locking, X-rays (-). Pnt was given crutches and Motrin 800 mg in emergency room. Taking Motrin TID. NKDA.

- (2) Tests and Measures.
 - (a) Document observed movement patterns to include any abnormal or painful

Performance Steps

- gait, patient guarding, or postural deviations/defects.
- (b) Document observations such as muscle atrophy, edema or effusion, skin color, and temperature changes.
 - (c) Measure and document joint range of motion measurements (JMM) and gross manual muscle tests (GMMT).
 - (d) Check sensation in the treatment area by feeling for dermatomes, and check circulation by asking the patient if he has circulation problems/check distal circulation of extremities by placing your first two fingers on the extremity specific artery feeling for a pulse.
 - (e) Perform and document results of special tests (these tests vary according to the joint) and DTRs.

EXAMPLE: Pnt alert and oriented x 3, (+) antalgic limp on (R), (+) mod. effusion, (-) mm. atrophy. (+) TTP med. jt. line, (+) warmth, sensation intact.

Girth: inf. patella	sup. patella	5cm sup. patella	(+) ant. drawer
(R) 43 cm	44 cm	50 cm	(+) Lachman's test
(L) 40 cm	41 cm	49 cm	(-) McMurray's test
GMMT: knee flex/ext		AROM (R) knee 10-80	(-) V/V stress test
(R) 3/5 (L) 5/5		(L) knee 0-135	

- b. Document the "Assessment", to include--
 - (1) The problem. List symptoms and pertinent results of test and measurements performed.
 - (2) Your assessment of the findings, e.g., "symptoms appear to be consistent with a (R) knee ACL sprain".
 - (3) Include how the patient tolerated the examination or treatment provided.
 - (4) Document the patient's understanding of the exercises performed.

EXAMPLE: Pnt tolerated exam well, patient appears to understand exercises and performs them correctly, noted antalgic gait with limp on (R) LE, (+) effusion (R) knee, (+) TTP to med. jt. line, noted decreased AROM and strength in (R) knee flex and ext. Pnt c/o instability, (+) ACL laxity. Symptoms appear to be consistent with an ACL sprain.

- c. Document the "Prognosis", to include--
 - (1) Goals should portray realistic expectations of the results of treatment.
 - (2) Include time frames for both short-term and long-term goals.

NOTE: Tell the patient to establish achievable goals, and that the goals are for the patient to accomplish, NOT the therapist.

- (3) Include an estimation of the number of weeks the treatment may be required.

EXAMPLE: Goals: STG: [1] Increase (R) knee flex 20 degrees in 2 weeks.

[2] Decrease effusion by 2 cm in 1 week.

LTG: [1] Increase (R) knee flex to WNL in 6 weeks.

[2] Increase to indep. with all home exercises in 6 weeks.

- d. Document the "Intervention", to include--
 - (1) Type of treatment to be administered.
 - (2) Frequency and number of treatments.
 - (3) Instructions given to patient.
 - (4) Exact location of treatment.
 - (5) Follow up plan.
 - (6) Discharge plan.

EXAMPLE: Pnt RTC TIW; Ex. bike x 15 min., no resistance, QS, SAQs, 4-dir SLRs (3 x 10) BID, ice x 10 min. after exercises. Instruct pnt in HEP and provide exercise handout. F/U in 1 wk, D/C when goals met.

Performance Steps

NOTE: Progress notes are written during a scheduled follow up or before a patient is discharged from physical therapy.

3. Write a physical therapy progress note on SF 600.
 - a. Document the "Examination", to include--
 - (1) History. (Document in "history" portion of the progress note.)
 - (a) Age, gender, diagnosis, length of time.
 - (b) Current treatment plan.
 - (c) Number of treatments provided thus far.

NOTE: Document any changes made to the treatment program. Include increases or decreases in weight or resistance, changes in repetitions, or any additions or deletions of treatments.

- (2) Tests and Measures.

NOTE: Reevaluate any significant tests and measures from initial examination - used to determine if previous objective goals were met.

- b. Document the "Assessment", to include--
 - (1) A problem list.
 - (2) Report of the patient's tolerance to treatment.
- c. Document the "Prognosis", to include--
 - (1) Information related to achievement of goals (refer to initial examination and goals).
 - (2) Any change or lack of progress in status.
- d. Document the "Intervention", to include--
 - (1) Any changes/modifications to the treatment plan.
 - (2) Follow up information.
 - (3) Discharge orders if goals are met.

NOTE: Treatment notes are written each time a patient receives treatment in a physical therapy clinic.

4. Write a physical therapy treatment note on SF 600.
 - a. Document the "Examination", to include--
 - (1) History (documented in the "history" portion of the treatment note).
 - (a) Age and gender.
 - (b) Diagnosis (per therapist or physician.)
 - (c) Reason the patient is seeing you (e.g., pnt to clinic for ultrasound, electrical stimulation).
 - (d) Pain scale (subjective)/current behavior of symptoms.
 - (2) Tests and Measures.
 - (a) Document parts of assessment that pertain to the specific treatment.

NOTE: The assessment includes observations or measurements such as swelling, ROM, GMMT, sensation, circulation, palpation, gait, patient guarding, or noticeable adverse affects from a previous treatment.

- b. Document the "Assessment", to include--
 - (1) Patient's tolerance and response to treatment.
 - (2) Reassessment of pain scale or any other pertinent findings after the treatment has been administered.
 - (3) Pertinent findings from tests and measures, if applicable.
- c. Document the "Intervention" to include--
 - (1) Treatment number (e.g., 1 of 10).
 - (2) Physical agent administered and exercises performed.

Performance Steps

- (3) Treatment parameters.
- (4) Area treated.
- (5) Treatment plan (same or modified). Document progression of treatment/rehab exercises as indicated for next visit.
- (6) Follow-up information.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed patient's medical record.	_____	_____
2. Wrote a physical therapy initial note, as applicable.	_____	_____
3. Wrote a physical therapy progress note, as applicable.	_____	_____
4. Wrote a physical therapy treatment note, as applicable.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

Subject Area 2: Ambulation and Transfer Techniques

CONDUCT A GAIT SCREENING**081-836-0050**

Conditions: You have a patient with a gait deviation, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, and the patient's medical record. You will need a space large enough to allow the patient to ambulate unobstructed for approximately 10 feet.

Standards: Conducted a gait screening, and observed the patient during ambulation from the frontal and sagittal planes and during functional activities. Documented deviations in observed posture, velocity, endurance, footwear, compensatory mechanisms, and ability to change pace and/or direction in the patient's medical record.

Performance Steps

1. Review the order to identify the--
 - a. Diagnosis.
 - b. Ambulation aides prescribed.
 - c. Orthosis or braces prescribed.
2. Select and clear area for observation.
 - a. Clear a walkway area (preferably noncarpeted) to obtain a minimum of 10 feet of unobstructed space that the patient can freely ambulate in.
 - b. Check for trip hazards (e.g., power cords, loose tile, unsecured equipment, wet surfaces).
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Prepare the patient.

NOTE: Ask the patient what he perceives his current pain level to be on a scale of 0-10, zero being no pain.

NOTE: The patient should wear clothing that will allow observation of posture and body landmarks (e.g., shorts, sports bra).

- a. Ask the patient to remove his shoes and socks.
- b. Ask the patient to stand in an alert but relaxed position.

5. Observe the patient.
 - a. Perform a sequential observation, in both the sagittal and frontal planes, beginning at the feet and scanning up the lower extremities, the pelvis, spine, shoulders, and head.

NOTE: Document any deviations observed in posture on SF 600/513 in the patient's medical record.

NOTE: The patient should use any assistive device, orthosis, or brace that is prescribed by his physician.

- b. Perform a sequential observation by asking the patient to ambulate in his usual manner to the end of the observation area and then turn around and return.

NOTE: Document any deviations observed in posture, velocity, endurance, footwear, compensatory mechanisms, and ability to change pace and/or direction, on SF 600/513 in the

Performance Steps

patient's medical record.

NOTE: Ask patient to ambulate without any assistive device, orthosis, or brace prescribed.

- c. Perform a sequential observation by asking the patient to ambulate in his usual manner to the end of the observation area and then turn around and return.

NOTE: Document any deviations observed in posture, velocity, endurance, footwear, compensatory mechanisms, and ability to change pace and/or direction, on SF 600/513 in the patient's medical record.

NOTE: Ask the patient what he perceives his current pain level to be after the treatment on a scale of 0-10, zero being no pain.

- 6. Schedule any further treatments.
- 7. Complete documentation of treatment on SF 600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Selected and cleared area for observation.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Prepared the patient.	_____	_____
5. Observed the patient.	_____	_____
6. Scheduled any further treatments.	_____	_____
7. Completed documentation of treatment on SF 600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

INSTRUCT A PATIENT ON PROPER USE OF ASSISTIVE DEVICES**081-836-0078**

Conditions: You have a patient with an abnormal gait, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, and the patient's medical record. You will need a safety belt/litter strap, parallel bars, a walker, a scale, a pair of crutches with components, a cane, and an assistant.

Standards: Provided the patient with instructions on how to ambulate with the assistive device specified in the order ensuring the patient demonstrated independent ambulation with the device.

Performance Steps

1. Review the order to identify the--
 - a. Injured lower extremity.
 - b. Assistive device required.
 - c. Correct crutch ambulation gait, as applicable.
2. Inspect the equipment.
 - a. Ensure that the safety belt locks.
 - b. Crutches.
 - (1) Have crutch tips, handgrips, and axillary pads available.
 - (2) That all the nuts and bolts are available and tightened.
 - (3) The crutch tips are not worn down and have enough grip left.
 - (4) The handgrips and axillary pads are not dry rotted, torn, or excessively dirty.
 - c. Walker.
 - (1) That all the nuts and bolts are available and tightened.
 - (2) The tips are not worn down and have enough grip left.
 - d. Cane.
 - (1) Has no cracks or splinters.
 - (2) The tip is not worn down and has enough grip left.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Perform an assessment.
 - a. Pain scale. Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.
 - b. Gross manual muscle testing. Check GMMT of the quadriceps, hamstrings, plantarflexors, dorsiflexors, hand grip, and triceps muscles to determine patient's strength.

NOTE: Considerations for assistive device must be made according to the patient's disabilities, strength, and activity level.

5. Instruct the patient in the use of the assistive devices.

NOTE: Use the step-by-step method to demonstrate transfers and ambulation techniques.

- a. Crutch gaits.
 - (1) Two-point gait.

NOTE: This is the most natural gait for walking, but it requires good balance to control the movement.

- (a) Move the left hand and the right foot forward simultaneously.
- (b) Move the right hand and the left foot forward simultaneously.

Performance Steps

(2) Three-point gait.

NOTE: This gait is used when one lower extremity is weak or unfit for weight bearing. The doctor's order will determine amount of weight that may be placed on the involved leg.

NOTE: Use the following guidance for weight bearing:

1. Non-weight bearing: Stress the importance of not putting any weight on the leg.
2. Toe touch weight bearing: Stress the importance of pretending that there is an egg underneath the foot that they don't want to break.
3. Partial weight bearing: The patient's order should state the amount of weight that can be placed on that extremity.
4. Weight bearing as tolerated: The patient can put as much weight as they can tolerate without suffering pain or discomfort.

NOTE: To help the patient understand 50% partial weight bearing (PWB), ask him his weight (e.g., 150 pounds). Set the scale to 75 pounds. Tell the patient to put weight on his foot until the bar on the scale reaches 75 pounds. This will show him how much weight to put on the extremity.

- (a) Move both crutches and the affected extremity forward at the same time. The motion should resemble normal walking as much as possible (heel to toe).
 - (b) Take a normal step forward with the uninvolved leg through the crutches.
- (3) Four-point gait. Move in order, the left hand, right foot, right hand, and the left foot.

NOTE: This is a very slow and awkward gait and should be demonstrated slowly. Emphasize to the patient that he must not revert to the more natural two-point gait. The four-point gait is the most stable gait since there are always three points of contact with the ground.

- (4) Drag to gait.
- (a) Move both crutches forward at the same time.
 - (b) Drag both feet forward until they are even with the crutches.
 - (c) Repeat steps one and two.
- (5) Swing to gait.
- (a) Move both crutches forward at the same time.
 - (b) Lift the body and swing both feet forward until they are even with the crutches.
 - (c) Repeat steps one and two.
- (6) Swing through gait.

NOTE: This technique requires the greatest amount of upper body strength.

- (a) Move both crutches forward at the same time.
- (b) Lift the body and swing both feet through and beyond the crutches.
- (c) Repeat steps one and two.

6. Fit patient for crutches.**a. Seated in a wheelchair.**

- (1) Bring shoulder up until there is 90 degrees of abduction, and bend the elbow to 90 degrees of flexion (like you're taking the oath).
- (2) The distance from the elbow of the flexed arm to the tip of the 3rd phalange of the extended arm will be the approximate length of the crutches.
- (3) The distance from the bottom of the elbow to the middle of the 3rd phalange of the same arm will be the approximate length for the handgrips.

CAUTION: Check ambulation area for wet floors and clear pathway of any obstacles or

Performance Steps

obstructions. Ensure the patient has on nonslip shoes.

- (4) Instruct the patient on how to safely fall with the assistive device, by throwing the crutches away from him and breaking the fall with his hands.
- (5) Place the safety belt around the patient.
- (6) Lock all wheels on the wheelchair or have an assistant brace the chair prior to standing.

NOTE: Always check the fit after standing the patient.

- (7) Place the crutches 6 inches out and 6 inches up from the base of the 5th metatarsal.

NOTE: Height of crutches should be adjusted to allow 2-3 fingers between axillary pad and the axilla. This will allow 1-1 1/2 inches of clearance. With the crutches under the patient's axilla and grasping onto the handgrips, the patient's elbows should have 20-30 degrees of flexion.

7. Instruct the patient in standing techniques.

a. Crutch transfers.

- (1) Tell the patient to slide to the front of the wheelchair and place the unaffected extremity firmly underneath him.

NOTE: Patient will use the strength of his unaffected extremity to assist him to a standing position.

- (2) Place both crutches together and instruct patient to grasp one hand on the crutch handgrips.
- (3) Instruct the patient to place the other hand on the arm of the wheelchair.

NOTE: The patient will use the strength in this upper extremity to push up into the standing position.

CAUTION: Do not let go of the safety belt for any reason while the patient is standing.

- (4) Firmly grasp the safety belt with your hand in supination.
- (5) Tell the patient to lean forward at the waist and stand straight up on your command.
- (6) Once the patient is standing, have him place one crutch under each arm.

8. Instruct the patient in walker use.

a. Walker transfers.

- (1) Tell the patient to sit in the wheelchair and slide to the edge of it bringing his feet underneath him.
- (2) Tell the patient to push off on both of the armrests and stand completely straight. He must not grab the walker until he is standing straight.
- (3) The walker is measured when the patient is standing midway into the walker and the arms are by his side. The top of the handgrips should line up with the ulnar styloid process.

b. Walker ambulation.

- (1) When ambulating, the patient will lift the walker until the rear legs are even with the tips of his toes.
- (2) Tell the patient to push down on the handgrips and step halfway into the walker with the affected extremity going first, followed by the other extremity.

9. Instruct the patient in cane use.

a. Cane transfers.

- (1) Tell the patient to sit in the wheelchair and slide to the edge of it bringing his feet underneath him. He should grab the cane and hold it in the hand on the unaffected side.

Performance Steps

- (2) Tell the patient to push off on both of the armrests and stand completely straight. He should not try to push off on the cane because it can become very unstable.
 - (3) While patient is standing, turn the cane upside down and place 6 inches out and 6 inches up from the base of the 5th metatarsal.
 - (4) The straight end of the cane is marked with a pen in line with the ulnar styloid process.
 - (5) The cane is then cut 1/2 inch shorter than the mark to allow for the rubber tip height.
- b. Cane ambulation.
- (1) Tell the patient to place the cane in the hand of the unaffected side.
 - (2) When the affected extremity goes out, the cane goes out with it.
 - (3) The patient will then bring the unaffected extremity forward, with a normal step length, and step past the affected extremity.
10. Ambulate the patient on level surfaces.
- a. Stand behind and on the side of the unaffected extremity.
 - b. Grip the patient's safety belt with your forearm in supination.
 - c. Correct all necessary gait discrepancies.
 - d. Ambulate the patient until you feel he is clear and independent on the crutches or the patient has a problem occur.
 - e. Ambulate to patient tolerance, allowing for rest as needed. Remember that the patient is expending a lot of energy on muscles not normally used during normal gait, and may tire rapidly.
 - f. Continuously monitor the patient for vertigo, increased swelling, increased pain, increased pulse, or increased respirations.
11. Ambulate the patient on stairs.
- NOTE:* This is only done for crutches and canes, and only if the patient is independent on level surfaces.
- a. Ascending the stairs.
 - (1) Stand below the patient.
 - (2) Maintain a firm grip on the patient's safety belt.
 - (3) Instruct the patient to move the unaffected extremity up first (it is stronger and should easily bear the full weight of the patient), followed by the affected extremity and the assistive device.
 - (4) Instruct the patient to take one stair at a time.
 - (5) Repeat this sequence until the patient is clear and independent on the stairs.
 - (6) Continuously monitor the patient for vertigo, increased swelling, increased pain, increased pulse, or increased respirations.
 - b. Descending the stairs.
 - (1) Stand below the patient.
 - (2) Maintain a firm grip on the patient's safety belt.
 - (3) Instruct the patient to place the affected extremity and assistive device on stair below, and then follow with unaffected extremity.
 - (4) Instruct the patient to take one stair at a time.
 - (5) Repeat this sequence until the patient is clear and independent on the stairs.
 - (6) Continuously monitor the patient for vertigo, increased swelling, increased pain, increased pulse, or increased respirations.
12. Return patient to the wheelchair.
- a. Have the patient ambulate with the crutches back to the wheelchair.

Performance Steps

- b. Once the patient is close to the wheelchair, have him turn around and back up until he feels the chair in the back of his legs.
 - c. Have the patient sit back down by placing both crutches on one side, grasping the handgrips while reaching back for the armrests with the other hand, and then slowly sit down.
 - d. Remove the safety belt at this time.
13. Check for adverse reactions.
- a. Vertigo.
 - b. Increased swelling.
 - c. Increased pain.
 - d. Increased pulse.
 - e. Increased respirations.
14. Document the treatment on SF 600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Inspected the equipment.	_____	_____
3. Introduced self and verified the patient.	_____	_____
4. Performed an assessment.	_____	_____
5. Instructed the patient in the use of assistive devices.	_____	_____
6. Fit patient for crutches, if applicable.	_____	_____
7. Instructed the patient in standing techniques.	_____	_____
8. Instructed the patient in walker use, if applicable.	_____	_____
9. Instructed the patient in cane use, if applicable.	_____	_____
10. Ambulated the patient on level surfaces.	_____	_____
11. Ambulated the patient on stairs, if applicable.	_____	_____
12. Returned the patient to the wheelchair.	_____	_____
13. Checked for adverse reactions.	_____	_____
14. Documented treatment on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

INSTRUCT A PATIENT ON PROPER TRANSFER TECHNIQUES

081-836-0079

Conditions: You have a patient with a need for a patient transfer, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician. You will need a chair, a treatment table, a safety belt/litter straps, a bed sheet, a hospital bed, a gurney/stretchers, a sliding board, a wheel chair, and at least four assistants (staff members).

Standards: Transferred the patient safely from a chair to bed, a bed to chair, and a chair to table with minimal (1 person assist) or without assistance, using the remaining functioning abilities, and following the physician's order.

Performance Steps

1. Review the order to identify the--
 - a. Disability.
 - b. Type of transfer instruction required.
 - (1) Non-weight bearing (NWB) transfer. This transfer is used when one lower extremity (LE) is weakened or unfit for bearing weight.
 - (2) Partial weight bearing (PWB) transfer. This transfer is used when only a portion of the patient's body weight is to be placed on the involved lower extremity.
 - (3) Full weight bearing (FWB) transfer. This transfer is used when the patient can place the entire body weight on both lower extremities.
 - (4) Lateral dependent transfer. This transfer is used when the patient is totally or near totally dependent.
 2. Inspect equipment ensuring its serviceability.
 - a. Check the sliding board for cracks or splits.
 - b. Ensure the sheet is clean.
 - c. Check the wheelchair, ensuring that the brakes function properly.
 - d. Check the safety belt for frays and tears.
 - e. Ensure the gurney is free of tears and that the brakes function properly.
 3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
 4. Explain the procedure to the patient in words he will understand.
 - a. Inform the patient about the steps of the transfer.
 - b. Speak to the patient, even if he may not appear to be alert or coherent.
- NOTE:** Do not assume a patient cannot hear you, just because they do not respond.
5. Prepare the patient for the transfer.
- NOTE:** Determine whether one side of the body is stronger than the other, since it is 100% easier to perform the transfer when moving toward the strong side.

NOTE: Request additional staff to assist if needed. A minimum of two is needed for the lateral dependent transfer.

- a. Lateral dependent transfer.
 - (1) Fold draw sheet in accordion fashion.
 - (2) Log roll the patient to side-lying position, and place folded sheet vertically along the long axis of the spine.
 - (3) Pull open part of the sheet lengthwise.
 - (4) Log roll patient to the other side, and pull open the rest of the draw sheet.

Performance Steps

- (5) Return the patient to supine position.
- (6) Cross the patient's legs at the ankle to minimize excessive movement of the lower body.
- (7) Position the gurney parallel to the treatment table, leaving no gap between the two.

CAUTION: The draw sheet should be beneath and enclose the patient's head and torso.

b. Transfer with a wheelchair.

- (1) Position the wheelchair so that the patient's movement is towards the stronger side.
- (2) Armrests.
 - (a) If removable, position the wheelchair so that it is parallel with the bed or table. Remove the armrest nearest the bed or treatment table.
 - (b) If not removable, position the wheelchair at a 10-20 degree angle facing the bed or treatment table.
- (3) Place safety belt securely around the patient's waist.
 - (a) Use the belt as an aid during the transfer.
 - (b) The safety belt must be tight enough to prevent it from slipping up on the patient's ribs, but should not cause the patient discomfort.
- (4) Lock the wheelchair brakes. Put up the footrests. Assist the patient in removing the feet from the wheelchair footrests if necessary.
- (5) Provide the patient with a sliding board if indicated. Instruct the patient to place one end of the board securely under the strong hip and the other end on the bed or treatment table.

c. Standing transfer with a wheelchair.

- (1) Position the wheelchair close against the treatment table so that the patient's movement is towards the uninvolved or strong side.
- (2) Place a safety belt securely around the patient's waist. The safety belt must be tight enough to prevent it from slipping up on the patient's ribs, but it should not cause the patient discomfort.
- (3) Lock the wheelchair brakes. Assist the patient in removing his feet from the footrests if necessary.
- (4) Put up or remove the footrests.

6. Instruct the patient in the transfer.

NOTE: During all transfers the safety belt is to be used to assist with the transfer and guide the patient onto the bed or treatment table. Additional personnel should be standing by, ready to provide assistance if necessary.

a. Sitting transfer.

- (1) Stand in front of and face the patient. Place one or both hands on the safety belt.
- (2) Tell the patient to place the hand of the stronger side on the bed or treatment table.

NOTE: If a sliding board is being used, tell the patient to place his hand on the sliding board.

NOTE: If the patient is able to use both arms to perform the transfer, the other hand is placed on the wheelchair seat near the hip. If using a sliding board, the patient will place end of the board securely under the strong hip and the other end on the bed or mat/treatment table.

- (3) Tell the patient to push straight down on both arms if applicable, lift both hips off the wheelchair seat, and shift or slide the hips toward the bed or mat/treatment table.

NOTE: If using a sliding board, move towards the stronger or unaffected side, and shift along

Performance Steps

the surface of the board using buttocks muscles and pushing up with unaffected or stronger hand.

- (4) Tell the patient to reposition the hands onto the bed or treatment table.
- (5) If using the sliding board, remove it after reaching the treatment table.
- (6) Continue until the patient is securely seated.

CAUTION: Care must be used to prevent tissue damage of the hips and/or buttocks by bumping against the wheelchair or using too much force when sliding.

b. Standing transfer.

- (1) Stand in front of and facing the patient. Place both hands on the safety belt.
- (2) Instruct the patient to--
 - (a) Move forward to the edge of the wheelchair seat and put both feet, as appropriate, flat on the floor slightly under the seat.
 - (b) Place both hands, as appropriate, on the wheelchair armrests.
 - (c) Lean slightly forward at the waist, and push straight down on both hands and one or both legs to stand, if the patient's disability allows.
- (3) Be prepared to assist the patient in locking the knee of the uninjured or stronger leg by placing your knee against the front of the patient's knee.
- (4) Observe the patient for signs of fainting. Allow the patient to sit down if necessary.
- (5) Ensure that the patient is balanced before proceeding by having him--
 - (a) Pivot on the stronger leg, until he indicates that he feels the treatment table against the back of his legs. The patient must reposition his hands while pivoting.
 - (b) Place the hand nearest the bed or mat/treatment table on the transfer surface.
 - (c) Reach back if possible.

NOTE: Provide a step stool, if necessary, for the patient to complete the transfer.

- (6) On command, have the patient bend down slowly towards treatment table until securely seated.

NOTE: If the patient has a cast or bulky dressing, additional assistance may be required to complete the transfer.

c. Lateral dependent transfer.

- (1) Use two to four staff members - one or two positioned at either side of the patient.

NOTE: Tell the staff member at the head that he is in charge of the commands.

- (2) Instruct the staff to roll up excessive sheet and grab with palms facing up.
- (3) Have the person in charge count to three. On the count of three, all staff members will shift.

NOTE: Move the patient laterally from gurney to treatment table. Pause after completing a command to allow staff to reposition themselves.

- (4) Instruct the staff to shift in short gentle movements. Repeat as necessary until patient is completely centered on treatment table.
- (5) Correct poor positioning of patient. Due to shifting, patient's body may be misaligned. Reposition patient to promote good body mechanics.

7. Monitor the patient's responses continuously throughout the transfer. At a minimum, you should observe the patient's facial coloration and tolerance.
8. Assist the patient out of the position of treatment as necessary.
9. Schedule any further treatments.

Performance Steps

10. Document treatment on SF 600/513 in patient's medical records.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Inspected the equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the procedure.	_____	_____
5. Prepared the patient for transfer.	_____	_____
6. Instructed the patient.	_____	_____
7. Monitored patient's responses.	_____	_____
8. Assisted the patient as necessary.	_____	_____
9. Scheduled any further treatments.	_____	_____
10. Documented treatment on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

Subject Area 3: Therapeutic Procedures and Physical Agents

ADMINISTER A COMBINATION THERAPEUTIC ULTRASOUND WITH ELECTRICAL THERAPY TREATMENT**081-836-0004**

Conditions: You have a patient with acute or chronic pain, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, and the patient's medical record. You will need an ultrasound (US) unit with electrical therapy capabilities and manufacturer's manual, the designated manufacturer's 3X6 electrode pads (nondisposable), 4X4 gauze pads, coupling agent, distilled water, hand towels, a bed sheet, pillow, and pillowcase, hospital gown, a treatment table, and a pen.

Standards: Performed the combination ultrasound/electrical stimulation treatment for the time, intensity, and duration specified in the treatment order written by the physician.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Time of the treatment.
 - c. Dosage prescribed.
 - d. Technique used.
2. Inspect equipment.
 - a. Inspect wires and cables for frays or tears.

CAUTION: If the wire has cracks, worn insulation, or is loose, replace it with a functional lead prior to the treatment.

- b. Ensure all dials are in the "off" or "zero" position.
- c. Check plug for three prongs and green dot. Plug it into a grounded outlet of the wall.
- d. Inspect transducer (sound head) for cracks or scratches.

NOTE: The transducer will be the active electrode.

3. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.

NOTE: Ensure a towel and coupling agent are available.

4. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
5. Explain the procedure and desired effects of the ultrasound/electrical stimulation treatment.
 - a. Describe diagnosis to the patient in words he will understand.
 - b. Ultrasound (US) increases the heat in the body area being treated by micromassage of the cells and tissues at the molecular level. The patient may or may not experience a sensation of warmth as the transducer (sound head) moves over the area.
 - c. Electrical stimulation - the patient should feel the muscles being treated contract and relax with the movement of the transducer (sound head) over the area. The sensation should begin as a tingling or prickly feeling and progress to a strong muscle contraction. The electrical stimulation will be released through the transducer (sound head), but tingling may also be felt through the ground pad.
 - d. The patient should relax the area being treated and should feel no pain from the treatment.

NOTE: Tell the patient to immediately report any burning sensation or increased pain caused

Performance Steps

by the transducer (sound head) or the electrode, during the treatment.

6. Prepare the patient.

- a. Assist the patient in removing clothing and provide a hospital gown if necessary.
- b. Position the patient on the treatment table according to the treatment area, comfort, medical conditions, and safety.
- c. Place a towel under the area being treated and drape the patient appropriately.

7. Perform an assessment.

NOTE: The patient must not have any of the following contraindications in the area being treated. Contraindications can be identified by asking the patient, visual checks, and checking the patient's medical record.

a. Visualization. Check for contraindications.**(1) Contraindications for ultrasound.**

- (a) Circulatory disorders.
- (b) Hyperesthesia.
- (c) Epiphysis of growing bones.
- (d) Areas of decreased sensation.
- (e) Pregnancy.
- (f) Over carotid sinus or cervical ganglia.
- (g) Over fluid filled cavities.
- (h) Cancer.
- (i) Over reproductive organs.
- (j) Pacemaker.

(2) Contraindications for electrical stimulation.

- (a) Demand-type cardiac pacemaker.
- (b) Cardiac arrhythmia.
- (c) Carotid area.
- (d) Pregnancy.
- (e) Hypersensitivity.

b. Palpation. Physically palpate areas for contraindication.

- c. Pain scale. Ask the patient what he perceives his pain to be, on a scale of 0-10, zero being no pain.
- d. Sensation. Check for areas of decreased sensation.
- e. Circulation. Ask the patient if they have circulation problems and check distal circulation of extremities by placing your first two fingers on the specific artery for that extremity, feeling for a pulse.

8. Prepare the equipment.

- a. Attach the lead to the dispersive electrode.

NOTE: The US transducer (sound head) is the active electrode.

- b. Obtain a 3X6 electrode and several 4X4 gauze pads for the area being treated.

NOTE: This is the dispersive electrode.

- c. Thoroughly moisten the 4X4 gauze pads with water, and cover the electrode completely with the moistened gauze pads.
- d. Apply the dispersive electrode to an area where full contact is possible on the side of the body being treated.
 - (1) When treating an extremity, place the dispersive electrode on the patient's torso.
 - (2) When treating the torso, place the dispersive electrode so that the active electrode can be moved over the entire area being treated.
- e. Set the mode selector switch for the ultrasound at continuous or pulsed, set frequency

Performance Steps

(megahertz), and set intensity (watts per centimeter squared), according to the order.

- f. Set the electrical stimulation current and rate according to the order.
- g. Warn the patient that the coupling agent is cold and apply to the area being treated.
- h. Ensure there is enough coupling agent applied to protect the skin from abrasions and to allow the sound head to move freely over the treatment area.

NOTE: Do not use mineral oil as a coupling agent for combined treatment since it is not a good conductor.

- i. Place the sound head in contact with the body and use it to evenly spread the coupling agent over the area being treated, moving the sound head in a circular motion.

9. Start the treatment.

NOTE: Continue moving the sound head as you start the treatment.

- a. Turn on the unit by turning the timer knob clockwise or setting the time and pushing the start button.
- b. Gradually set the ultrasound intensity to the desired level while continuously moving the sound head over the treatment area, to prevent developing hot spots.
- c. Adjust the electrical stimulation intensity until visible contraction is achieved or the current reaches the patient's tolerance, whichever is first.
- d. Recheck both the timer and intensity settings to ensure they were set according to the order.
- e. Continuously monitor the patient's responses throughout the treatment. At a minimum, you should check the patient's comfort by--
 - (1) Asking how he is tolerating the treatment.
 - (2) Checking facial expressions, when practical.
 - (3) Observing the patient's respirations.
 - (4) If the patient complains of pain, decrease the electrical stimulation intensity. If the patient complains of intense heat:
 - (a) Increase the speed of the sound head.
 - (b) If there is no relief, then reduce the intensity of the ultrasound output.
 - (c) If the complaint of pain continues, reduce the stimulator current.
 - (d) If the pain or intense heat continues after these actions have been taken, discontinue the treatment by pushing the stop button or turning the timer knob to the off position, remove the electrodes from the patient, and inform the physical therapist.

10. Discontinue the treatment when the unit is turned off by the automatic timer.

- a. Reduce all control dials, switches, or buttons to the lowest setting.
- b. Wipe the transducer with a dry towel to prevent accumulation of coupling agent.
- c. Remove the electrode from the patient.
- d. Remove and dispose of the gauze pads and disengage the lead wire from the electrode.
- e. Clean treatment area with the towel used for draping.
- f. Visually inspect treatment area.

NOTE: Report any markedly increased redness, electrical burns, or raised welts to the physical therapist and annotate in the patient's medical record.

- (1) A light to moderate erythema (reddening of the skin) may be observed at the treatment or electrode site.
- (2) Assist the patient out of the position of treatment.
- (3) Assist the patient with his clothing, if necessary.

11. Schedule any further treatments.

Performance Steps

12. Document treatment on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Inspected the equipment.	_____	_____
3. Made up the treatment table.	_____	_____
4. Introduced self and verified patient.	_____	_____
5. Explained the treatment procedure and desired effects.	_____	_____
6. Prepared the patient.	_____	_____
7. Performed an assessment.	_____	_____
8. Prepared the equipment.	_____	_____
9. Started the treatment.	_____	_____
10. Discontinued the treatment.	_____	_____
11. Scheduled any further treatments.	_____	_____
12. Documented on SF600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER A MOIST HEAT PACK TREATMENT

081-836-0005

Conditions: You have a patient with acute pain/edema, in a physical therapy clinic, with a written order on SF 600/513 or verbal order from a physician, and the patient's medical record. You will need a moist heat pack unit containing water and manufacturer's manual, a thermometer, assorted moist heat packs, bath towels, assorted hot pack covers, a bed sheet, a pillow, a pillowcase, a hospital gown, a treatment table, a timer, a pen, and a bell.

Standards: Administered the moist heat pack treatment to the patient ensuring the patient had a decrease in pain and an increase in relaxation or the treatment was terminated due to the patient's inability to tolerate the heat treatment.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Prescribed time for the treatment.
2. Prepare the equipment.
 - a. Make up treatment table using a clean bed sheet, pillow, and pillowcase.
 - b. Ensure the moist heat pack unit containing water is plugged into a grounded wall receptacle.
 - c. Check the temperature of the water in the heating unit with a thermometer, ensuring it is between 165 and 170 degrees Fahrenheit.

CAUTION: If the water fails to reach the desired temperature, postpone the treatment until the unit's internal thermostat is adjusted (per the manufacturer's manual) to the appropriate temperature range.

- d. Select the correct type of moist heat pack.

NOTE: The appropriate sized heat pack is critical. If the cervical area is being treated, ensure you use the cervical heat pack. Make sure the entire pack is covered securely. Ensure the heat pack selected is preheated for at least 5 minutes.

- e. Wrap the heat pack using either a bath towel, or commercial moist heat pack cover.

3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the procedure to the patient.
 - a. Tell the patient they will feel warmth.
 - b. Explain the therapeutic effects of heat to describe how the treatment works.
 - (1) Increased collagen extensibility.
 - (2) Increased local blood flow.
 - (3) Decreased joint stiffness.
 - (4) Resolution of inflammation.
 - (5) Decreased pain, muscle spasm.

NOTE: Tell the patient that the moist heat should increase heat in the area being treated by increasing circulation to the area. There should be a decrease in pain and an increase in relaxation.

5. Prepare the patient.
 - a. Assist the patient in removing clothing and provide a hospital gown as necessary.
 - b. Instruct the patient to breathe normally.
 - c. Position the patient on the treatment table.

Performance Steps

d. Place a towel under the area being treated.

6. Perform an assessment.

a. Visualization. Check for contraindications.

NOTE: The patient must not have any of the following contraindications in the area being treated. Contraindications can be identified by asking the patient, visual checks, and checking the patient's medical records.

(1) Compromised local circulation.

(2) Anesthetic areas (areas of decreased sensitivity).

(3) Open wounds.

(4) Dermatological conditions.

(5) Acute trauma, hemorrhage.

(6) Unresponsive patient.

b. Palpation. Physically palpate areas for contraindications.

c. Pain scale. Ask the patient what he perceives his pain to be, on a scale of 0-10, zero being no pain.

d. Sensation. Check for areas of decreased sensation.

e. Circulation. Ask the patient if they have circulation problems and check distal circulation of extremities by placing your first two fingers on the specific artery for that extremity, feeling for a pulse.

7. Start the treatment.

NOTE: Allow six to eight layers of material between the heat pack and the body site or treatment area.

a. Warn the patient of the treatment sensations.

b. Apply the wrapped heat pack uniformly to the prescribed area.

c. Drape the heat pack with a bath towel, for insulation.

d. Provide the patient with a bell to ring, if assistance is needed.

NOTE: If a bell is not available, instruct the patient to call for assistance.

e. Set the timer according to the time requested on the treatment order.

NOTE: The sedating effects of the treatment may cause the patient to fall asleep. Allow the patient to sleep, however check on the patient and the moist heat unit periodically.

8. Monitor the patient's responses periodically throughout the treatment.

a. Check the patient's comfort, within 5-10 minutes of starting the treatment.

b. Ask the patient how the treatment is being tolerated.

c. Lift the heat pack and visually inspect the treatment area for burns.

CAUTION: The patient must be instructed to inform you immediately if any of the following occurs:

(1) Any increase in pain.

(2) Hot spots.

(3) Dizziness.

(4) Throbbing.

(5) Difficulty breathing.

(6) Nausea.

NOTE: If any of these conditions occur, the treatment must be stopped by removing the hot pack.

NOTE: These subjective feelings should be noted in the patient's medical records.

d. Adjust the towel thickness to the patient's heat tolerance allowing no less than six layers of material between the heat pack and the treatment area.

Performance Steps

- 9. Discontinue the treatment.
 - a. Remove the heat pack when the time rings.
 - b. Leave a towel draped over the treated area.
 - c. Return the heat pack to the heating unit, ensuring it is totally submersed in the water.

NOTE: The canvas handles may protrude above the water line.

- d. Clean the treatment area with the towel used for draping.
- e. Visually inspect the treatment area.

NOTE: Annotate any swelling, burns, or blisters observed in the patient's medical record.

CAUTION: Instruct the patient to move slowly. The sedating effects of the treatment and the increased circulation may cause the patient some dizziness.

- (1) A light to moderate erythema (reddening of the skin) should be observed where the pack was placed on the patient.
- (2) Assist the patient out of the position of treatment.
- (3) Assist the patient with his clothing, if necessary.

- 10. Schedule any further treatments.
- 11. Document treatment on SF 600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Reviewed the order.	_____	_____
2. Prepared the equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the procedure to the patient.	_____	_____
5. Prepared the patient.	_____	_____
6. Performed an assessment.	_____	_____
7. Started the treatment.	_____	_____
8. Monitored the patient's responses.	_____	_____
9. Discontinued the treatment.	_____	_____
10. Scheduled any further treatments.	_____	_____
11. Documented in patient's medical records.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER A PARAFFIN TREATMENT

081-836-0008

Conditions: You have a patient with chronic pain, in a physical therapy clinic, with a written order on SF600/513 and/or verbal order from a physician. You will need a paraffin bath unit, a thermometer, paraffin wax, towels, plastic bags, paper bags, rubber bands or adhesive cloth tape, a timer, a bell, a hospital gown, a treatment table, safety belt or litter strap, a chair, dispenser of soap, a pen, and cool water.

Standards: Administered the paraffin treatment to the patient for the time specified in the treatment order, or the treatment was terminated due to the patient's inability to tolerate the treatment.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Technique required.
2. Prepare the equipment.
 - a. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.
 - b. Ensure the unit power cord is plugged into a grounded wall receptacle.
 - c. Place 5 pounds of paraffin wax into the unit. The total volume should not exceed 2/3 of the total capacity of the paraffin unit.
 - d. Check the temperature of the paraffin wax with a thermometer, ensuring it is between 125 and 127 degrees Fahrenheit.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Prepare the patient for the treatment.
 - a. Tell the patient that he will be dipping the affected body area into the paraffin wax.
 - (1) This will increase circulation, help the skin become moist, soft, and pliable, and stimulate local sweating.
 - (2) He may feel a hot, tingling, or drawing sensation in the area being treated.
 - (3) He must avoid touching the inside of the unit.

NOTE: These are normal responses to the treatment and the patient should not be alarmed if they occur. The paraffin will not burn the part being treated.

- b. Assist the patient in removing clothing and provide a hospital gown as necessary.
- c. Position the patient on the treatment table or in a chair, as applicable.
- d. Place a towel under the area being treated.
- e. Ensure all jewelry has been removed from the body site and that clothing does not restrict circulation.

CAUTION: If the treatment is to the hand and the patient is wearing a wedding band that cannot be removed, do not administer the treatment. Notify the physical therapist.

- f. Instruct the patient to wash the body area with soap and cool water, and then dry thoroughly with a towel.
- g. Position patient.
 - (1) If using the dip and wrap method, allow the patient to sit or lie down. Ensure the he is comfortable to prevent movement in the area being treated.
 - (2) For upper extremity (UE), seat the patient in a chair, padding the axilla with a folded towel. For lower extremity (LE), seat the patient on the edge of a treatment table or tall hydrotherapy chair. When using the chair, secure the patient with

Performance Steps

safety belt or litter strap.

5. Perform an assessment.
 - a. Visualization. Check for contraindications.
 - (1) Diminished or absent sensation.
 - (2) Open wounds.
 - (3) Recent thin scars.
 - (4) Infections or contagious diseases.
 - (5) Skin rash.
 - b. Pain scale. Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.
 - c. Sensation. Check for areas of decreased sensation.
 - d. Circulation. Ask the patient if he has circulation problems and check distal circulation by placing your first two fingers on the specific artery for that extremity, feeling for a pulse.
6. Start the treatment.
 - a. Use the prescribed technique.
 - (1) Dip and wrap method. Place the paraffin gloved area in a plastic bag and then toweling. Secure with adhesive tape or rubber bands.
 - (2) Immersion method. After the last dip, instruct the patient to immerse and keep the area being treated in the paraffin bath until treatment time is completed.
 - b. Position the part to be treated.
 - (1) The patient's fingers (toes) should be relaxed.
 - (2) If treating the hand, have the patient keep the wrist at 0 degrees (anatomical position).
 - c. Instruct the patient to dip the part into the bath so it fully covers the area being treated. Wait 20 seconds, and then remove the part.
 - d. Hold the part over the bath allowing the excess paraffin to drip off.
 - e. When the paraffin has solidified and lost its shiny appearance, the part should be dipped again.

NOTE: If cracks appear in the paraffin glove between dips, apply small amounts of paraffin with a finger to the affected spots.

 - f. Repeat the dipping 10 to 12 additional times increasing the depth of the dip each time.
 - g. Set a timer according to the order.
 - h. Provide the patient with a bell to ring if he has any concerns. If both hands are being treated or a bell is not available, instruct the patient to call out to you.
 - i. Caution the patient to inform you immediately if he experiences--
 - (1) Difficulty breathing.
 - (2) Dizziness.
 - (3) Burning sensation.
 - (4) Feelings of nausea.
 - (5) Throbbing.
 - (6) Any increase in pain to the part being treated.
 - j. Monitor the patient's responses throughout the treatment by--
 - (1) Checking the patient's facial expressions.
 - (2) Observing respirations.
 - (3) Asking how the treatment is being tolerated.
7. Discontinue the treatment when the automatic timer goes off. The treatment must be stopped by removing the wraps and the paraffin.

Performance Steps

- a. If the dip and wrap method is used--
 - (1) Assist the patient out of the position of treatment.
 - (2) Remove wrapping materials from the treated part.
 - b. If the immersion method is used, instruct the patient to slowly remove the treated part from the bath.
 - c. Peel off the paraffin from the treated body area. Place the used paraffin carefully back into the bath or dispose of it IAW local SOP.
- NOTE:* Place the lid on the bath.
- d. Dry the treated area thoroughly with a towel.
 - e. Visually inspect the treated area. A light to moderate erythema (reddening or flushing of the skin) should be observed where the paraffin was in contact with the patient.

- 8. Schedule any further treatments.
- 9. Document treatment on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Prepared the equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Prepared the patient for the treatment.	_____	_____
5. Performed an assessment.	_____	_____
6. Started the treatment.	_____	_____
7. Discontinued the treatment.	_____	_____
8. Scheduled any further treatments.	_____	_____
9. Documented the treatment on SF600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER A MECHANICAL CERVICAL TRACTION TREATMENT

081-836-0013

Conditions: You have a patient with a cervical spine disorder, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physical therapist and a patient's medical record. You will need a traction table/machine with component parts and manufacturer's manual, a footstool, a bell, a pillow, a pillowcase, a pen, and a towel.

Standards: Administered cervical traction treatment to reduce pain and radicular symptoms and increase mobility in the cervical spine, without increasing the patient's symptoms. Monitored patient for symptom changes during treatment and properly documented the results.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Time of the treatment.
 - c. Dosage prescribed.
 - d. Technique used.
 - e. Disorder.
2. Inspect equipment.
 - a. Check machine power cord for three prongs, green dot, and any frays or tears. Plug the cord into a wall outlet.
 - b. Check patient safety switch for any frays or tears. Plug it into the machine.
 - c. Check traction rope for frays and attachment to hook.
 - d. Check unit for power. Conduct safety diagnostics per manufacturer's manual.
 - e. Ensure traction table is in locked position and that it raises and lowers.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the procedure to the patient in words that he will understand.

NOTE: Mechanical cervical traction may help to reduce pain and radicular symptoms, and increase mobility in the cervical spine.
5. Perform an assessment.
 - a. The patient must not have any of the following contraindications in the area being treated. (Contraindications can be identified by asking the patient, visual checks, and checking the patient's medical record.)
 - (1) Pregnancy.
 - (2) Claustrophobia.
 - (3) Osteoporosis, osteomalacia, osteomyelitis.
 - (4) Acute sprains, strains, inflammation.
 - b. Pain scale. Ask the patient what he perceives his current pain to be on a scale of 0-10, zero being no pain.
 - c. Sensation. Check for areas of decreased sensation and ask patient to identify any radiating symptoms noting exact location.

NOTE: If patient has a diagnosed herniated nucleus pulposus (HNP), do not ask for mobility.

 - d. Joint motion measurement. Ask the patient for status of lumbar mobility.
6. Prepare the patient for the treatment.
 - a. Assist the patient in removing shoes, any items from the mouth, and all jewelry.

Performance Steps

- b. Position the patient on the traction table.

NOTE: If patient is diagnosed with HNP, patient should lie supine with cervical traction apparatus attached with table raised so as to provide slight cervical extension. Rolled towels may be required to achieve extension.

NOTE: If patient is diagnosed with degenerative joint disease (DJD), degenerative disc disease (DDD), or joint hypomobility (JH), patient should lie supine with cervical traction apparatus attached with table raised so as to provide slight cervical flexion.

- c. Secure patient to cervical traction apparatus per manufacturer's instructions.

CAUTION: Once patient is attached to cervical traction apparatus, traction table height must not be changed.

- d. Check alignment of patient on table, ensuring that patient will be pulled in a straight line.
- e. Place a footstool under patient's legs and adjust for comfort.
- f. Attach traction rope to cervical traction apparatus and tighten rope.
- g. Pull the rope slightly to demonstrate to the patient what to expect during traction.
- h. Give the patient the safety switch to push in case of emergency and a bell to ring if assistance is needed.

7. Adjust traction machine settings per instructions.

8. Recheck patient's alignment.

9. Start the treatment.

- a. Push start button.
- b. Monitor setup and patient to ensure that patient has no adverse symptoms.

CAUTION: If patient complains of adverse symptoms, discontinue the treatment immediately.

- c. Stay with patient through two complete cycles.
- d. Check the traction poundage control to ensure that it is adjusted to zero, and then turn on the traction timer.

10. Discontinue the treatment when the automatic timer goes off.

- a. Loosen and unhook traction apparatus.
- b. Let the patient rest for 5 minutes.
- c. Assist the patient to the sitting position.
- d. Lower the table to its lowest level.
- e. Check for adverse reactions.

11. Perform a posttreatment assessment.

- a. Ask the patient what he perceives his pain to be after the treatment on a scale of 0-10, zero being no pain.
- b. Ask patient if he has any radiating symptoms.
- c. Recheck mobility status, unless the patient has HNP.

12. Schedule any further treatments.

13. Document treatment on SF 600/513 in the patient's medical record.

Performance Measures	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Reviewed the order.	_____	_____
2. Inspected the equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the procedure to the patient.	_____	_____
5. Performed an assessment.	_____	_____
6. Prepared the patient.	_____	_____
7. Adjusted traction settings.	_____	_____
8. Rechecked patient's alignment.	_____	_____
9. Started the treatment.	_____	_____
10. Discontinued the treatment.	_____	_____
11. Performed a posttreatment assessment.	_____	_____
12. Scheduled any further treatments.	_____	_____
13. Documented treatment on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER A CONTRAST BATH TREATMENT

081-836-0017

Conditions: You have a patient with chronic pain, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, and the patient's medical record. You will need large basins, mild disinfectant, dispenser of soap, a thermometer, towels, ice cubes, a timer, a bell, a hospital gown, pails, a tape measure, a pen, and a chair.

Standards: Administered the contrast bath treatment to the patient for the time specified in the treatment order, or the treatment was terminated due to the patient's inability to tolerate the heat or cold treatment.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Technique required.
 - c. Temperature of the treatment water.
2. Prepare the equipment.
 - a. Spread 2-3 towels on the floor where the patient will be treated.
 - b. Fill two pails, one with hot and the other with cold water, to a level that will cover the area being treated.
 - (1) Hot water (99 to 104 degrees Fahrenheit).
 - (2) Cold water (55 to 65 degrees Fahrenheit).

NOTE: The temperature is selected per the treatment order, based on the patient's condition. Temperature extremes, over 104 degrees or under 55 degrees should be avoided if peripheral circulatory problems are involved. If open wounds are present, add a disinfectant to the water. Use a thermometer to check the water temperature.

- c. Position the containers so the patient can move freely.
 3. Introduce yourself, as the physical therapy specialist, and verify the patient with the order.
 4. Explain the procedure to the patient.
 - a. Tell the patient that he will immerse the treatment area in hot and cold water containers in timed cycles. The desired effects are--
 - (1) Decreased edema.
 - (2) Increased range of motion (ROM).
 - (3) Decreased pain.
 - (4) Reeducation of the peripheral vessels in the skin.
 - b. Instruct the patient to immerse the body area in the--
 - (1) Hot bath for 6 minutes.
 - (2) Cold bath for 4 minutes.

NOTE: If the patient cannot tolerate 4 minutes cold immersion, immerse the part long enough to produce vasoconstriction, for a minimum of 1 minute.

- c. Tell the patient to use a timer to time the immersion cycles.

NOTE: The patient should feel a cold, burning, or stinging sensation in the cold water and while changing cycles. He may feel a tingling sensation in the area being treated. This is normal.

5. Prepare the patient for the treatment.
 - a. Provide a chair for the patient to sit during the treatment.
 - b. Assist the patient in removing any clothing and provide a hospital gown as necessary.

Performance Steps

- c. Ensure all jewelry has been removed from the body area.

6. Perform an assessment.

NOTE: The patient must not have any of the following contraindications in the area being treated. Contraindications can be identified by asking the patient, visual checks, and checking the patient's medical record.

- a. Visualization. Check for contraindications.
 - (1) Hemorrhage.
 - (2) Peripheral vascular disease.
 - (3) Arteriosclerosis.
- b. Pain scale. Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.
- c. Sensation. Check for areas of decreased sensation.
- d. Circulation. Ask the patient if he has circulation problems and check distal circulation of the extremities by placing your first two fingers on the specific artery for that extremity, feeling for a pulse.

NOTE: Perform pretreatment girth measurements of the body area according to the order with a tape measure.

7. Start the treatment.

- a. Instruct the patient to perform the first immersion cycle in the hot water for the time prescribed.

NOTE: The 6 minutes in hot and 4 minutes in cold are general guidelines only, and may vary according to clinic SOP or the treatment order.

- b. When the time has elapsed for the hot water cycle, have the patient remove the treatment area from the hot water and immediately immerse the body part into the cold water for the time prescribed.

CAUTION: If hot water needs to be added during the treatment, ensure the body part is not in the basin at the time.

- c. Repeat the cycles for the prescribed time.
- d. Check the temperature of the water in both containers during the treatment.
 - (1) Add ice to the cold water to maintain the appropriate temperature range.
 - (2) Add hot water to the hot water container to maintain the appropriate temperature range.
- e. Monitor the patient's responses throughout the treatment.

8. Discontinue the treatment by having the patient remove the body area from the water basin.

- a. Tell the patient to dry the body area with a towel. Assist the patient, if needed.
- b. Visually inspect the treated body site. A light to moderate erythema (flushing or slight reddening of the skin) should be observed on the body area immersed.

NOTE: Perform posttreatment girth measurements, if pretreatment measurements were performed.

NOTE: Empty the water basins and wash them with a mild disinfectant and soap after each treatment.

- c. Dry the floor area with a towel and secure the basins.

CAUTION: If the body area treated has an infected lesion, have the containers sterilized using local infection control SOP.

9. Schedule any further treatments.

Performance Steps

10. Document treatment on SF 600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Prepared the equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the treatment to the patient.	_____	_____
5. Prepared the patient for the treatment.	_____	_____
6. Performed an assessment.	_____	_____
7. Started the treatment.	_____	_____
8. Discontinued the treatment.	_____	_____
9. Scheduled any further treatments.	_____	_____
10. Documented the treatment on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER A CRYOTHERAPY TREATMENT

081-836-0051

Conditions: You have a patient with acute pain and/or edema, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, and the patient's medical record. You will need a refrigerator freezer, a thermometer, prepared ice (frozen in styrofoam cups, cubed or crushed), a treatment table, a bed sheet, a pillow, a pillowcase, a hospital gown, hand towels, a chair, tap water, a linen hamper, and a footstool.

Standards: Administered cryotherapy treatment to the patient ensuring the treatment area was completely numb or the treatment was terminated due to the patient's inability to tolerate the cold treatment.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Technique required.
 - c. Duration of the treatment.
2. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the treatment to the patient.
 - a. Treatment sensations that are progressively felt.
 - (1) Immediate cold.
 - (2) Stinging or aching.
 - (3) Complete anesthesia (numbness). Numbness will complete the treatment unless otherwise indicated by the treatment instructions.
 - b. Explain the therapeutic effects of cold by describing the decreases in--
 - (1) Muscle tone.
 - (2) Metabolism.
 - (3) Bleeding edema.
 - (4) Inflammation.
 - (5) Pain.
 - c. Ice massage. A prepared ice block is rubbed over the treatment area.
 - d. Ice pack (nonchemical). A prepared pack of cubed, crushed, or cracked ice in a plastic bag is placed on the area.
5. Prepare the patient.
 - a. Assist the patient in removing clothing and provide a hospital gown as necessary.
 - b. Position the patient for comfort and modesty.
 - c. Place a towel under the area being treated.
 - d. Drape the patient.
6. Prepare equipment.

NOTE: Do not use the ice cup if it is NOT completely frozen.

 - a. Ice massage preparation.
 - (1) Check the ice cup to ensure that it is frozen solid.
 - (2) Remove from the freezer a prepared Styrofoam cup which is filled with water and frozen to no less than 28 degrees Fahrenheit (-2.2 degrees Celsius).

Performance Steps

- (3) Remove the upper portion of the cup by tearing it away with the fingers or cutting with bandage scissors, leaving about 1 inch of Styrofoam at the base of the cup.
- (4) Run the ice against the palm of your hand to smooth off any rough edges.

NOTE: If a moist heat pack is available, rub the rough surface of the ice cup on the inner lid of the unit to remove the jagged edges which may have formed on the inner rim of the cup during freezing.

- b. Ice pack preparation.
 - (1) Inspect a reclosable plastic bag for holes and tears. Fill with crushed or cubed ice.
 - (2) Secure the plastic bag opening.
 - (3) Moisten a towel with warm water. Wring the towel to remove excess water.
 - (4) Wrap the ice pack with a damp towel.

7. Start the treatment.

NOTE: Use a footstool to prop your foot on during this procedure, to avoid low back pain.

- a. Ice massage method.
 - (1) Rub the ice cup against your palm to moisten the ice.
 - (2) Warn the patient of treatment sensation, and place your wet palm against the area being treated. Tell the patient that he may experience the following:
 - (a) Cold.
 - (b) Stinging or aching.
 - (c) Finally numbness.
 - (3) Place the ice against the treatment site.
 - (4) Continuously move the ice uniformly over the area being treated, avoiding any bony prominence. Circular or back and forth movements should be used maintaining firm even pressure. Contact between the ice and the patient must be maintained at all times.

NOTE: Add additional toweling to the draped area as the ice melts.

- (5) Set the timer for the time prescribed in the physician's order.
- b. Ice pack method.
 - (1) Warn the patient of treatment sensations. Place the palm of the hand used to carry the ice pack against the area being treated.
 - (2) Apply the wrapped ice pack uniformly to the treatment area.

NOTE: Use two wrapped ice packs, if treating a large area.

- (3) Place a towel draped over the ice pack for insulation.
- (4) Provide the patient with a bell to ring if assistance is needed. If a bell is not available, instruct the patient to call out for assistance.
- (5) Set the timer for the prescribed time ordered by the physician.

CAUTION: The ice pack should not be allowed to remain in place longer than 15 minutes.

8. Monitor the patient's responses periodically throughout the procedure by--

- a. Checking the patient's facial expression (when practical).
- b. Ask the patient how the treatment is being tolerated.
- c. Lift the ice pack periodically to check for any hives or welts if using the ice pack method. If this is the patient's first treatment, check the site every 5 minutes.
 - (1) Stop the treatment by removing the modality, and then inform the physical therapist if--
 - (a) You notice hives or welts appearing in the area.
 - (b) You notice difficulty breathing.
 - (c) The patient complains of nausea.

Performance Steps

- 9. Discontinue the treatment by removing the ice when--
 - a. The patient states that the area is numb.

CAUTION: Numbness is checked by lightly tapping the fingertips on the area treated or by placing the fingertips on the area and asking the patient how many fingers are on the site. If the patient can still detect the fingertips on the site, continue the treatment.

- b. The timer sounds.
 - c. The patient can no longer tolerate the treatment.

- 10. Clean the treatment site.

- a. Drape the treated area with a towel.
 - b. Dispose of used material.
 - (1) Ice massage. Dispose of use cup.
 - (2) Ice pack.
 - (a) Place the towel used in a linen hamper.
 - (b) Dispose of melted ice in the sink.
 - (c) Dispose of plastic bag.
 - c. Dry the treatment area.

- 11. Inspect the treatment site. A mild erythema (flushing or reddening of the skin) should cover the area treated. Document any frozen (solid) areas, welts, waxy looking skin, or increased pain in the patient's medical record.

NOTE: Mild condensation on the treatment area is normal.

- 12. Assist the patient with his clothes if necessary.
- 13. Schedule any further treatments.
- 14. Document the treatment on SF 600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Made up treatment table.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the treatment to the patient.	_____	_____
5. Prepared the patient.	_____	_____
6. Performed an assessment.	_____	_____
7. Prepared equipment.	_____	_____
8. Started the treatment.	_____	_____
9. Monitored the patient.	_____	_____
10. Discontinued the treatment.	_____	_____
11. Cleaned the treatment site.	_____	_____
12. Inspected the treatment site.	_____	_____

Performance Measures

GO NO
GO

- | | | |
|---|-------|-------|
| 13. Assisted the patient with his clothes (if necessary). | _____ | _____ |
| 14. Scheduled any further treatments. | _____ | _____ |
| 15. Documented treatment on SF 600/513 in the patient's medical record. | _____ | _____ |

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER A THERAPEUTIC ULTRASOUND TREATMENT (DIRECT CONTACT METHOD)

081-836-0053

Conditions: You have a patient with acute or chronic pain, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, and the patient's medical record. You will need an ultrasound (US) unit and manufacturer's manual, coupling agent, isopropyl alcohol pads, hand towels, a bed sheet, a pillow, a pillowcase, a hospital gown, and a treatment table.

Standards: Applied the ultrasound treatment to the treatment area for the duration, intensity, and prescribed dosage specified in the treatment order written by the physician.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Treatment time.
 - c. Dosage prescribed.
 - d. Technique required.

2. Inspect equipment.
 - a. Inspect wires and cables for frays or tears.

CAUTION: If the wire has cracks, worn insulation, or is loose, replace it with a function lead prior to the treatment.

- b. Ensure all dials are in the "off" or "zero" position.
 - c. Check plug for three prongs and green dot. Plug it into a grounded outlet of the wall.
 - d. Inspect transducer (sound head) for cracks or scratches.
3. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.
4. Introduce self, as the physical therapy specialist, and verify patient with the order.

5. Explain the procedure and desired effects of the ultrasound treatment to the patient.

NOTE: Ultrasound (US) increases heat in the body area being treated by a micro massage of the cells and tissues at the molecular level. He may or may not experience a sensation of warmth as the transducer (sound head) moves over the area to be treated.

NOTE: Tell the patient to immediately report any burning sensation or increase of pain caused by the transducer (sound head).

6. Prepare the patient.
 - a. Assist the patient in removing clothing and provide a hospital gown as necessary.
 - b. Position patient on the treatment table according to the treatment area, comfort, medical condition, and safety.
 - c. Place a towel under the area being treated and drape the patient appropriately.

7. Prepare equipment.
 - a. Ensure all controls are in the "off" or "zero" position.
 - b. Ensure that the transducer cord is connected to the machine and the US unit is plugged into a grounded wall outlet.
 - c. Clean the transducer face by wiping with an isopropyl alcohol pad.
 - d. Set the mode selector switch for the ultrasound at continuous or pulsed, set frequency

Performance Steps

- (megahertz), and set intensity (watts per centimeter squared) according to the order.
- e. Ensure there is enough coupling agent applied to protect the skin from abrasions and to allow the sound head to move freely over the area being treated. Coupling agents may be--
 - (1) Water-based gels.
 - (2) Glycerol-based lotions.
 - (3) Mineral oil.
 - (4) Steroids for phonophoresis (e.g., hydrocortisone cream or ointment, 10% or less).
 - f. Warn the patient that the coupling agent may be cold, and then apply it to the area being treated.
 - g. Place the sound head in contact with the body and evenly spread the coupling agent over the area being treated, moving the sound head in a circular motion.

8. Start the treatment.

NOTE: Continue moving the sound head as you start the treatment.

- a. Turn the unit on by turning the timer knob clockwise or setting the time and pushing the start button.
- b. Gradually set the ultrasound intensity to the desired level while continuously moving the sound head over the treatment area to prevent hot spots.
- c. Recheck both the timer and intensity settings to ensure they have been set according to the order.
- d. Continuously monitor the patient's responses throughout the treatment. At a minimum, you should check the patient's comfort by--
 - (1) Asking how he is tolerating the treatment.
 - (2) Checking facial expressions, when practical.
 - (3) Observing the patient's respirations.
- e. If patient complains of intense heat, go through these steps:
 - (1) Increase the speed of the sound head.
 - (2) If there is no relief, then reduce the intensity.
 - (3) If the complaint of pain continues, place the US setting on pulsed.
 - (4) If the intense heat continues after these actions have been taken, discontinue the treatment by pushing the stop button or turning the timer knob to the "off" position. Inform the physical therapist and annotate in the patient's medical record.

9. Discontinue the treatment when the unit is turned off by the automatic timer.

- a. Reduce all control dials, switches, or buttons to the lowest setting.
- b. Wipe the transducer with a dry towel to prevent accumulation of coupling agent.
- c. Clean treatment area with the towel used for draping.
- d. Visually inspect treatment area.

NOTE: Report any adverse reaction or unusual condition observed to the physical therapist and annotate in the patient's medical record. A light to moderate erythema (reddening of the skin) may be observed at the treatment site.

- e. Assist the patient out of the position of treatment.
- f. Assist the patient with his clothing, if necessary.

10. Schedule any further treatments.**11. Document treatment on SF 600/513 in the patient's medical record.**

Performance Measures	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Reviewed the order.	_____	_____
2. Inspected equipment.	_____	_____
3. Made up the treatment table.	_____	_____
4. Introduced self and verified patient.	_____	_____
5. Explained the procedure.	_____	_____
6. Prepared the patient.	_____	_____
7. Performed an assessment.	_____	_____
8. Prepared equipment.	_____	_____
9. Started the treatment.	_____	_____
10. Discontinued the treatment.	_____	_____
11. Scheduled any further treatments.	_____	_____
12. Documented treatment on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER AN ELECTRICAL STIMULATION TREATMENT

081-836-0055

Conditions: You have a patient with acute or chronic pain, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, and the patient's medical record. You will need assorted sizes of disposable electrode pads, an electrical stimulation unit and manufacturer's manual, a hospital gown, a treatment table, a bed sheet, a pillow, a pillowcase, 4X4 gauze pads, bottle distilled water, hand towels, and a bell.

Standards: Administered the electrical stimulation treatment ensuring the patient experienced muscle contraction for the time, intensity, and duration specified in the treatment order, or the treatment was terminated due to the patient's inability to tolerate the electrical stimulation treatment.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Time of the treatment.
 - c. Dosage prescribed.
 - d. Technique used.
2. Inspect equipment.
 - a. Check machine power cord for three prongs, green dot, and any frays or tears. Plug the cord into the back of the machine and the wall.
 - b. Check patient safety switch for any frays or tears. Plug it into the back of the machine.
 - c. Check electrode wires and pads for any frays or tears.
 - d. Check unit for power. Turn the power switch to the "on" position and then off.
 - e. Start any electrical stimulation current. Depress the patient safety switch to ensure it turns off the current.

3. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.

NOTE: Ensure a towel and a bell are available.

4. Introduce yourself, as the physical therapy specialist, and verify patient with the order.

5. Explain the procedure to the patient in words that he will understand.

NOTE: Electrical stimulation - the patient should feel the muscles being treated contract and relax at the electrode sites. The sensation should begin as a tingling or prickly feeling and progress to a strong muscle contraction.

NOTE: Tell the patient to immediately report any increased pain in the area of the electrodes.

NOTE: If you are using electrical stimulation for muscle reeducation or strengthening, you must tell the patient to contract his muscle with the machine.

6. Prepare the patient.
 - a. Assist the patient in removing clothing and provide a hospital gown as necessary.
 - b. Position the patient on the treatment table according to the treatment area, comfort, medical condition, and safety.
 - c. Drape the treatment area with a towel.

7. Perform an assessment.

Performance Steps

- a. Visualization. Check for contraindications.

NOTE: The patient must not have any of the following contraindications in the area being treated. Contraindications can be identified by asking the patient, visual checks, and checking the patient's medical record.

- (1) Presence of a pacemaker.
 - (2) Cardiac arrhythmia.
 - (3) Carotid artery area.
 - (4) Pregnancy.
 - (5) Hypersensitivity.
- b. Palpation. Physically palpate areas for contraindications.
 - c. Pain scale. Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.
 - d. Sensation. Check for anesthetic areas.

8. Prepare equipment.

- a. Wet the 4X4 gauze pads. Ensure you have one 4X4 gauze pad for each electrode being used. The gauze pads should be very moist and big enough to cover the entire electrode.
- b. Attach the disposable electrode pads to the wires.
- c. Place electrode pads on the patient according to the order. The order will also state the number of pads required.
- d. Ensure the electrode pads are in contact with the treatment area.
- e. Provide the patient with the safety switch and bell.

NOTE: Tell the patient that the safety switch will automatically turn the unit off if an emergency arises. The bell is used if he needs assistance.

- f. Set the electrical stimulation current, rate, and time according to the order.

9. Start the treatment.

- a. Tell the patient you are turning the intensity up slowly and that he should let you know when he first feels any sensation.
- b. Adjust the intensity according to the current specified in the order.
- c. Push the start button. The treatment time will automatically begin at this time.
- d. Stay with the patient for a few minutes to see how he is tolerating the treatment.
- e. Continually monitor the patient's responses throughout the treatment. At a minimum, you should check the patient's comfort by--
 - (1) Asking how he is tolerating the treatment.
 - (2) Checking facial expressions, when practical.
 - (3) Observing the patient's respirations.

NOTE: With muscle reeducation and strengthening, ensure the patient is contracting his muscle when the machine is on the "ON" cycle.

NOTE: Return to the patient in 5 minutes to check on him and see if he can tolerate increased intensity.

10. Discontinue the treatment when the automatic timer turns off the unit.

- a. Reduce all control dials to zero.
- b. Remove the electrode pads from the treatment area.
- c. Clean treatment area with the towel used for draping.
- d. Visually inspect the treatment area for--
 - (1) Redness.
 - (2) Burns or blisters.

Performance Steps

NOTE: Ask the patient what his pain scale is after the treatment and how he tolerated the treatment.

- e. Assist the patient out of the position of treatment if necessary.
- f. Assist the patient with his clothing, if necessary.

- 11. Schedule any further treatments.
- 12. Document treatment on SF 600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Inspected equipment.	_____	_____
3. Made up treatment table.	_____	_____
4. Introduced self and verified patient.	_____	_____
5. Explained the procedure.	_____	_____
6. Prepared the patient.	_____	_____
7. Performed an assessment.	_____	_____
8. Prepared equipment.	_____	_____
9. Started the treatment.	_____	_____
10. Discontinued the treatment.	_____	_____
11. Scheduled any further treatments.	_____	_____
12. Documented treatment on SF 600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

PERFORM A FREE FLOW WOUND TREATMENT

081-836-0081

Conditions: You have a patient with a wound, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician and the patient's medical record. You will need sterile water, disinfectant Povidone iodine 7.5%), a large basin, lab or operating room 4x8 coarse sponge, a 50 ml syringe, small scissors, tweezers, sterile towels, standard body substance isolation (BSI) splash kit (which includes a pair of gloves, a hospital gown, a face mask, and a pair of goggles), a treatment table, a bed sheet, a pillow, a pillowcase, and a commercial "free-flow" treatment machine, such as the "ARJO".

Standards: Performed a free flow wound treatment according to the written order, and without causing further injury or unnecessary discomfort to the patient, with healthy pink tissue showing at the wound site.

Performance Steps

1. Review the order to identify the--
 - a. Area to be treated.
 - b. Method to be used.
2. Gather and prepare materials for treatment.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the treatment to the patient in words he will understand.

NOTE: The treatment may be uncomfortable, but should not be painful. The goal of the treatment is to remove the unhealthy tissue in order to allow the healthy tissue to continue to grow. The procedure is not a "sterile" procedure; however, every attempt will be made to keep it as "clean" as possible.

5. Prepare the patient for the treatment. Assist the patient into the position of treatment as needed for comfort.
6. Perform an assessment.
 - a. Visualization. Look at wound checking for signs of infection.
 - b. Palpation. Physically palpate areas feeling for pain.
 - c. Pain scale. Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.
 - d. Sensation. Check for hypersensitivity to light touch.
 - e. Circulation. Ask the patient if they have circulation problems and check distal circulation of extremities by placing your first two fingers on the extremity-specific artery feeling for a pulse.
 - f. Ask the patient about allergies to the specific disinfectant you are using during the treatment.
 - (1) If the patient has an allergy, continue the treatment with water only.
 - (2) Inform the physical therapist if the patient appears hypersensitive to the point you cannot perform the treatment.
7. Start the treatment.
 - a. Don your personal protective equipment.
 - b. Add disinfectant to water according to directions provided with the disinfectant.
 - c. Use syringe to gently squirt water over the wound site.

Performance Steps

NOTE: A commercial "free-flow" treatment machine, such as the "ARJO," may be used in place of the basin and syringe.

NOTE: Ensure there is enough water to repeat this for up to 30 minutes, if needed.

NOTE: It will take at least 10-15 minutes of lavage to soften the necrotic tissue enough to be safely removed.

- d. Use the course sponge once you see the necrotic tissue begin to slough away from the wound. Gently (to patient's tolerance) wipe away any necrotic tissue that you can.
- e. Use tweezers to gently pull away any necrotic tissue that cannot be wiped away with the sponge.
- f. Use the scissors to cut away the necrotic tissue that is still connected to the live tissue.

CAUTION: Do not wipe, pull, or cut away tissue to the point that you cause the wound to bleed excessively.

NOTE: You should be left with firm, pink tissue.

- g. Monitor the patient's responses periodically throughout the procedure by--
 - (1) Checking the patient's facial expression, when practical.
 - (2) Asking the patient how the treatment is being tolerated.

8. Discontinue the treatment when the timer goes off or the patient can no longer tolerate the treatment.

- a. Dry the treatment area and visually inspect it.
- b. Check the order for additional care as indicated.

9. Schedule any further treatments.

10. Document treatment on SF 600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Gathered and prepared the equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the treatment.	_____	_____
5. Prepared the patient.	_____	_____
6. Performed an assessment.	_____	_____
7. Started the treatment.	_____	_____
8. Discontinued the treatment.	_____	_____
9. Scheduled any further treatments.	_____	_____
10. Documented treatment on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER A PNEUMATIC COMPRESSION TREATMENT

081-836-0082

Conditions: You have a patient with edema to an extremity, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician and the patient's medical record. You will need a pneumatic compression unit and components, various sized compression sleeves, roll stockinet, a sphygmomanometer, a stethoscope, a tape measure, a treatment table or chair, a hospital gown, an elastic wrap or compression garment, a bed sheet, a pillow, and a pillowcase.

Standards: Administered the pneumatic compression treatment to the extremity for the duration specified in the order, or the treatment was terminated due to the patient's inability to tolerate the pneumatic compression treatment.

Performance Steps

1. Review the order to identify the--
 - a. Extremity to be treated.
 - b. Time of the treatment.
2. Gather the equipment.
3. Inspect the equipment.
 - a. Plug the pneumatic compression unit into a grounded outlet. Ensure it turns on.
 - b. Check compression sleeves for rips and tears.
4. Make up the treatment table using a clean bed sheet, a pillow, and a pillowcase.
5. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
6. Perform an assessment.
 - a. Contraindications. The patient must not have any of the following:
NOTE: Contraindications can be identified by asking the patient, visual checks, and checking the patient's medical record.
 - (1) Unstable fractures.
 - (2) Internal bleeding or hemorrhage.
 - (3) Untreated hypertension.
 - (4) Unhealed skin grafts.
 - (5) Lack of sensation.
 - (6) Present thrombi.
 - (7) Infected treatment area.
 - (8) Arterial insufficiency.
 - (9) Cardiac or kidney dysfunction.
 - (10) Obstructed lymphatic channels.
 - (11) Cancer.
 - b. Visualization. Check for contraindications.
 - c. Palpation. Physically palpate areas for contraindications.
 - d. Sensation. Check for anesthetic areas.
7. Prepare the patient for the treatment.
NOTE: Ensure no clothing covers treatment area. If patient's clothing interferes with treatment, have the patient change into a hospital gown.
 - a. Assist the patient in removing clothing and provide a hospital gown, as necessary.

Performance Steps

- b. Position the patient on the treatment table according to the area being treated, comfort, medical condition, and safety.
- c. Take girth measurements in several places on affected extremity before the treatment, and document measurements in the patient's medical record.
- d. Take patient's blood pressure and document in his medical record.
- e. Elevate the patient's affected extremity at 30 degrees.
- f. Place stockinet over treatment area, avoiding wrinkles.
- g. Apply the compression sleeve and attach air line per manufacturer's directions.

NOTE: Compression sleeves come in various sizes. Ensure the compression sleeve is not too loose or too tight on the patient's extremity.

- 8. Start the treatment.
 - a. Inflate the compression sleeve with the compression unit until one of the following occurs:
 - (1) Patient can no longer tolerate the pressure.
 - (2) Pressure reaches, but does not exceed, patient's diastolic blood pressure.
 - (3) Pressure reaches 30-50 mm Hg for upper extremity.
 - (4) Pressure reaches 30-60 mm Hg for lower extremity.
 - b. Set duty cycle to a 3:1 On:Off ratio.

NOTE: Some machines do not have an option for adjusting duty cycle. The duty cycle is automatically set for those units.

NOTE: During off cycle, patient should exercise distal portion of extremity.

- 9. Discontinue treatment when the prescribed time has expired.
 - a. Take girth measurements in several places on affected extremity, and document measurements in the patient's medical record.
 - b. Apply an elastic wrap or compression garment.
 - c. Assist the patient out of the position of treatment if necessary.
 - d. Assist the patient with his clothing if necessary.

10. Schedule any further treatments.

11. Document treatment on SF 600/513 in patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Gathered equipment.	_____	_____
3. Inspected equipment.	_____	_____
4. Made up the treatment table.	_____	_____
5. Introduced self and verified patient.	_____	_____
6. Performed an assessment.	_____	_____
7. Prepared the patient.	_____	_____
8. Started the treatment.	_____	_____
9. Discontinued the treatment.	_____	_____

Performance Measures

<u>GO</u>	<u>NO</u>
	<u>GO</u>

10. Scheduled any further treatments.

_____	_____
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11. Documented on SF 600/513 in patient's medical record.

_____	_____
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Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

**ADMINISTER A TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS)
TREATMENT
081-836-0083**

Conditions: You have a patient with acute or chronic pain, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, and the patient's medical record. You will need a treatment table or chair, a TENS unit and manufacturer's manual, designated manufacturer's electrode leads and pads, one 9V or two AA batteries, coupling agent, 1/4 to 1/2 inch adhesive cloth tape, hospital gown, bed sheet, pillow, pillowcase, several hand towels, a timer, and a bell.

Standards: Applied the transcutaneous electrical nerve stimulation (TENS) treatment to the patient ensuring the treatment was administered for the time, intensity, and duration specified in the treatment order written by the physician.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Time of the treatment.
 - c. Dosage prescribed.
 - d. Technique used.
2. Inspect equipment.
 - a. Check the unit for any cracks or broken dials.
 - b. Put the battery in the machine and turn the intensity to channel 1. A red light should come on. If it does, turn the intensity off. Repeat the steps for channel 2. If the light doesn't come on check for a dead battery or a machine malfunction.
 - c. Check electrode wires and pads for any frays or tears. Attach the pads to the wires. Attach the lead wires to the TENS unit.
3. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.
4. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
5. Explain the treatment to the patient in words he will understand.
6. Prepare the patient.
 - a. Assist the patient in removing clothing and provide a hospital gown, as necessary.
 - b. Position the patient on the treatment table or in a chair according to the treatment area, comfort, medical condition, and safety.
 - c. Drape the treatment area with a towel.
7. Prepare equipment.

NOTE: The physician's order will indicate the number of pads needed for the treatment.

- a. Apply coupling agent onto one pad. Take another pad and disperse the agent over the entire area of both pads. Leave pads together so the agent remains contained. Repeat the steps for the other electrodes.
- b. Tear off eight pieces of tape and attach around the edge of the treatment table or chair. These will be used to secure the electrode pads to the treatment area.

NOTE: Skin must be clean and dry for ultimate conductivity. If necessary, have patient wash area with soap and water and dry off with a towel prior to placing pads on skin.

- c. Place the electrode pads on the patient according to the order and secure them with

Performance Steps

the cloth tape.

- d. Ensure the pads are in contact with the treatment area.
- e. Provide the patient with a bell.

NOTE: Tell the patient that the bell is used if he has pain or needs assistance.

8. Perform an assessment.

- a. Visualization. Check for contraindications.

NOTE: The patient must not have any of the following contraindications in the area being treated. Contraindications can be identified by asking the patient, visual checks, and checking the patient's medical record.

- (1) Demand-type cardiac pacemaker.
- (2) Cardiac arrhythmia.
- (3) Carotid artery area.
- (4) Pregnancy.
- (5) Hypersensitivity.
- b. Palpation. Physically palpate for contraindications.
- c. Pain scale. Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.
- d. Sensation. Check for anesthetic areas.

9. Start the treatment.

NOTE: Tell the patient that he may feel a "tingling", "pins and needles" sensation or a "slight vibration" and that it should NOT be painful.

- a. Tell the patient you are turning the intensity up slowly and that he should let you know when he first feels any sensation.
- b. Increase the intensity until it reaches the setting according to the order.
- c. Set the automatic timer for the treatment time specified in the order.
- d. Stay with the patient for a few minutes to see how he is tolerating the treatment.

NOTE: Return to the patient in 5 minutes to check on him to see if he can tolerate increased intensity due to accommodation.

- e. Continually monitor the patient's responses throughout the treatment. At a minimum, you should check the patient's comfort by--
 - (1) Asking how he is tolerating the treatment.
 - (2) Checking facial expressions, when practical.
 - (3) Observing the patient's respirations.

10. Discontinue the treatment when the automatic timer goes off.

- a. Reduce all control dials to zero.
- b. Remove all electrode pads from the area.
- c. Clean treatment area with the towel used for draping.
- d. Visually inspect the area for--
 - (1) Redness.
 - (2) Burns or blisters.

NOTE: Ask the patient what he perceives his pain is on a scale of 0-10, zero being no pain, after the treatment, and how he tolerated the treatment.

- e. Assist the patient out of the position of treatment.
- f. Assist the patient with his clothing, if necessary.

11. Schedule any further treatments.

12. Document the treatment on SF 600/513 in the patient's medical record.

Performance Measures	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Reviewed the order.	_____	_____
2. Inspected the equipment.	_____	_____
3. Made up the treatment table.	_____	_____
4. Introduced self and verified the patient with the order.	_____	_____
5. Explained the treatment to the patient.	_____	_____
6. Prepared the patient.	_____	_____
7. Prepared the equipment.	_____	_____
8. Performed an assessment.	_____	_____
9. Started the treatment.	_____	_____
10. Discontinued the treatment.	_____	_____
11. Scheduled any further treatments.	_____	_____
12. Documented the treatment.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER AN IONTOPHORESIS TREATMENT

081-836-0084

Conditions: You have a patient with acute or subacute inflammatory condition, in a physical therapy clinic, with a written order on SF 600/513 and/or a verbal order from a physician and the patient's medical record. You will need an iontophoresis unit and manufacturer's manual, various sizes of iontophoresis electrodes, medication according to the order, 16 or 18 gauge needle, alcohol pads, scissors, a hospital gown, a treatment table, a bed sheet, a pillow, a pillowcase, and hand towels.

Standards: Utilized the iontophoresis treatment to successfully administer medication in the prescribed dosage, current, and time to the patient without causing further injury to the patient.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Prescribed current.
 - c. Time of the treatment.
 - d. Medication required. Medications used for iontophoresis treatments are as follows:
 - (1) Dexamethasone.
 - (2) Lidocaine.
 - (3) Zinc.
 - (4) Acetate.
 - (5) Salicylate.
 - e. Dosage prescribed.
2. Gather equipment.
3. Make up treatment table using a clean bed sheet, pillow, and pillowcase.
4. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
5. Explain the treatment to the patient in words that he will understand.

NOTE: Iontophoresis uses electrical current to deliver medication through the skin. The patient may feel slight burning or stinging at the treatment area, which is normal. This treatment should not be painful or uncomfortable.

CAUTION: Trim excess hair with scissors; do not shave the electrode sites. Do not use gels, creams, or other modalities before iontophoresis treatment.

6. Prepare the patient for the treatment.
 - a. Assist the patient in removing clothing and provide a hospital gown, as necessary.
 - b. Position the patient on the treatment table according to the treatment area and comfort.
 - c. Drape the treatment area with a towel.
 - d. Clean area to be treated with alcohol pads. Allow skin to dry.
7. Perform an assessment.
 - a. The patient must not have any of the following contraindications in the area being treated:

NOTE: Contraindications can be identified by asking the patient, doing visual checks, and reading the patient's medical record.

Performance Steps

- (1) Pacemaker.
- (2) Cardiac arrhythmia.
- (3) Carotid artery area.
- (4) Pregnancy.
- (5) Hypersensitivity.
- b. Visualization. Check for contraindications.
- c. Palpation. Physically palpate areas for contraindications.
- d. Pain scale. Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.
- e. Sensation. Check for anesthetic areas.

8. Prepare the equipment.

- a. Hydrate active electrode with prescribed dosage of medication.
- b. Apply the electrodes to the skin. The dispersive pad must be at least 6 inches away from drug electrode site. Apply the hydrated drug electrode to the treatment area.
- c. Connect appropriate lead clips from iontophoresis unit to snap on drug and dispersive pad.
- d. Provide the patient with a bell to ring if assistance is needed.

NOTE: If a bell is not available, instruct the patient to call for assistance.

CAUTION: Do not apply electrodes over damaged or irritated skin, or a bony prominence. Do not tape, bind, or compress either electrode during treatment.

9. Start the treatment.

- a. Set iontophoresis unit to prescribed dose, current, and time according to the treatment order.

NOTE: Refer to your clinic's iontophoresis unit manual for instructions on setting time, current, and dosage.

- b. Tell patient that a mild tingling sensation directly underneath one or both electrodes is normal.
- c. Continually monitor the patient's responses throughout the treatment.
 - (1) Check the patient's comfort within 5-10 minutes of starting the treatment.
 - (2) Ask the patient how the treatment is being tolerated.

CAUTION: Tell the patient to inform you of any undue burning or pain.

10. Discontinue the treatment when the unit automatically turns off.

- a. Remove electrodes from the treatment area and pat dry.
- b. Visually inspect the treatment area for--
 - (1) Redness.
 - (2) Burns or blisters.
- c. Assist the patient in getting dressed, if necessary.

11. Schedule any further treatments.

12. Document treatment on SF 600/513 in patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Reviewed the order.	_____	_____
2. Gathered the equipment.	_____	_____

Performance Measures

	<u>GO</u>	<u>NO GO</u>
3. Made up the treatment table.	_____	_____
4. Introduced self and verified patient.	_____	_____
5. Explained the treatment.	_____	_____
6. Prepared the patient.	_____	_____
7. Performed an assessment.	_____	_____
8. Prepared equipment.	_____	_____
9. Started the treatment.	_____	_____
10. Discontinued the treatment.	_____	_____
11. Scheduled any further treatments.	_____	_____
12. Documented treatment on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER A BIOFEEDBACK TREATMENT

081-836-0085

Conditions: You have a patient needing muscle reeducation, in a physical therapy clinic, with a written order on SF 600/513 and/or a verbal order from a physician, and the patient's medical record. You will need a treatment table or chair, a biofeedback unit and manufacturer's manual, the designated manufacturer electrode leads and pads, 9V or four AA batteries, coupling agent, 1/4 to 1/2 inch cloth tape, a hand towel, soap, alcohol pads, a shaver, a bell, a hospital gown, a bed sheet, a pillow, and a pillowcase.

Standards: Administered the biofeedback treatment ensuring the patient received the appropriate visible or audible feedback from the unit by activating the desired muscle group according to the treatment order.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Time of the treatment.
2. Inspect the equipment.
 - a. Check the biofeedback unit for any cracks or broken dials.
 - b. Open battery compartment and place battery compartment controls all in the "off" position. Place battery in the machine per manufacturer's instruction manual.
 - c. Place power/feedback switch to "continuous". If battery is working properly a green light will be seen on the light panel. If no light is observed, replace the battery.

NOTE: Always remove battery when unit is not in use to preserve battery life.

- d. Check electrode wires and pads for any frays or tears. Replace them if they are damaged.
 - e. Attach sensor pads to the sensor(s). Attach sensor to the lead wire(s) and attach the lead wire(s) to the biofeedback input jack.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the treatment to the patient in words he will understand.

NOTE: Biofeedback does not have any contraindications because it acts as a device to pick up normal electrical signals from patient's body, as opposed to giving out electrical signals which a therapeutic electrical stimulation machine does.

NOTE: Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.

5. Demonstrate the use of the equipment.
 - a. Set the gain switch to x 1 position. Turn up the volume; set the threshold to 10.
 - b. Hold the sensor on your cheek with a light pressure, placing it just below the cheekbone. Make certain that all sensors have full contact with the skin.
 - c. Observe the tone and bar graph reading as you tense and relax your jaw by clenching your teeth.
6. Prepare the patient for the treatment.
 - a. Assist the patient in removing clothing and provide a hospital gown, as necessary.
 - b. Position the patient on the treatment table according to the treatment area.
 - c. Check the area being treated for skin cleanliness or excessive hair.

Performance Steps

NOTE: If skin is oily/dirty, clean it with soap and water or an alcohol pad. If it is excessively hairy, consider shaving the treatment area.

- d. Drape the treatment area with a towel.

7. Prepare the equipment.

- a. Place the sensor pads according to the order.
- b. Apply the sensor pads on the muscle site so that the two active sensors are positioned parallel with the muscle fibers of the muscle belly. Ensure the sensors have good contact with the skin.

NOTE: If the reading from the sensor is weak, try moving the sensor pad to a more responsive part of the muscle.

- c. Set the front panel controls for the desired effect according to the order.

NOTE: The volume knob increases/decreases sound during the treatment. The feedback setting can be set to continuous (cont), which will give light and/or sound signals continuously throughout the treatment, or threshold (thr), which will emit light/sound only when the highest threshold is reached. The gain has options of x 1, x 10, x 100. The x 1 setting is the most sensitive and will be easiest to activate; it is used for weaker or smaller muscles. The x 100 setting will be the most difficult to activate and is used for stronger, larger muscles. The threshold (thr) dial works to fine tune the gain. The least sensitive position is with the knob fully rotated to the left. It becomes most sensitive as it is rotated to the right (clockwise direction).

- d. Verify the settings are correct.

8. Start the treatment.

NOTE: Discuss with the patient their goal of either activating the light panel/volume level maximally each time (if they are working on strengthening), or avoiding having the light/volume come on (if they are working on relaxation).

- a. Have the patient demonstrate the prescribed motion or exercise properly 10 times.
- b. Correct the motion as needed.
- c. Give the patient a bell to ring if assistance is needed.

NOTE: If a bell is not available, instruct the patient to call for assistance.

- d. Continually monitor the patient's responses throughout the treatment.
 - (1) Check the patient's comfort within 5-10 minutes of starting the treatment.
 - (2) Ask the patient how the treatment is being tolerated.

9. Discontinue the treatment.

- a. Turn the biofeedback unit off and remove the sensor pads from the treatment area.
- b. Clean the treatment area with the draped towel.
- c. Visually inspect the treatment area for--
 - (1) Increased swelling.
 - (2) Decreased range of motion.

NOTE: Ask the patient what he perceives his pain to be, after the treatment, on a scale of 0-10, zero being no pain.

- d. Assist the patient out of the position of treatment if necessary.
- e. Assist the patient with his clothing if necessary.

10. Schedule any further treatments.

11. Document treatment on SF 600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Reviewed the order.	_____	_____
2. Inspected the equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the treatment.	_____	_____
5. Demonstrated use of equipment.	_____	_____
6. Prepared the patient.	_____	_____
7. Prepared the equipment.	_____	_____
8. Started the treatment.	_____	_____
9. Discontinued the treatment.	_____	_____
10. Scheduled any further treatments.	_____	_____
11. Documented treatment on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER A MECHANICAL PELVIC TRACTION TREATMENT
081-836-0086

Conditions: You have a patient with a low back disorder, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physical therapist, and the patient's medical record. You will need a traction table/machine with component parts and manufacturer's manual, a footstool, a bell, a pillow, a pillowcase, and a towel.

Standards: Administered the mechanical pelvic traction treatment to reduce pain and radicular symptoms, and increase mobility in the lumbar spine, without increasing the patient's symptoms. Monitored patient for symptom changes during treatment, and properly documented results.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Time of the treatment.
 - c. Dosage prescribed.
 - d. Technique used.
 - e. Disorder.
2. Inspect equipment.
 - a. Check machine power cord for 3 prongs, green dot, and any frays or tears. Plug the cord into the wall.
 - b. Check patient safety switch for any frays or tears. Plug it into the machine.
 - c. Check traction rope for frays and attachment to hook.
 - d. Ensure traction table is in the locked position and that it raises and lowers (if applicable).
 - e. Check traction belts for proper function, per manufacturer's manual.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the treatment to the patient in words that he will understand.

NOTE: Mechanical pelvic traction may help to reduce pain and radicular symptoms, and increase mobility in the lumbar spine.
5. Perform an assessment.
 - a. The patient must not have any of the following contraindications in the area being treated. Contraindications can be identified by asking the patient, visual checks, and checking the patient's medical record.
 - (1) Pregnancy.
 - (2) Claustrophobia.
 - (3) Osteoporosis, osteomalacia, osteomyelitis.
 - (4) Acute sprains, strains, inflammation.
 - (5) Hiatal hernia.
 - b. Pain scale. Ask the patient what he perceives his current pain to be on a scale of 0-10, zero being no pain.
 - c. Sensation. Check for anesthetic areas and ask patient to identify any radiating symptoms.

NOTE: If patient has a diagnosed herniated nucleus pulposus (HNP), do not ask for mobility.

 - d. Joint motion measurement. Ask the patient for status of lumbar mobility.

Performance Steps

6. Prepare the patient for the treatment.

- a. Assist the patient in removing shoes, items attached to their belt, and anything from the mouth.

NOTE: If patient is diagnosed with HNP, patient should lie prone with table raised so as to provide slight lumbar extension.

NOTE: If patient is diagnosed with degenerative joint disease (DJD), degenerative disc disease (DDD), or joint hypomobility (JH), patient should lie supine with table raised so as to provide slight lumbar flexion.

- b. Position the patient on the traction table.
- c. Apply upper and lower traction belts.
 - (1) Upper belts should be over the ribs, but not touch the xiphoid process.
 - (2) Lower belts should be overlapped on each other and straps attached above and below the anterior superior iliac spine (ASIS).
 - (3) Buckles should always be posterior on the patient regardless of patient position on the table.
 - (4) Tighten all belts.
- d. Position patient so the affected area of spine is directly over the separating splint in the table.
- e. Check alignment of patient on table, ensuring that the patient will be pulled in a straight line.
- f. If patient is supine, place a footstool under patient's legs and adjust for comfort.
- g. Attach spreader bar to lower straps.
- h. Tighten countertraction straps on upper harness.
- i. Attach traction rope to spreader bar and tighten the rope.
- j. Pull the rope slightly to demonstrate to the patient what to expect during traction.
- k. Give the patient the safety switch to press in case of emergency and a bell to ring if assistance is needed.

7. Adjust traction machine settings per the order.

8. Recheck patient's alignment.

9. Start the treatment.

NOTE: If patient is receiving static traction, release the table prior to hitting the start button.

- a. Push the start button.
- b. Monitor setup and patient, ensuring that the upper and lower harnesses do not separate more than 4 inches, and that the patient has no adverse symptoms.

NOTE: If patient complains of adverse symptoms, discontinue the treatment immediately.

- c. Stay with the patient through two complete cycles, and then release the table lock.

10. Discontinue the treatment when the automatic timer goes off.

- a. Without pushing table mechanism together, lock the table in the present position.
- b. Loosen and unhook traction harnesses.
- c. Let the patient rest for 5 minutes.
- d. Assist the patient to the sitting position.
- e. Lower the table to its lowest level.
- f. Check for adverse reactions.

11. Perform a posttreatment assessment.

- a. After the treatment, ask the patient what he perceives his pain to be on a scale of 0-

Performance Steps

- 10, zero being no pain.
 - b. Ask patient if he has any radiating symptoms.
 - c. Recheck mobility status unless the patient has HNP.
12. Schedule any further treatments.
 13. Document treatment on SF 600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Inspected equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the procedure.	_____	_____
5. Performed an assessment.	_____	_____
6. Prepared the patient.	_____	_____
7. Adjusted traction machine settings.	_____	_____
8. Rechecked patient's alignment.	_____	_____
9. Started the treatment.	_____	_____
10. Discontinued the treatment.	_____	_____
11. Performed a posttreatment assessment.	_____	_____
12. Scheduled any further treatments.	_____	_____
13. Documented treatment on SF 600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

PERFORM TRANSVERSE FRICTION MASSAGE

081-836-0087

Conditions: You have a patient with poor blood circulation, scar tissue, adhesions, and fibrous tissue needing transverse friction massage, in a physical therapy clinic, with a written order on SF600/513 and/or verbal order from a physician, and the patient's medical record. You will need a hospital gown, a treatment table, a bed sheet, a pillow, a pillowcase, a towel, a pen, and massage lotion.

Standards: Performed transverse friction massage to increase circulation or loosen scar tissue/adhesions according to the order and without causing further injury to the patient.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Time of the treatment.
 - c. Technique required.
 2. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.
NOTE: Ensure a towel is available to remove gel/oil.
 3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
 4. Explain the procedure to the patient in words he will understand.
NOTE: Transverse massage is applied by the finger(s) directly to the adhesion and transverse to the direction of the fibers. Pressure is applied to loosen the adhesions. This may be slightly painful, but this is normal.
- CAUTION:** Transverse friction massage should not be done on an acute injury or unhealed wound.
- NOTE:* Transverse friction massage can be used after an injury and for mechanical overuse in muscular, tendinous, and ligamentous structures. In many instances the friction massage is an alternative to infiltrations with steroids.
5. Prepare the patient for the treatment.
 - a. Assist the patient in removing clothing and provide a hospital gown as necessary.
 - b. Position the patient on the treatment table according to the treatment area, comfort, medical condition, and safety.
 - c. Drape the treatment area with a towel.
 6. Perform an assessment.
 - a. Visualization. Look for bruising, open cuts, and abrasions.
 - b. Palpation. Physically palpate the area for abnormal "sharp" pain.
 - c. Pain scale. Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.
 - d. Sensation. Check for anesthetic areas.

NOTE: Transverse massage either works quickly (after 6 to 10 sessions) or not at all. However, although the exact mode of action is not known, some theoretical explanations have been put forward. It has been hypothesized that friction has a local pain diminishing effect and results in better alignment of connective tissue fibers.

Performance Steps

7. Start the treatment.

NOTE: Tell the patient that you are about to apply the massage lotion and it may be cold, if not heated prior.

a. Apply massage lotion to the treatment area.

NOTE: It is vital that transverse massage be performed only at the site of the adhesion. The effect is so local that, unless the finger is applied to the exact site and friction given in the right direction, relief cannot be expected.

b. Apply pressure directly to the adhesion, ensuring the skin and subcutaneous tissue is moved together.

NOTE: Rubbing the skin will result in blistering.

c. Start with light pressure, at a rate of two strokes per second, and gradually increase the pressure throughout the treatment time.

NOTE: Treatment time will vary according to the order.

8. Discontinue the treatment after the time specified in the order.

a. Clean treatment area with towel used for draping.

b. Visually inspect the area for--

(1) Bruising.

(2) Blistering.

c. Ask the patient what his pain scale is after the treatment on a scale of 0-10, zero being no pain.

d. Ask the patient how he tolerated the treatment.

e. Assist the patient out of the position of treatment if necessary.

f. Assist the patient with his clothing if necessary.

9. Schedule any further treatments.

10. Document treatment on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Made up the treatment table.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the procedure.	_____	_____
5. Prepared the patient.	_____	_____
6. Performed an assessment.	_____	_____
7. Started the treatment.	_____	_____
8. Discontinued the treatment.	_____	_____
9. Scheduled any further treatments.	_____	_____
10. Documented treatment on SF600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

FABRICATE PLANTAR FASCIA ORTHOSES**081-836-0088**

Conditions: You have a patient with plantar fascia foot pain, in a physical therapy clinic, with a written order on SF 600/513 and/or a verbal order from a physician, and the patient's medical record. You will need a sheet of aquaplast-T orthotics material, bandage/straight scissors, a hydrocollator, paper towels, a tape measure, a felt tip marker, a padded chair, water, hand lotion, a thermometer, and an assistant, if needed.

Standards: Fabricated plantar fascia orthoses to fit the patient correctly according to the physician's order and clinic protocol.

Performance Steps

1. Review the order to identify the foot/feet needing orthoses.
2. Gather the equipment.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the reason for the orthoses to the patient in words he will understand.

NOTE: The orthosis must be worn whenever the patient is weight bearing to be effective in decreasing pain.

NOTE: Tell the patient that when showering, he can stand slightly on the lateral aspect of the foot to avoid pronation and pulling on the plantar fascia.

5. Prepare an orthosis pattern.
 - a. Have the patient remove his shoe/shoes.

CAUTION: Ensure the patient has a firm grip on the back of the chair, and is able to maintain his balance throughout the treatment.

- b. With the patient standing, have him rest the involved leg on a padded chair with the knee bent and the foot facing you. Ensure the patient is relaxed.

NOTE: The physical therapy specialist should be sitting in a chair facing the patient's plantar flexed ankle and supinated foot.

NOTE: Use the tape measure to take lateral and medial measurements.

- c. Using a felt tip marker, outline the patient's affected foot on a paper towel, starting at the posterior heel at the level of the lateral malleolus to the metatarsal (MT) heads, and approximately 2 cm lateral and 3 cm medial.
- d. Trace this pattern on the aquaplast-T. Score the material and cut with scissors.

NOTE: Remove your watch and rings as these can become fixed in the orthosis.

NOTE: Put hand lotion on your hands and the patient's foot so the aquaplast will not stick.

6. Prepare the equipment.
 - a. Check the temperature of the water in the hydrocollator with a thermometer. The temperature should be 160 degrees.
 - b. Place the aquaplast material in the hydrocollator.
 - c. Remove the aquaplast when it becomes transparent.

NOTE: This will take approximately 1 minute. Do not overheat the material; it will become too soft.

Performance Steps

d. Drape the aquaplast over your forearm to ensure that it isn't too hot for the patient.

7. Fabricate plantar fascia orthoses.

a. Place the material over the patient's foot with the distal edge just proximal to the MT heads.

b. Carefully drape the material over and around the heel, pulling gently downward.

NOTE: Do not pull too hard or you will overstretch the material and weaken the orthosis.

c. As the material begins to harden, draw your trim lines using a felt tip marker.

d. Trace to the level of the apex of the posterior concavity of the heel, around the medial foot just below the level of the navicular tuberosity, proximal to the MT heads, and laterally about 2 cm high.

NOTE: You must cut the trim lines before the material becomes too hard.

e. Use bandage or straight scissors to cut along your trim lines.

f. Place the material back on the foot briefly, and before it is completely hard, stretch the orthosis medially and laterally to allow for the expansion of the soft tissue for weight bearing.

NOTE: Rough edges can be trimmed when the material is still soft by smoothing with a finger. If hard, use a file.

g. Remove the shoe liners from the patient's shoes. When the orthosis is hardened, place it in the patient's shoe/shoes.

h. Trim, stretch, or pad the orthosis (with felt) as needed to make it comfortable.

i. Have the patient replace their shoes, and walk a bit to feel for comfort.

NOTE: Always give the patient plenty of time to make sure the orthosis fits comfortably. Have the patient return to the clinic the next day, if possible, to make any needed adjustments.

8. Document the treatment on SF 600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Gathered the equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained reasons for the orthoses.	_____	_____
5. Prepared the orthosis pattern.	_____	_____
6. Prepared the equipment.	_____	_____
7. Fabricated the orthoses.	_____	_____
8. Documented on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

Subject Area 4: Therapeutic Exercise

PERFORM PASSIVE RANGE OF MOTION EXERCISES**081-836-0033**

Conditions: You have a patient with a muscular deficiency, in a physical therapy clinic, with a written order on SF 600/513 or verbal order from a physician, and the patient's medical record. You will need a hospital gown, a bed sheet, a pillow, a pillowcase, clinic protocol on passive range of motion exercises, a treatment table, a pen, and a goniometer.

Standards: Performed the exercise on the area of the patient needing treatment for the number of sets/repetitions prescribed, and the prescribed range of motion (ROM) was reached as specified in the written order or stated by the physician.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Number of sets/repetitions.
 - c. Amount of motion to obtain during the exercise.
 - d. Technique required.
2. Prepare the equipment.
 - a. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.
 - b. Gather a goniometer and clinic protocol on passive range of motion exercises.
3. Introduce self, as the physical therapy specialist, and verify patient with the order.
4. Prepare the patient.
 - a. Describe procedure to the patient from the written or verbal order in words he will understand.
 - b. Explain the desired effects of the passive range of motion exercises.
 - (1) Maintain the normal range of motion (ROM) of all joints in the involved extremity by assisting him move the area.
 - (2) Prevent joint tightness.
 - (3) Prevent muscle shortening.

NOTE: An outside force is used to gently move the affected body part through the entire range of motion without the patient using the muscles of the involved body part being moved.

- c. Assist the patient in removing his clothing and provide a hospital gown as necessary.
 - d. Position the patient on the treatment table per the clinic protocol on passive range of motion exercises for the body area being treated, ensuring the entire body is supported so relaxation can occur.
5. Perform the "seven-step" assessment.
 - a. Pain scale. Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.
 - b. Visualization. Look at the exposed area.
 - c. Palpation. Physically palpate the area.
 - d. Circulation. Ask the patient if he has circulation problems and check distal circulation of extremities by placing your first two fingers on the specific artery for that extremity, feeling for a pulse.

Performance Steps

- e. Sensation. Check for areas of decreased sensation.
- f. Joint motion measurement. Take measurements with a goniometer to determine patient's full available range of motion.
- g. Gross manual muscle testing. Check GMMT to determine patient's strength.

NOTE: Any abnormalities that are noted must be reported to the physical therapist and annotated in the patient's medical record.

- 6. Perform the exercises ensuring all joints in the extremity are exercised equally.
 - a. Firmly grasp the extremity with your hands above and below the joint to be exercised.
 - b. Ensure the body area is moved slowly through the entire ROM and that all affected and collateral joints are exercised equally (use goniometer to measure amount of motion).
 - c. Correct the patient's posture and/or positioning, as needed.
 - d. Monitor the patient's reactions by closely observing the verbal and facial expressions of the patient. If there are indications of pain, move the joint only within the patient's tolerance.
- 7. Schedule any further treatments.
- 8. Document treatment on SF 600/513 in patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Reviewed the order.	_____	_____
2. Prepared equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Prepared the patient.	_____	_____
5. Performed the "seven-step" assessment.	_____	_____
6. Performed the exercises.	_____	_____
7. Scheduled any further treatments.	_____	_____
8. Documented treatment on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required
None

Related
TC 8-640

ADMINISTER AN ACTIVE ASSISTIVE RANGE OF MOTION EXERCISE PROGRAM
081-836-0034

Conditions: You have a patient with a muscular deficiency, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, and the patient's medical record. You will need a hospital gown, bed sheet, pillow and pillowcase, clinic protocol on active assistive range of motion exercises, a treatment table, an overhead pulley, a wand, a finger ladder, a pen, and a goniometer.

Standards: Performed the exercise on the area of the patient needing treatment for the number of sets/repetitions prescribed, and the prescribed range of motion (ROM) was reached as specified in the written treatment order or stated by the physician.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Number of sets/repetitions.
 - c. Amount of motion to obtain during the exercise.
 - d. Technique required.
2. Prepare equipment.
 - a. Make up the treatment table using clean bed sheet, pillow, and pillowcase.
 - b. Gather a goniometer and clinic protocol on active assistive range of motion exercises.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Prepare the patient.
 - a. Describe diagnosis to the patient from the written or verbal order in words he will understand.
 - b. Explain the desired effects of active assistive range of motion exercises. Maintain the normal range of motion of all joints in the involved extremity by having him move the area with assistance, as needed.

NOTE: As muscle strength improves, the assistance will be decreased until he can move throughout the range of motion independently.

- c. Assist the patient in removing clothing and provide a hospital gown as necessary.
- d. Position the patient on the treatment table per the clinic protocol on active assistive range of motion exercises for the body area being treated.

NOTE: If possible, position the patient in front of mirrors or next to a wall (sitting or standing) so that he can observe and maintain correct body posture while performing the exercises.

5. Perform the "seven-step" assessment:
 - a. Pain scale. Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.
 - b. Visualization. Look at the exposed area.
 - c. Palpation. Physically palpate the area.
 - d. Circulation. Ask the patient if he has circulation problems and check distal circulation of extremities by placing your first two fingers on the specific artery for that extremity, feeling for a pulse.
 - e. Sensation. Check for areas of decreased sensation.
 - f. Joint motion measurement. Take measurements with a goniometer to determine patient's full available range of motion.

Performance Steps

g. Gross manual muscle testing. Check GMMT to determine patient's strength.

NOTE: Any abnormalities that are noted must be reported to the physical therapist and recorded in the patient's medical record.

NOTE: If any equipment, such as overhead pulley, wand, or finger ladder is to be used to provide assistance, demonstrate the proper use of the equipment.

- 6. Assist the patient in the exercises.
 - a. Ensure the patient moves the appropriate body area slowly through the range of motion and that all affected and collateral joints are exercised equally (use goniometer to measure the amount of motion).
 - b. Instruct the patient to use the uninvolved extremity to exercise the involved limb, if applicable, according to clinic protocol.
 - c. Correct the patient's performance, as needed.

NOTE: If "substitutions" are made (compensatory actions in lieu of correct ROM or posture), make the patient aware of what he is doing incorrectly, and correct the motion.

CAUTION: Prior to stretching any body area, check with the patient's medical records to ensure there are no contraindications for stretching due to the specific injury.

- d. Apply additional stretch to the muscles involved to increase the range of motion. Moving the involved joint in the opposite motion of its primary action aids in the stretching of muscles.
- e. Encourage the patient to use the muscles as much as possible to move the part and provide only enough assistance to help achieve the required motion.
- f. Monitor the patient's reactions by closely observing the verbal and facial expressions during the entire program. If indications of pain are observed, inform the physical therapist and record the observations on the SF 600/513.

- 7. Schedule any further treatments.
- 8. Document treatment on SF 600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Prepared equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Prepared the patient.	_____	_____
5. Performed the "seven-step" assessment.	_____	_____
6. Assisted the patient with the exercises.	_____	_____
7. Scheduled any further treatments.	_____	_____
8. Documented treatment on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required

None

Related

TC 8-640

ADMINISTER AN ACTIVE RANGE OF MOTION EXERCISE PROGRAM
081-836-0035

Conditions: You have a patient with a muscular deficiency, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, and the patient's medical record. You will need a hospital gown, a bed sheet, a pillow, a pillowcase, clinic protocol on active range of motion exercises, a treatment table, and a goniometer.

Standards: Performed the exercise on the area of the patient needing treatment for the number of sets/repetitions prescribed, and the prescribed range of motion (ROM) was reached as specified in the written treatment order or stated by the physician.

Performance Steps

1. Review the order to identify the--
 - a. Body area being treated.
 - b. Number of sets/repetitions.
 - c. Amount of motion to obtain during the exercise.
 - d. Techniques required.
2. Prepare equipment.
 - a. Make up the treatment table using clean bed sheet, pillow, and pillowcase.
 - b. Gather a goniometer and clinic protocol on active range of motion exercises.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Prepare the patient.
 - a. Describe diagnosis to the patient from the written or verbal order in words he will understand.
 - b. Explain the desired effects of active range of motion exercises. Maintain the normal range of motion of all joints in the involved extremity by having him move the area without assistance or resistance.

NOTE: The weight of the body area exercised helps maintain and/or increase muscle strength.

- c. Assist the patient in removing clothing and provide a hospital gown as necessary.
- d. Position the patient on the treatment table per the clinic protocol on active range of motion exercises for the body area to be treated.

5. Perform the "seven-step" assessment:
 - a. Pain scale. Ask the patient what his pain is on a scale of 0-10, zero being no pain.
 - b. Visualization. Look at the exposed area.
 - c. Palpation. Physically palpate the area.
 - d. Circulation. Ask the patient if he has circulation problems and check distal circulation of extremities by placing your first two fingers on the extremity specific artery, feeling for a pulse.
 - e. Sensation. Check for anesthetic areas.
 - f. Joint motion measurement. Take measurements with a goniometer to determine patient's full available range of motion.
 - g. Gross manual muscle testing. Check GMMT to determine patient's strength.

NOTE: Any abnormalities that are noted must be reported to the physical therapist and recorded in the patient's medical record.

6. Instruct the patient in the exercises.

Performance Steps

NOTE: The technician demonstrates the specified exercises to the patient, simulating the patient's condition. Allow the patient to perform the exercises after the demonstration.

NOTE: Stretching is done by moving the joint in the opposite direction of the muscle's primary motion.

CAUTION: Prior to stretching any body area, check with the physical therapist to ensure there are no contraindications for stretching due to the specific injury.

- a. Ensure the patient stretches the body area prior to starting the ROM exercises.
- b. Ensure the patient moves the body area slowly through the range of motion and that all affected and collateral joints are exercised equally (use goniometer to ensure required amount of motion).
- c. Correct the patient's performance, as needed.

NOTE: If "substitutions" are made (compensatory actions in lieu of correct ROM or posture), make the patient aware of what he is doing incorrectly, and correct the motion.

- 7. Schedule any further treatments.
- 8. Document treatment on SF 600/513 in patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Prepared equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Prepared the patient.	_____	_____
5. Performed the "seven-step" assessment.	_____	_____
6. Instructed the patient in the exercises.	_____	_____
7. Scheduled any further treatments.	_____	_____
8. Documented treatment on SF 600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required
None

Related
TC 8-640
VT 1052

**ADMINISTER A THERAPEUTIC EXERCISE PROGRAM FOR THE UPPER
AND LOWER EXTREMITIES
081-836-0074**

Conditions: You have a patient requiring a therapeutic exercise program for the upper or lower extremity, in a physical therapy clinic, with a written order on SF600/513 and/or verbal order from a physician, and the patient's medical record. You will need a pen, a treatment table, pillows, towels, sheets, clinic exercise handouts and post-op protocols, and exercise equipment (e.g., tubing, weights, wand, theraputty, theraband).

Standards: Administered a therapeutic exercise program for the upper or lower extremities according to the order, ensuring the patient correctly performs and verbalizes understanding of the exercises. Corrected faulty substitution patterns, modified exercises appropriate to level of patient, and monitored for adverse reactions without causing injury or unnecessary discomfort to the patient. Documented the treatment in the patient's medical record.

Performance Steps

1. Review the order to identify the--
 - a. Area to be treated.
 - b. Exercises to instruct patient.

NOTE: Equipment and exercise handouts will vary according to the diagnosis and treatment plan specific to each patient.

2. Gather the equipment.
 - a. Clinic exercise handouts.
 - b. Post-op protocols (if applicable).
 - c. Pillows.
 - d. Towels.
 - e. Sheets.
 - f. Exercise equipment (e.g., tubing, weights, wand, theraputty, theraband).

3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.

4. Explain the exercise treatment program to the patient in words he will understand.
 - a. Explain the diagnosis or surgical procedure (general) to the patient.
 - b. Explain the purpose and intended effects of the exercises to the patient.
 - c. Inform the patient of any exercise precautions for his diagnosis.

5. Perform an assessment.

NOTE: The assessment for nonsurgical patients will include pain scale, visualization, palpation, range of motion (ROM), and strength. The assessment for postsurgical patients will include those previously mentioned, and sensation and circulation.

- a. Pain scale. Ask the patient what he perceives his pain level is on a scale of 0-10, zero being no pain.
- b. Visualization. Look at the treatment area for--
 - (1) Swelling.
 - (2) Ecchymosis.
 - (3) Erythema.
 - (4) Atrophy.
 - (5) Temperature.

NOTE: Gait will be assessed for patients requiring an exercise program for the lower extremity.

Performance Steps

- c. Gait. Look at the patient walk across the floor.
- d. Palpation. Physically palpate the extremity/joint and/or area of symptoms.
- e. Range of motion. Have the patient move through the motions of the extremity/joint.
- f. Strength (gross assessment). Check the muscles of the extremity/joint to determine the patient's overall strength.
- g. Sensation. Check for areas of decreased sensation.
- h. Circulation. Ask the patient if they have circulation problems and check distal circulation of extremities by placing your first two fingers on the specific artery for that extremity, feeling for a pulse.

NOTE: The patient must remove his shoes prior to getting on the treatment table.

6. Prepare the patient.
 - a. Position the patient on the treatment table according to his diagnosis and prescribed exercises.
 - b. Position pillows as needed for patient comfort.
 - c. Position towels and sheets as needed to assist the patient in performing the exercise as required (e.g., active assistive range of motion, stretching).

7. Demonstrate exercises to the patient.

NOTE: Ensure the patient does not hold his breath while performing the exercises.

NOTE: Tell the patient to inform you if he experiences any changes in pain during the exercises.

8. Observe patient performing exercises.
 - a. Verbally explain how to perform the exercises and use appropriate hand placements to guide patient's motion or emphasize components of the exercise.
 - b. Tell the patient the correct parameters - repetitions, sets, hold-time, frequency, and exercise progression.
 - c. Instruct patient in breathing techniques during exercise performance.

9. Correct any faulty substitution patterns during exercise.

10. Verify patient's understanding of exercises and parameters by asking questions.

11. Monitor for adverse reactions.

- a. Ask the patient what his perceived pain level is after the procedure on a scale of 0-10, zero being no pain.
- b. Reassess visualization, palpation, range-of-motion, sensation, and circulation, as necessary.

12. Assist the patient after the exercises.

- a. Assist the patient out of the position of treatment if necessary.
- b. Assist the patient with his shoes if necessary.
- c. Provide with exercise handouts for his home exercise program (HEP) and ensure he recognizes potential adverse reaction when performing HEP.

13. Schedule any further treatments.

14. Document patient performance and understanding of instruction given on SF600/513 in the patient's medical record.

Performance Measures	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Reviewed the order.	_____	_____
2. Gathered equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the exercise treatment program.	_____	_____
5. Performed an assessment.	_____	_____
6. Prepared the patient.	_____	_____
7. Demonstrated exercises to the patient.	_____	_____
8. Observed patient performing exercises.	_____	_____
9. Corrected faulty substitution patterns during exercise.	_____	_____
10. Verified patient understanding of exercises.	_____	_____
11. Monitored for adverse reactions.	_____	_____
12. Assisted the patient after treatment.	_____	_____
13. Scheduled any further treatments.	_____	_____
14. Documented patient performance and understanding of instruction given on SF600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER A THERAPEUTIC EXERCISE PROGRAM FOR THE SPINE
081-836-0075

Conditions: You have a patient requiring a therapeutic exercise program for the spine, in a physical therapy clinic, with a written order on SF600/513 and/or verbal order from a physician, and the patient's medical record. You will need a treatment table, pillows, towels, clinic exercise handouts and post-op protocols, exercise equipment, and a pen.

Standards: Administered a spine therapeutic exercise program according to the order ensuring the patient correctly performed and verbalized understanding of the exercises. Corrected faulty substitution patterns, modified exercises appropriate to level of patient, and monitored for adverse reactions without causing injury or unnecessary discomfort to the patient. Documented the treatment in the patient's medical record.

Performance Steps

1. Review the order to identify the--
 - a. Area to be treated.
 - b. Exercises to instruct patient.

NOTE: Equipment and exercise handouts will vary according to the diagnosis and treatment plan specific to each patient.

2. Gather the equipment.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the exercise treatment program to the patient in words he will understand.
 - a. Explain the diagnosis or surgical procedure (general) to the patient.
 - b. Explain the purpose and intended effects of the exercises to the patient.
 - c. Tell the patient if there are any exercise precautions for his diagnosis.
5. Perform an assessment.
 - a. Pain scale. Ask the patient what he perceives his pain level to be on a scale of 0-10, zero being no pain.
 - b. Visualization. Look at the treatment area for--
 - (1) Postural deviations.
 - (2) Muscle spasms.
 - (3) Atrophy.
 - (4) Swelling.
 - (5) Temperature.
 - (6) Ecchymosis.
 - (7) Erythema.
 - c. Gait. Look at the patient walk across the floor.
 - d. Palpation. Physically palpate the spine and/or area of symptoms.
 - e. Sine range of motion. Have the patient move through the motions of the spine.

NOTE: The patient must remove his shoes prior to getting on the treatment table.

6. Prepare the patient.
 - a. Position the patient on the treatment table according to his diagnosis and prescribed exercises.
 - b. Position pillows and towels as needed for patient comfort (e.g., towel roll under forehead, pillow under the abdomen or head).

Performance Steps

7. Demonstrate exercises to the patient.

NOTE: Ensure that the patient does not hold his breath while performing the exercises.

NOTE: Tell the patient to inform you if he experiences any changes in pain during the exercises.

8. Observe patient performing exercises.

a. Verbally explain how to perform the exercises and use appropriate hand placement to guide the patient's motion or emphasize components of the exercise.

b. Tell the patient the correct dosage parameters - repetitions, sets, hold-time, frequency, and exercise progression.

c. Instruct the patient in breathing techniques during exercise performance.

9. Correct faulty substitution patterns during exercise.

10. Verify the patient's understanding of exercises and parameters by asking questions.

11. Monitor for adverse reactions.

a. Ask the patient what he perceives his pain level to be after the exercises on a scale of 0-10, zero being no pain.

b. Reassess visualization, palpation, and range of motion, as necessary.

12. Assist the patient after the exercises.

a. Assist the patient out of the position of treatment if necessary.

b. Assist the patient with his shoes if necessary.

c. Provide the patient with exercise handouts for his home exercise program (HEP) and ensure he recognizes potential adverse reactions when performing HEP.

13. Schedule any further treatments.

14. Document patient performance and understanding of instruction given on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Gathered equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the exercise treatment program.	_____	_____
5. Performed an assessment.	_____	_____
6. Prepared the patient.	_____	_____
7. Demonstrated exercises to patient.	_____	_____
8. Observed patient performing exercises.	_____	_____
9. Corrected faulty substitution patterns during exercise.	_____	_____
10. Verified patient understanding of exercises.	_____	_____

Performance Measures

	<u>GO</u>	<u>NO</u> <u>GO</u>
11. Monitored for adverse reactions.	_____	_____
12. Assisted the patient after treatment.	_____	_____
13. Scheduled any further treatments.	_____	_____
14. Documented patient performance and understanding of instruction given on SF600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

ADMINISTER AN ISOTONIC EXERCISE PROGRAM

081-836-0092

Conditions: You have a patient with a muscular deficiency, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, and the patient's medical record. You will need a hospital gown, bed sheet, pillow and pillowcase, clinic protocol on isotonic exercises, a treatment table, 24 inches of rubber tubing, scissors, goniometer, cloth tape, stationary object (e.g., doorknob), universal weight machine, and varied sizes of dumbbell free weights.

Standards: Performed the exercise on the area of the patient needing treatment, for the number of sets/repetitions prescribed and the prescribed range of motion (ROM) was reached as specified in the written treatment order or stated by the physician.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Number of repetitions and sets.
 - c. Amount of motion to obtain during the exercise.
 - d. Technique required.
2. Prepare equipment.
 - a. Make up the treatment table using clean bed sheet, pillow, and pillowcase.
 - b. Gather a goniometer and clinic protocol on isotonic exercises.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Inspect equipment.

NOTE: For exercises requiring rubber tubing, measure and cut approximately 24 inches of rubber tubing. Secure the tubing in a nonslip knot by tying the end, or using cloth tape.

NOTE: Attach the rubber tubing securely to a fixed stationary object (for example, doorknob) at a point approximately waist high to the patient. Pull forcefully once or twice to ensure that the rubber tubing is securely attached.

NOTE: For instruction on isotonic exercise equipment (universal machine), set the weight and adjust the height so that the patient's feet are flat on the floor.

- a. Inspect the universal weight machine to ensure all parts are moving freely and safe for patient use.
 - b. Inspect free hand weights for serviceability.
5. Prepare the patient.
 - a. Describe the provider's diagnosis from the written or verbal order in words he will understand.
 - b. Explain the desired effects of the isotonic exercises.
 - (1) Isotonic exercises will allow the body part to be moved through the range of motion using the same resistance throughout the ROM.
 - (2) Isotonic exercises will allow the extremity to move through the range of motion using the same amount of resistance with a variable speed.
 - c. Instruct the patient to breathe normally and use proper body mechanics (e.g., lifting with his legs, not his back) during the exercises.

Performance Steps

- d. Assist the patient in removing clothing and provide a hospital gown as necessary.
 - e. Position the patient on the treatment table and per the clinic protocol on isotonic exercises, for the body part to be treated.
6. Perform the "seven-step" assessment.
- a. Pain scale. Ask the patient what he perceives his pain to be on a scale of 0-10, zero being no pain.
 - b. Visualization. Look at the exposed area.
 - c. Palpation. Physically palpate the area.
 - d. Circulation. Ask the patient if he has circulation problems and check distal circulation of extremities by placing your first two fingers on the extremity specific artery feeling for a pulse.
 - e. Sensation. Check for anesthetic areas.
 - f. Joint motion measurement. Take measurements with a goniometer to determine patient's full available range of motion.
 - g. Gross manual muscle testing. Check GMMT to determine patient's strength.
7. Instruct the patient in the exercises.

NOTE: Demonstrate the isotonic exercise to the patient, simulating the patient's injury. Have the patient perform the exercises after being instructed in the procedure and make corrections as necessary.

- a. Ensure that the patient moves the body part(s) slowly through the range of motion ensuring that the patient's affected side is exercised (use goniometer to ensure required amount of motion).
- b. If muscle contractures or pain prevent the patient from moving through complete range of motion of a joint, encourage the patient to use additional effort to move the part past the restriction trying to stretch the muscle and increase the ROM.
- c. Monitor the patient's reactions by closely observing the verbal and facial expressions during the entire program. If indications of pain are observed, record observations on the SF 600/513.

- 8. Schedule any further treatments.
- 9. Document treatment on SF 600/513 in patient's medical records.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Prepared equipment.	_____	_____
3. Inspected equipment.	_____	_____
4. Introduced self and verified patient.	_____	_____
5. Prepared the patient.	_____	_____
6. Performed the "seven-step" assessment.	_____	_____
7. Instructed and assisted the patient in the exercises.	_____	_____
8. Scheduled any further treatments.	_____	_____
9. Documented treatment on SF 600/513 in the patient's medical records.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References**Required**

None

Related

TC 8-640

ADMINISTER AN ISOMETRIC EXERCISE PROGRAM

081-836-0093

Conditions: You have a patient with a muscular deficiency, in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physician, patient's medical records, hospital gown, bed sheet, pillow, pillowcase, clinic protocol on isometric exercises, a treatment table, and a goniometer.

Standards: Reached the number of sets/repetitions prescribed and the prescribed range of motion (ROM) as specified in the written treatment order or stated by the physician when the exercise was performed on the area of the patient needing treatment.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Number of repetitions and sets.
 - c. Amount of motion to be obtained during the exercise.
 - d. Technique required.
2. Prepare equipment.
 - a. Make up treatment table using clean bed sheet, pillow, and pillowcase.
 - b. Gather a goniometer and clinic protocol on the isometric exercise that the patient will perform.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Prepare the patient.
 - a. Explain to the patient the diagnosis from the written or verbal order in words he will understand.
 - b. Explain the desired effects of the isometric exercises.
 - (1) The exercise will assist in increasing muscle tone, decreasing muscle atrophy, and increasing the strength in the area being used.
 - (2) Isometrics are exercises in which the patient tightens up the muscle but there is no change in the length of the muscle.
 - c. Instruct the patient to breathe normally during the exercises.
 - d. Assist the patient in removing clothing and provide a hospital gown as necessary.
 - e. Position the patient on the treatment table IAW the clinic protocol on isometric exercises, for the body part being treated.
5. Perform the "seven-step" assessment.
 - a. Pain scale. Ask the patient what he perceives the pain to be on a scale of 0-10, zero being no pain.
 - b. Visualization. Look at the exposed area.
 - c. Palpation. Physically palpate areas.
 - d. Circulation. Ask the patient if they have circulation problems and check distal circulation of extremities by placing your first two fingers on the extremity-specific artery feeling for a pulse.
 - e. Sensation. Check for anesthetic areas.
 - f. Joint motion measurement. Take measurements with a goniometer to determine the patient's full available range of motion.
 - g. Gross manual muscle testing. Check GMMT to determine patient's strength.

Performance Steps

CAUTION: Report to the physical therapist any abnormalities that are not documented in the patient's medical records, especially signs of swelling, infection, or inflammation. Document any abnormality observed or palpated, which is not already entered in the patient's medical records.

6. Instruct the patient in performing exercises according to the clinic protocol on isometric exercises (use goniometer to ensure required amount of motion is being performed).

NOTE: Demonstrate the exercises to the patient, simulating the patient's condition. Allow the patient to practice the exercise after being instructed in the procedure.

- a. Correct the patient's performance, as needed.
- b. Monitor the patient's reactions by closely observing the verbal and facial expressions during the entire program. If indications of pain are observed, have the patient discontinue the exercise and record the observations on the SF 600/513.

7. Schedule any further treatments.

8. Document treatment on SF 600/513 in the patient's medical records.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Prepared equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Prepared the patient.	_____	_____
5. Performed the "seven-step" assessment.	_____	_____
6. Instructed patient in the exercises.	_____	_____
7. Scheduled any further treatments.	_____	_____
8. Documented treatment on SF 600/513 in the patient's medical records.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required
None

Related
TC 8-640

ADMINISTER STRETCHING TECHNIQUES

081-836-0094

Conditions: You have a patient with muscular tightness, in a physical therapy clinic, with a written order on SF600/513 and/or verbal order from a physician, and the patient's medical record. You will need a towel, pillow, sheet, clinic exercise handouts, clinic protocols (if applicable), and a treatment table.

Standards: Administered stretching exercises according to the order, ensuring the patient performs and verbalizes understanding of the exercises. Corrected faulty substitution patterns, modified stretching exercises appropriate for the patient, and monitored for adverse reactions. Documented the treatment in the patient's medical record.

Performance Steps

1. Review the order to identify the--
 - a. Diagnosis.
 - b. Area to be treated.
 - c. Stretching exercises prescribed.

NOTE: Equipment and exercise handouts will vary according to the diagnosis and treatment plan specific to each patient.

2. Gather the equipment.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the stretching exercise program to the patient in words he will understand.
 - a. Explain the diagnosis or surgical procedure (general).
 - b. Explain the purpose and intended effects of the stretching exercises.
 - c. Explain any exercise precautions for his diagnosis.
5. Perform an assessment.

NOTE: The assessment for nonsurgical patients will include pain scale, visualization, palpation, range of motion (ROM), and strength. The assessment for postsurgical patients will include those previously mentioned and sensation and circulation.

- a. Pain scale. Ask the patient what he perceives his pain level to be on a scale of 0-10, zero being no pain.
 - b. Visualization. Look at the treatment area for--
 - (1) Swelling.
 - (2) Temperature.
 - (3) Ecchymosis.
 - (4) Atrophy.
 - (5) Erythema.
 - c. Gait. Watch the patient walk across the floor, observing for obvious gait deviations.
- NOTE:* Gait is assessed for patients requiring an exercise program for the lower extremity.
- d. Palpation. Physically palpate the extremity/joint and/or area of symptoms.
 - e. Range of motion. Have the patient move through the motions of the extremity/joint.
 - f. Strength (gross assessment). Check the muscles of the extremity/joint to determine the patient's overall strength.
 - g. Sensation. Check for areas of decreased sensation.
 - h. Circulation. Ask the patient if they have circulation problems and check distal circulation of extremities by placing your first two fingers on the specific artery of that

Performance Steps

extremity, feeling for a pulse.

NOTE: The patient must remove shoes prior to getting on the treatment table.

6. Prepare the patient.
 - a. Position the patient on the treatment table according to diagnosis and prescribed exercises.
 - b. Position pillow as needed for patient comfort.
 - c. Position towel and sheet as needed to assist the patient in performing the stretching exercise as required.

7. Demonstrate stretching exercises.

NOTE: Instruct the patient not to hold his breath while performing the stretching exercises.

NOTE: Tell the patient to inform you if he experiences any changes in pain during the stretching exercises.

8. Observe the patient performing stretching exercises.
 - a. Verbally explain how to perform the stretching exercises and use appropriate hand placements to guide the patient's motion or emphasize components of the exercise.
 - b. Tell the patient the correct parameters (repetitions, sets, hold-time, and frequency).
 - c. Instruct the patient in breathing techniques during stretching exercise performance.
9. Correct any faulty substitution patterns.
10. Verify patient's understanding of stretching exercises and parameters by asking questions.
11. Monitor for adverse reactions.
 - a. Ask the patient what he perceives his pain level to be after the exercises on a scale of 0-10, zero being no pain.
 - b. Reassess visualization, palpation, range of motion, sensation and circulation, as necessary.
12. Assist the patient after the exercises.
 - a. Assist the patient out of the position of treatment if necessary.
 - b. Assist the patient with his shoes if necessary.
13. Provide the patient with exercise handouts for the home exercise program (HEP) and ensure he recognized potential adverse reactions when performing HEP.
14. Schedule any further treatments.
15. Document patient performance and understanding of instruction given on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Gathered the equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained stretching exercise program to patient.	_____	_____

Performance Measures	<u>GO</u>	<u>NO</u> <u>GO</u>
5. Performed an assessment.	_____	_____
6. Prepared the patient.	_____	_____
7. Demonstrated stretching exercises to the patient.	_____	_____
8. Observed patient performing stretches.	_____	_____
9. Corrected faulty substitutions.	_____	_____
10. Verified patient's understanding of stretches and parameters.	_____	_____
11. Monitored for adverse reactions.	_____	_____
12. Assisted the patient after exercises.	_____	_____
13. Provided the patient with exercise handouts.	_____	_____
14. Scheduled any further treatments.	_____	_____
15. Documented patient performance and understanding of instruction given on SF600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

Subject Area 5: Tests and Measures

PERFORM GIRTH MEASUREMENTS**081-836-0031**

Conditions: You have a patient requiring girth measurements of a joint/area (ankle/knee/thigh), in a physical therapy clinic, with a written order on SF600/513 and/or verbal order from a physician. You will need the patient's medical record, hospital gown, pen, tape measure, a towel, and a treatment table.

Standards: Performed the girth measurements of the specified joint/area. Documented the measurements in the patient's medical record.

Performance Steps

1. Review the order to identify the body area(s) to be measured.
 2. Gather equipment.
 3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
NOTE: Patient must be wearing shorts to check girth measurements of the knee/thigh.
 4. Explain the procedure to the patient in words he will understand.
 5. Prepare the patient.
 - a. Assist the patient in removing clothing and provide a hospital gown if necessary.
 - b. Position the patient supine on the treatment table.
 6. Perform a knee/thigh girth measurement.
 - a. Palpate and mark the medial joint line (MJL) of both knees with a pen.
 - b. Wrap the tape measure around the girth of each knee at the identified marks.
 - c. Palpate the patient's vastus medialis (VMO) and mark the location with a pen. Measure girth at each VMO.
 - d. Palpate approximately midpoint of the patient's vastus lateralis and mark the location with a pen. Measure girth at each vastus lateralis midpoint.
 7. Document the knee/thigh measurements on SF600/513 in the patient's medical record.
NOTE: Do not measure all patients at a given point (e.g., 10 cm and 20 cm above patella). This may not give a true reflection of atrophy for all patients. Medial joint line was chosen because of the preciseness of the location.
- NOTE:* When annotating girth location, examiner must describe the location of measurement by measuring the distance from MJL to location of measurement. Example: Girth = 28 cm @ 12 cm above MJL.
8. Perform an ankle girth measurement using the figure-8 method.
 - a. Remove shoes and socks from both feet.
 - b. Position patient supine, with ankles slightly extended over the end of the treatment table.
 - c. Locate and mark landmarks on both feet with a pen.
 - (1) Distal tip of later malleolus.
 - (2) Base of 5th metatarsal.
 - (3) Tibialis anterior tendon.

Performance Steps

- (4) Navicular tuberosity.
 - (5) Distal tip of medial malleolus.
 - (6) Achilles tendon.
 - d. Position the patient's unaffected lower extremity on a towel roll with the ankle in the neutral position for eversion and inversion while keeping it dorsiflexed to the neutral position.
 - e. Measure the unaffected ankle.
 - (1) Place the beginning of the tape midway between the tibialis anterior tendon and the lateral malleolus.
 - (2) Draw the tape medially across the instep and place it just distal to the navicular tuberosity.
 - (3) Cross the tape measure over the tibialis anterior tendon.
 - (4) Continue the tape measure around the ankle joint just distal to the tip of the medial malleolus.
 - (5) Pull the tape measure across the Achilles tendon.
 - (6) Place the tape measure just distal to the distal tip of the lateral malleolus.
 - (7) Complete the measurement by drawing the tape measure to the start point.
 - f. Repeat measurement technique to the affected ankle.
9. Document the ankle measurements on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Gathered equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained procedure to patient in words he could understand.	_____	_____
5. Prepared the patient.	_____	_____
6. Performed knee/thigh girth measurements.	_____	_____
7. Documented knee/thigh measurements on SF600/513 in patient's medical record.	_____	_____
8. Performed ankle girth measurements.	_____	_____
9. Documented ankle measurements on SF600/513 in patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

PERFORM JOINT RANGE OF MOTION MEASUREMENTS
081-836-0046

Conditions: You have a patient with decreased range of motion, in a physical therapy clinic, with a written order on SF600/513 and/or verbal order from a physician, and the patient's medical record. You will need a pen, a treatment table, a large and small goniometer, a hospital gown, a tape measure, and TC 8-640.

Standards: Performed the joint motion measurement of the joint(s) specified in the order. Documented the measurements in the patient's medical record.

Performance Steps

1. Review the order to identify the joints(s) requiring measurement.
2. Gather the equipment.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the procedure to the patient in words he will understand.

NOTE: Joint motion measurement (JMM) is a way to determine how much range of motion you have in your joints. JMM will be used in determining the exercise program. The patient will be placed in different positions to determine the correct motion of his joints.

5. Ask the patient what his pain level is on a scale of 0-10, zero being no pain.
6. Prepare the patient for the procedure.
 - a. Have the patient remove clothing, jewelry, and footgear covering the joints to be measured and provide a hospital gown if necessary.
 - b. Position the patient on the treatment table according to the joint being measured.

7. Demonstrate the motion of the joint to be measured.

NOTE: The patient should actively move through the motion on his own, unless the treatment order states this motion should be measured passively. The physical therapy specialist should properly stabilize the joint as necessary.

8. Instruct the patient to move the joint(s) as far as possible in the desired plane of movement and hold the position.

NOTE: If the patient is unable to perform the desired motion, annotate in his medical record the degrees he did attain. The patient may not be able to obtain the required range of motion (ROM) because motion may increase the patient's pain or joint restriction or muscle tightness that is prohibiting him from going through the full ROM.

9. Measure the correct degrees of motion.
 - a. Place the goniometer on the joint.
 - b. Line up the goniometer with the proper landmarks according to TC8-640 (e.g., knee flexion - stationary arm parallel on the femur with the greater trochanter; moving arm parallel to the fibula in line with the lateral malleolus).
 - c. Round down the degrees to the nearest five-degree mark, and document on SF600/513.

NOTE: Document the exact degrees that were measured if there is an extension lag.

10. Monitor for adverse reactions.
 - a. Assess changes in pain or discomfort while measuring.

Performance Steps

- b. Ask the patient what his pain is after the procedure on a scale of 0-10, zero being no pain.
- 11. Assist the patient from the position of treatment.
- 12. Assist the patient with his clothing or shoes if necessary.
- 13. Schedule any further treatments.
- 14. Document treatment on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Gathered the equipment.	_____	_____
3. Introduced self and verified the patient.	_____	_____
4. Explained the procedure to the patient.	_____	_____
5. Prepared the patient.	_____	_____
6. Demonstrated the joint motions.	_____	_____
7. Instructed the patient in the joint motions.	_____	_____
8. Measured the degrees of motion.	_____	_____
9. Assisted the patient after the treatment.	_____	_____
10. Assisted the patient with his clothing.	_____	_____
11. Scheduled any further treatments.	_____	_____
12. Documented treatment on SF600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required
TC 8-640

Related
None

PERFORM GROSS MANUAL MUSCLE TESTS

081-836-0049

Conditions: You have a patient with decreased strength, in a physical therapy clinic, with a written order on SF600/SF513 and/or verbal order from a physician, and the patient's medical record. You will need a treatment table, a bed sheet, a pillow, a pillowcase, a hospital gown, a towel, and a pen.

Standards: Assessed and documented the patient's gross manual muscle strength, and recommended an exercise activity for the area(s) stated on the order without causing injury or unnecessary discomfort to the patient.

Performance Steps

1. Review the order to identify the body area to be assessed.
2. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.
NOTE: Ensure a towel is available.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the procedure to the patient in words he will understand.
5. Ask the patient what he perceives his pain level to be on a scale of 0-10, zero being no pain.
6. Prepare the patient.
 - a. Assist the patient in removing clothing and provide a hospital gown, if necessary.
 - b. Position the patient on the treatment table according to the treatment area, comfort, medical condition, and safety. Position towel if needed for a particular joint.
7. Conduct gross manual muscle tests (GMMT).
NOTE: Muscles are graded as follows:
 - * Zero "0" - no evidence of muscle contraction; a passive motion.
 - * Trace "1" - slight contraction but no joint movement. Tendon may become more prominent during contraction; passive motion but try to achieve active-assistive motion.
 - * Poor "2" - complete ROM with gravity eliminated (lessened); active-assistive (against gravity) or active with gravity eliminated.
 - * Fair "3" - complete ROM against gravity; active (against gravity).
 - * Good "4" - complete ROM against gravity with moderate resistance; resistive.
 - * Normal "5" - complete ROM against gravity with maximal resistance; normal activity.

NOTE: Always perform the "FAIR" test first.

- a. Perform GMMT to the unaffected extremity to assess a baseline of what 5/5 (normal) grade feels like.
- b. Ensure you have proper hand placement.
 - (1) Properly stabilize the patient proximal to the affected joint.
 - (2) Correct hand placement to apply resistance as needed distal to the affected joint.

NOTE: Example: If the knee is the affected joint, you would stabilize above the knee joint and resist just proximal to the ankle and distal to the knee joint.

- c. Have the patient give maximum effort for each grade tested.
- d. Verbally correct faulty substitution motions.

NOTE: If the patient is unable to perform the desired grade, check for one of these possible

Performance Steps

reasons:

1. Test could possibly increase the patient's pain to a point where they can no longer give maximum effort.
2. Patient could have a joint restriction or muscle tightness that is prohibiting him from going through the full range of motion.
3. It could possibly be due to true muscle weakness that is prohibiting him from full range of motion.

NOTE: If any of these occur, ensure proper documentation is done in the patient's medical record.

8. Establish the correct muscle grade.
 - a. After beginning with the patient in the "Fair" position, reposition the patient for the next test of either "Poor" or "Good".
 - b. After establishing correct grade, ensure proper documentation in the patient's medical record.
9. Monitor patient for adverse reactions.
 - a. Assess changes in pain/discomfort during testing.
 - b. Ask the patient what he perceives his pain level to be after the treatment on a scale of 0-10, zero being no pain.

NOTE: Document all reactions whether positive or negative.

10. Assist patient following treatment, if needed.
 - a. Assist the patient out of the position of treatment.
 - b. Assist the patient with his clothing or shoes, if necessary.
11. Schedule any further treatments.
12. Document treatment on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Made up the treatment table.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained the procedure to the patient.	_____	_____
5. Asked the patient what his pain level was.	_____	_____
6. Prepared the patient.	_____	_____
7. Conducted gross manual muscle tests.	_____	_____
8. Established the correct muscle grade.	_____	_____
9. Monitored the patient for adverse reactions.	_____	_____
10. Assisted the patient following treatment.	_____	_____
11. Scheduled any further treatments.	_____	_____

Performance Measures

<u>GO</u>	<u>NO</u>
	<u>GO</u>

- | | | |
|--|-------|-------|
| 12. Documented treatment on SF600/513 in the patient's medical record. | _____ | _____ |
|--|-------|-------|

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

PERFORM COMPONENTS OF A KNEE EXAMINATION
081-836-0080

Conditions: You have a patient requiring a knee examination, in a physical therapy clinic, with a written order on SF600/513 and/or verbal order from a physician, and the patient's medical record. You will need a treatment table, a bed sheet, a pillow, a pillowcase, a hospital gown, a goniometer, a tape measure, and a pen.

Standards: Performed the examination, documenting the patient history and the findings in the examination. Explained the disorder/injury to the patient, initiated rehabilitation with explicit patient instructions, and presented the examination note to the physical therapist for review.

Performance Steps

1. Review the order to identify the extremity requiring examination.
2. Gather equipment.
 - a. Goniometer.
 - b. Tape measure.
3. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.
4. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
5. Prepare the patient for the examination.

NOTE: The patient needs to remove both shoes and socks.

 - a. Assist the patient in removing his clothing and provide a hospital gown, if necessary.
 - b. Position the patient on the treatment table according to the extremity being examined.
 - c. Drape the patient with a towel, if necessary.
6. Conduct a patient history.

NOTE: The patient history should include, but is not limited to the following.

 - a. Ask the patient the following information:
 - (1) Age.
 - (2) Gender.
 - (3) Date of injury (DOI)/onset.
 - (4) Mechanism of injury (MOI).
 - (5) Location of pain (if any).
 - (6) Was there a pop or snap heard/felt.
 - (7) Was there immediate or delayed swelling.
 - (8) Did he receive prior treatment.
 - (9) Mechanisms that increase symptoms and methods found to decrease symptoms.
 - (10) Is there a prior medical history.
 - (11) Shoe type/age of shoes.
 - (12) Ask the patient what he perceives his pain level to be on a scale of 0-10, zero being no pain.
 - (13) Are there any ankle/hip symptoms.
7. Perform tests and measures.
 - a. Gait. Watch the patient walk across the floor.
 - b. Visualization. Look for the following:
 - (1) Erythema.
 - (2) Ecchymosis.

Performance Steps

- (3) Skin breakdown.
 - (4) Visible swelling.
 - c. Palpation. Physically palpate the following structures:
 - (1) Medial joint line.
 - (2) Quad and patella tendons.
 - (3) Fibular head.
 - (4) Patella borders.
 - (5) Vastus medialis.
 - d. Sensation. Check for anesthetic areas.
 - (1) Light touch over dermatomes.
 - (2) Peripheral nerve innervations.
 - e. Circulation. Ask the patient if he has circulation problems and check distal circulation of extremities by placing your first two fingers on the dorsalis pedis/tibial pulses or checking for capillary refill.
 - f. Joint motion measurement (JMM). Measure JMM using a goniometer.
- NOTE:* Gross manual muscle tests (GMMT) may be deferred if there is pain.
- g. GMMT. Check strength in the quadriceps and hamstrings muscles.
 - h. Girth measurements. Measure girth using a tape measure.
- NOTE:* Points at which girth measurements are taken will vary from patient to patient. Girth measurements should be taken where there is effusion or marked atrophy. Use the medial joint line for a reference point, and then measure at two points above it and two points below it.
- i. Perform special tests.
- NOTE:* All structures of the knee are to be tested on every examination, regardless of MOI, etiology, or patient complaints.
- (1) Anterior cruciate ligament (ACL) - anterior drawer, Lachman's, pivot shift.
 - (2) Posterior cruciate ligament (PCL) - posterior drawer, sag.
 - (3) Medial collateral ligament (MCL) - valgus stress at 0 and 30 degrees knee flexion.
 - (4) Lateral collateral ligament (LCL) - varus stress at 0 and 30 degrees knee flexion.
 - (5) Meniscus - McMurray's, bounce home, Apley's compression.
 - (6) Patella - patella femoral glide, apprehension, plica.
- NOTE:* If gapping is found when performing varus or valgus stress at 0 degrees, distal pulses must be immediately checked for integrity.
- 8. Determine an assessment.
 - a. Document positive finding in the patient problem list of the progress note.
 - b. Document the disorder.
 - c. Explain the diagnosis to the patient in words he will understand.
 - 9. Determine a prognosis.
 - a. Develop long- and short-term goals.
 - b. Decide how many clinical visits the patient will require.
 - c. Determine date for a follow-up appointment.
 - 10. Determine appropriate intervention for the disorder/injury.
 - a. Perform a modality treatment, if necessary.
 - b. Instruct the patient in an exercise program.
 - 11. Assist the patient after the examination.
 - a. Assist the patient out of the position of examination.
 - b. Assist the patient with clothing, if necessary.
 - 12. Schedule any further treatments.

Performance Steps

13. Document examination on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Gathered equipment.	_____	_____
3. Made up the treatment table.	_____	_____
4. Introduced self and verified patient.	_____	_____
5. Prepared the patient.	_____	_____
6. Conducted patient history.	_____	_____
7. Performed tests and measures.	_____	_____
8. Determined an assessment.	_____	_____
9. Determined a prognosis.	_____	_____
10. Determined the intervention.	_____	_____
11. Assisted the patient after treatment.	_____	_____
12. Scheduled any further treatments.	_____	_____
13. Documented examination on SF600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

PERFORM COMPONENTS OF AN ANKLE EXAMINATION
081-836-0096

Conditions: You have a patient requiring an ankle examination, in a physical therapy clinic, with a written order on SF600/513 and/or verbal order from a physician, and the patient's medical record. You will need a hospital gown, a treatment table, a bed sheet, a pillow, a pillowcase, a goniometer, a tape measure, and a pen.

Standards: Performed the examination, documenting the patient history and the findings in the examination. Explained the disorder/injury to the patient, initiated rehabilitation with explicit patient instructions, and presented the examination note to the physical therapist for review.

Performance Steps

1. Review the order to identify the extremity requiring examination.
2. Gather equipment.
3. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.
4. Introduce yourself, as the physical therapy specialist, and verify the patient with the order.
5. Prepare the patient for the examination.

NOTE: The patient needs to roll up his pant legs and remove both shoes and socks.

- a. Assist the patient in removing his clothing and provide a hospital gown, if necessary.
- b. Position the patient on the treatment table according to the extremity being examined.
- c. Drape the patient with a towel, if necessary.

6. Conduct a patient history.

NOTE: The patient history should include, but is not limited to, the following.

- a. Ask the patient for the following information:
 - (1) Age.
 - (2) Gender.
 - (3) Date of Injury (DOI)/onset.
 - (4) Mechanism of injury (MOI).
 - (5) Location of pain if any.
 - (6) Was there immediate or delayed swelling.
 - (7) Was there a pop or snap heard/felt.
 - (8) Did he receive prior treatment.
 - (9) Mechanisms that increase symptoms and methods found to decrease symptoms.
 - (10) Is there a prior medical history.
 - (11) Shoe type/age of shoes.
 - (12) Ask the patient what he perceives his pain level to be on a scale of 0-10, zero being no pain.
 - (13) Are there any knee/hip symptoms.

7. Perform tests and measures.

- a. Gait. Watch the patient walk across the floor.
- b. Visualization. Look for the following:
 - (1) Erythema.
 - (2) Ecchymosis.
 - (3) Skin breakdown.
 - (4) Visible swelling.

Performance Steps

- c. Palpation. Physically palpate the following structures:
 - (1) Fibular head.
 - (2) Tibial crest.
 - (3) Gastrocnemius/Achilles tendon.
 - (4) Medial/lateral malleolus.
 - (5) Ligaments - deltoid ligament, anterior talofibular ligament (ATFL), calcaneofibular ligament (CFL), posterior talofibular ligament (PTFL).
 - (6) Sinus tarsi.
 - (7) Sustentaculum tali.
 - (8) All metatarsals.
 - (9) Navicular.
 - (10) Plantar fascia.
- d. Sensation. Check for anesthetic areas.
 - (1) Light touch over dermatomes.
 - (2) Peripheral nerve innervations.
- e. Circulation. Ask the patient if they have circulation problems and check distal circulation of extremities by placing your first two fingers on the dorsalis pedis/tibial pulses or checking for capillary refill.
- f. Joint motion measurement (JMM). Measure JMM using a goniometer.

NOTE: Gross manual muscle tests (GMMT) may be deferred if there is pain.

- g. GMMT. Check strength in inversion, eversion, plantar flexion, and dorsiflexion.
- h. Take girth measurements using the figure-8 method, using the following landmarks:
 - (1) Proximal to the base of the 5th metatarsal.
 - (2) Distal to the navicular tuberosity.
 - (3) Inferior to the med/lat malleoli.
- i. Perform special tests.

NOTE: All structures of the ankle are to be tested on every examination, regardless of MOI, etiology, or patient complaints.

- (1) Anterior drawer - tests the integrity of the ATFL.
- (2) Talar tilt - tests the integrity of the CFL.
- (3) Thompson test - tests for an Achilles tendon rupture.
- (4) Tib/Fib compression - tests the integrity of the interosseous membrane.
- (5) Single leg stance - tests for proprioception in the ankle.

- 8. Determine an assessment.
 - a. Document positive findings in the patient problem list of the progress note.
 - b. Document the disorder.
 - c. Explain the diagnosis to the patient in words he will understand.
- 9. Determine a prognosis.
 - a. Develop long- and short-term goals.
 - b. Decide how many clinical visits the patient will require.
 - c. Determine date for a follow-up appointment.
- 10. Determine appropriate intervention for the disorder/injury.
 - a. Perform a modality treatment, if necessary.
 - b. Instruct the patient in an exercise program.
- 11. After the examination, assist the patient--
 - a. Out of the position of examination.
 - b. With clothing if necessary.

Performance Steps

- 12. Schedule any further treatments.
- 13. Document examination on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Gathered equipment.	_____	_____
3. Made up the treatment table.	_____	_____
4. Introduced self and verified patient.	_____	_____
5. Prepared the patient.	_____	_____
6. Conducted patient history.	_____	_____
7. Performed tests and measures.	_____	_____
8. Determined an assessment.	_____	_____
9. Determined a prognosis.	_____	_____
10. Determined the intervention.	_____	_____
11. Assisted the patient after treatment.	_____	_____
12. Scheduled any further treatments.	_____	_____
13. Documented examination on SF600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

Subject Area 6: Musculoskeletal Injury Prevention and Control

CONDUCT A BACK CARE CLASS**081-836-0067**

Conditions: You have patients with acute, sub-acute, or chronic back pain, in a physical therapy clinic, with written orders on SF 600/513 and/or verbal orders from a physician and the patients' medical records. You will need a spine model, clinic back care information sheets, pamphlets or handouts, and a pen.

Standards: Conducted a class on restorative therapeutic exercise and injury prevention training for back pain. Documented scope of training, and patients' performance, limitations, and compliance in the patients' medical records.

Performance Steps

1. Review the order to identify the:
 - a. Diagnosis.
 - b. Time of treatment.
 - c. Patients' limitations and/or precautions.
2. Introduce yourself, as the physical therapy specialist, and verify patients with the orders.
3. Prepare the patients and exercise area.

NOTE: Ask the patients what they perceive their current pain level to be on a scale of 0-10, zero being no pain, 10 being maximal amount of pain.

NOTE: The patients should wear clothing to aid in observation of posture and body landmarks (e.g., shorts, sports bra).

NOTE: Use a spine model as a visual aid for identifying back anatomy for the patients.

4. Provide patients with back care information sheets, pamphlets, or handouts to reinforce instruction.
5. Provide instruction on basic spine anatomy and simple description of various spinal pathologies.
6. Provide exercise/lifting instruction appropriate to each patient.
 - a. Emphasize importance of performing exercise/lifting techniques within their pain limit and as directed by their consulting provider.
 - b. Emphasize to patients the importance of observing proper body mechanics as outlined in the information sheet to prevent further injury or recurrence of injury.
7. Demonstrate exercise/lifting techniques and parameters to patients.
8. Observes patients performing exercise or lifting (e.g. golfers lift, diagonal lift and full squat and lift) techniques and verbalize parameters.
9. Correct any faulty substitution patterns during exercise/lifting techniques.
10. Verify patients' understanding of exercise/lifting techniques by asking questions.

NOTE: Ask the patients what they perceive their current pain level to be after the treatment on

Performance Steps

a scale of 0-10. Zero being no pain.

11. Schedule any further treatments.
12. Document patient performance and understanding of instruction given on SF 600/513 in their medical records.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the orders.	_____	_____
2. Introduced self and verified patients.	_____	_____
3. Prepared the patients and exercise area.	_____	_____
4. Provided patients with back care information sheets.	_____	_____
5. Provided instruction on basic spine anatomy and pathologies.	_____	_____
6. Provided appropriate exercise/lifting instruction.	_____	_____
7. Demonstrated exercise/lifting techniques correctly.	_____	_____
8. Observed patients performing exercise/lifting techniques.	_____	_____
9. Correct substitution patterns during exercise/lifting techniques.	_____	_____
10. Verified patients understanding of exercise/lifting techniques.	_____	_____
11. Scheduled any further treatments.	_____	_____
12. Documented patient performance and understanding of instruction given on SF 600/513 in their medical records.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

CONDUCT A KNEE CARE CLASS**081-836-0068**

Conditions: You have patients with acute, subacute, or chronic knee pain, in a physical therapy clinic, with written orders on SF600/513 or verbal orders from a physical therapist or physician, and the patients' medical records. You will need a knee model, local clinic knee information sheets, pamphlets or handouts, a pen, and an area to demonstrate and instruct knee exercises.

Standards: Conducted a class on restorative therapeutic exercise and injury prevention training for knee pain. Documented scope of training, patients' performance, limitations, and compliance in the patients' medical records.

Performance Steps

1. Review the orders to identify the--
 - a. Diagnosis.
 - b. Time of treatment.
 - c. Patients' limitations/precautions.
2. Introduce yourself, as the physical therapy specialist, and verify patients with the orders.
3. Prepare the patients and exercise area.

NOTE: Ask the patients what they perceive their current pain level to be on a scale of 0-10, zero being no pain, 10 being maximal amount of pain.

NOTE: The patients should wear shorts to aid in observation of posture and body landmarks.

NOTE: Use a knee model as a visual aid for identifying knee anatomy for the patients.

4. Provide patients with knee care information sheets, pamphlets, or handouts to reinforce instruction.
5. Provide instruction on basic knee anatomy and a simple description of various knee pathologies such as patellofemoral syndrome, iliotibial band tendonitis, and patellar tendonitis.
6. Provide exercise instructions appropriate for each patient to include patient handouts.
 - a. Emphasize the importance of performing exercise techniques within their pain limit and as directed by the consulting provider.
 - b. Emphasize the importance of observing proper body mechanics and exercise techniques as outlined in the exercise sheet to prevent further injury or recurrence.
7. Demonstrate exercises and parameters to the patients.
8. Observe patients performing the exercises.
9. Correct any faulty substitution patterns during exercise.
10. Verify the patients' understanding of the exercises by asking questions.

NOTE: Ask the patients what they perceive their current pain level to be after the treatment on a scale of 0-10, zero being no pain.
11. Schedule any further treatments.
12. Document patient performance and understanding of instruction given on SF600/513 in

Performance Steps

their medical records.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the orders.	_____	_____
2. Introduced self and verified patients.	_____	_____
3. Prepared patients and exercise area.	_____	_____
4. Provided patients with knee care information sheets.	_____	_____
5. Provided instruction on knee anatomy and pathologies.	_____	_____
6. Provided appropriate exercise instruction.	_____	_____
7. Demonstrated exercises correctly.	_____	_____
8. Observed patients performing exercises.	_____	_____
9. Corrected patients' faulty substitutions during exercise.	_____	_____
10. Verified patient understanding of exercise.	_____	_____
11. Scheduled any further treatments.	_____	_____
12. Documented patient performance and understanding of instruction given on SF600/513 in their medical records.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

CONDUCT A FOOT SCREENING

081-836-0095

Conditions: You have a patient requiring a foot screening in a physical therapy clinic, with a written order on SF 600/513 and/or verbal order from a physical therapist or physician, and the patient's medical record. You will need a pen, patient education handouts on various foot and running shoe types, and an area to observe the patient's foot.

Standards: Conducted a patient foot screening for injury prevention and patient education. Documented the patient's foot type and the most appropriate running shoe.

Performance Steps

1. Review the order to identify the--
 - a. Diagnosis.
 - b. Patient limitations and/or precautions.
2. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
3. Describe the three foot types to the patient.
 - a. Normal arch.
 - b. High arch.
 - c. Low arch (flat feet).
4. Describe the three running shoe types to the patient.
 - a. Normal arches need a stability shoe. It should be combination or slip lasted; semicurved, and have either a short or medium heel counter.
 - b. High arches need a cushioned shoe with a flexible midsole. It should be slip lasted, curved, and have either a short or medium heel counter.
 - c. Low arches (flat feet) need a shoe with motion control or a stable shoe with a firm midsole. It should be board lasted, straight or semicurved, and have either a medium or long, firm heel counter.

NOTE: Tell the patient ways to identify each type of shoe and online resources, or trained specialty shoe sales personnel.

5. Provide the patient with basic information on quality running shoes such as cost, care, and selection from online resources.
6. Ask the patient what type of running shoe he normally wears and the age of his running shoes.

NOTE: Shoes wear out after 6 months or 600 miles of running.

7. Assist the patient in removing his shoes and socks, if necessary, and have him stand in front of you.

NOTE: The patient should wear shorts to aid in observation of posture and body landmarks.

8. Observe the patient in a standing position and evaluate for one of the three foot types (normal, low arch, high arch).

NOTE: It may be necessary to watch the patient walk to obtain a more accurate assessment.

9. Brief the patient on his foot type.
10. Instruct the patient on what type of running shoe is most appropriate for him.

Performance Steps

11. Verify the patient's understanding of his foot type by asking questions.
12. Document patient foot type, recommended running shoe type, and his understanding of instruction on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Introduced self and verified patient.	_____	_____
3. Described the three foot types.	_____	_____
4. Described the three running shoe types.	_____	_____
5. Provided basic information on quality running shoe selection.	_____	_____
6. Asked the patient about his type and age of running shoe.	_____	_____
7. Assisted the patient with shoes and socks, if necessary.	_____	_____
8. Observed the patient's foot in the standing position and evaluated his foot type.	_____	_____
9. Briefed the patient on his foot type.	_____	_____
10. Instructed the patient on appropriate type of running shoe.	_____	_____
11. Verified patient understanding by asking questions.	_____	_____
12. Documented patient foot type, recommended running shoe type, and understanding of instruction on SF600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

Subject Area 7: Management of Neurologically Impaired Patients

ADMINISTER A THERAPEUTIC PROGRAM FOR THE NEUROLOGICAL PATIENT**081-836-0076**

Conditions: You have a patient requiring neurophysiologic rehabilitation intervention, in a physical therapy clinic, with a written order on SF600/513 and/or verbal order from a physical therapist. You need the patient's medical record, a goniometer, a pillow, a towel, a sheet, clinic exercise handouts, a treatment table, and exercise equipment (as required per the treatment order).

Standards: Administered a neurophysiologic rehabilitation intervention according to the order, and ensured the patient correctly performed and verbalized understanding of the exercises. Modified exercises to the level of the patient, monitored for adverse reactions, maintained patient safety, and documented the treatment in the patient's medical record.

Performance Steps

1. Review the order to identify the--
 - a. Patient's neurologic disorder.
 - b. Specific neurophysiologic rehabilitation intervention ordered.

NOTE: The neurophysiologic rehabilitation intervention will vary according to the diagnosis and treatment plan specific to each patient. Follow treatment order and utilize exercise handouts for exercise instruction, as necessary.

2. Gather the equipment specific to the treatment order.
3. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
4. Explain the treatment to the patient in words he will understand.
5. Perform an assessment.

NOTE: Assessment will vary depending on patient's neurologic disorder and level of function.

- a. Mental status. Check for alertness and orientation to surroundings.
 - b. Communication skills. Check for communication barriers (e.g., can the patient verbalize, write, read).
 - c. Vital signs (heart rate, blood pressure, pulse oxygen saturation).
 - d. Sensory testing.
 - e. Active and passive range of motion. Take measurements using a goniometer (see task 081-836-0046).
 - f. Quality of movement or coordination. Visually observe the patient's movements or lack of movements.
 - g. Pain scale. Ask the patient what his pain level is on a scale of 0-10, zero being no pain.
6. Prepare the patient.
 - a. Position the patient on the treatment table according to his functional ability and prescribed exercises.
 - b. Position pillows, towels, and sheets as needed for patient comfort or exercise (e.g., place towel under foot to reduce friction when moving on floor).

NOTE: Monitor vital signs as requested by the physical therapist.

Performance Steps

NOTE: Demonstrate and/or assist patient with exercises based on the treatment order.

7. Observe the patient's performance of the exercises.
8. Provide feedback to the patient on exercise performance and make corrections as necessary.
9. Monitor for adverse reactions during and after intervention with vital signs or by looking at facial expressions.
10. Assist the patient after the exercises.
 - a. Assist the patient out of the position of treatment if necessary.
 - b. Assist the patient with his shoes if necessary.
11. Provide the patient with exercise handouts for a home program or for practice of specific functional tasks.

NOTE: Ensure the patient can safely perform all exercises on handouts prior to leaving the clinic.

12. Schedule any further treatments.
13. Document vital signs, patient performance, and understanding of instruction given on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the order.	_____	_____
2. Gathered equipment.	_____	_____
3. Introduced self and verified patient.	_____	_____
4. Explained treatment to patient.	_____	_____
5. Performed an assessment.	_____	_____
6. Prepared the patient.	_____	_____
7. Observed the patient performing exercises.	_____	_____
8. Provided feedback to the patient.	_____	_____
9. Monitored for adverse reactions.	_____	_____
10. Assisted the patient after treatment.	_____	_____
11. Provided the patient with exercise handouts as necessary.	_____	_____
12. Scheduled any further treatments.	_____	_____
13. Documented vital signs, patient performance, and understanding of instruction given on SF600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

Subject Area 8: Stump Care

PERFORM STUMP CARE FOR THE AMPUTEE PATIENT**081-836-0089**

Conditions: You have an amputee patient, in a physical therapy clinic, with a written order on SF600/513 and/or verbal order from a physician, and the patient's medical record. You will need a pen, a treatment table, a hospital gown, talcum powder, antibacterial soap, various sized stump socks, elastic bandages (ace wraps) with clips, a bed sheet, a pillow, and a pillowcase.

Standards: Performed stump care for an amputee patient to prevent or control edema, decrease the severity and longevity of phantom sensation, and maintain proper shape according to clinic protocol. Observed proper safety precautions and monitored the patient for adverse reactions to the procedure.

Performance Steps

1. Review the order to identify the--
 - a. Body area to be treated.
 - b. Wrapping technique.
 2. Gather equipment.
 3. Make up the treatment table using a clean bed sheet, pillow, and pillowcase.
 4. Introduce yourself, as the physical therapy specialist, and verify patient with the order.
 5. Explain the procedure in words the patient will understand.
 - a. That proper wrapping of the stump will prevent (or control) edema, decrease the severity and longevity of phantom sensation/pain, and maintain proper stump shape (a cone shape).
 - b. That an improperly applied bandage can--
 - (1) Cause edema.
 - (2) Cause skin abrasions.
 - (3) Create an undesirable shape or fleshly rolls, which will make fitting or using a prosthesis difficult.
 6. Prepare the patient for the treatment.
 - a. Assist in removing clothing and provide a hospital gown if necessary.
 - b. Position patient on the treatment table according to the body area, to deter contractures, and for comfort.
 7. Apply the bandages to the stump.
 - a. Wrap diagonally, going from distal to proximal on the extremity.
- NOTE:** Pressure is greatest distally and decreased proximally (alleviated over a bony prominence). This will ensure the stump is cone shaped.
- b. Overlap bandages by 1/3 width avoiding any open areas.
 - c. Anchor the bandages with the bandage clips one joint above the stump.
8. Check for proper wrapping.
 - a. Ask the patient if the pressure of the wrap is felt more in the distal area. If it is not, remove the bandages and rewrap.
 - b. Ensure the bandages are anchored one joint above the stump.

Performance Steps

- c. Ensure the bandages are wrapped diagonally, not circumferentially.

NOTE: Circumferential wrapping will cause a tourniquet effect to the stump.

- 9. Provide the patient with instructions for stump care. Tell the patient--
 - a. The stump must be wrapped at all times.
 - b. To reapply the wraps at least twice daily.

NOTE: Reapply the wraps every 3 to 4 hours. This exposes the stump to air and prevents the wraps from becoming loose.

- c. To change and wash wrappings when they are dirty or soiled.
- d. To examine his stump each time the bandages are reapplied.
- e. To check his wrapping technique.
 - (1) Should not be too loose.
 - (2) Should not be too tight.
 - (3) There should not be any exposed areas of skin under the bandages.

- 10. Provide the patient with basic stump hygiene instruction.
 - a. Wash nightly with antiseptic soap.
 - b. Dry the stump without abrading the skin.
 - c. Use talcum powder on the stump--AVOID creams.
 - d. Do not shave stump.
 - e. Always visually inspect.
 - f. Change the stump sock as needed.

NOTE: As soon as the sock is removed, gently hand wash it with mild soap and water. Rinse and lay flat to allow it to dry thoroughly. Vigorous scrubbing, hanging over clothesline, or drying in dryer will misshape the sock.

- 11. After the treatment, assist the patient--
 - a. Out of the position of treatment.
 - b. With clothing if necessary.

12. Schedule any further treatments.

13. Document the treatment and patient understanding of stump care on SF600/513 in the patient's medical record.

Performance Measures

	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Reviewed the order.	_____	_____
2. Gathered equipment.	_____	_____
3. Made up treatment table.	_____	_____
4. Introduced self and verified patient.	_____	_____
5. Explained procedure to the patient.	_____	_____
6. Prepared the patient.	_____	_____
7. Applied the bandages.	_____	_____
8. Checked the wrappings.	_____	_____
9. Provided the patient with stump care instructions.	_____	_____

Performance Measures

	<u>GO</u>	<u>NO</u> <u>GO</u>
10. Provided the patient with stump hygiene instructions.	_____	_____
11. Assisted the patient after treatment.	_____	_____
12. Scheduled any further treatments.	_____	_____
13. Documented treatment and patient understanding of stump care on SF600/513 in the patient's medical record.	_____	_____

Evaluation Guidance: Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

APPENDIX A

FIELD EXPEDIENT SQUAD BOOK

TBD

GLOSSARY

1SG

first sergeant

AAR

after action review

ACCP

The Army Correspondence Course Program

ACL

anterior cruciate ligament

Army Training and Evaluation Program (ARTEP).

The Army's collective training program that establishes unit training objectives critical to unit survival and performance in combat. They combine the training and the evaluation process into one integrated function. The ARTEP is a training program and not a test. The sole purpose of external evaluation under this program is to diagnose unit requirements for future training.

ARTEP

Army Training and Evaluation Program

ASI

additional skill identifier

ASIS

anterior superior iliac spine

ATFL

anterior talofibular ligament

Battle focus.

A process to guide the planning, execution, and assessment of the organization's training program to ensure they train as they are going to fight.

BSI

body substance isolation

CBRNE

chemical, biological, radiological, nuclear, and high-yield explosive

CFL

calcaneofibular ligament

cm

centimeter(s); Chemical

Collective training.

Training, either in institutions or units, that prepares cohesive teams and units to accomplish their combined arms and service missions on the battlefield.

Common task.

A critical task that is performed by every soldier in a specific skill level regardless of MOS.

Cross training.

The systematic training of a soldier on tasks related to another duty position within the same military occupational specialty or tasks related to a secondary military occupational specialty at the same skill level.

CSM

command sergeant major

CTC

combat training center or combined training center

DDD

degenerative disc disease

DJD

degenerative joint disease

DOI

date of injury

DTR

deep tendon reflex

FWB

full weight bearing

GMMT

gross manual muscle testing

HEP

home exercise program

HNP

herniated nucleus pulposus

IAW

in accordance with

Individual training.

Training which prepares the soldier to perform specified duties or tasks related to the assigned duty position or subsequent duty positions and skill levels.

Integration training.

The completion of initial entry training in skill level 1 tasks for an individual newly arrived in a unit, but limited specifically to tasks associated with the mission, organization, and equipment of the unit to which the individual is assigned. It may be conducted by the unit using training materials supplied by the school, by troop schools, or by inservice or contract mobile training teams. In all cases, this training is supported by the school proponent.

JH

joint hypomobility

JMM

joint range of motion measurements

LCL

lateral collateral ligament

LE

lower extremity

MACOM

major Army command

MCL

medial collateral ligament

Merger training.

Training that prepares noncommissioned officers to supervise one or more different military occupational specialties at lower skill levels when they advance to a higher level in their career management field.

METL

mission essential task list

mg

milligram(s)

Mission essential task list.

A compilation of collective mission essential tasks which must be successfully performed if an organization is to accomplish its wartime mission(s).

MJL

medial joint line

ml or mL

milliliter

mm Hg

millimeters of mercury

MOI

mechanism of injury

MOOTW

military operations other than war (joint only)

MOS

military occupational specialty

MOSC

military occupational specialty code

MT

metatarsal

NBC

nuclear, biological, and chemical

NCO

noncommissioned officer

NKDA

no known drug allergies

NWB

non-weight bearing

PCL

posterior cruciate ligament

PTFL

posterior talofibular ligament

PWB

partial weight bearing

RC

Reserve Component

ROM

range of motion

Self-development.

Self-development is a planned, progressive, and sequential program followed by leaders to enhance and sustain their military competencies. Self-development consists of individual study, research, professional reading, practice, and self-assessment.

SL

squad leader; skill level

SM

soldier's manual

SMCT

soldier's manual of common tasks

SOP

standing operating procedures

STP

soldier training publication

Sustainment training.

The provision of training to maintain the minimum acceptable level of proficiency required to accomplish a critical task.

TADSS

training aids, devices, simulators, and simulations

TENS

transcutaneous electrical nerve stimulation

TG

trainer's guide

TID

three times daily

Train-up.

The process of increasing the skills and knowledge of an individual to a higher skill level in the appropriate MOS. It may involve certification.

TTP

Tactics, Techniques, and Procedures

UE

upper extremity

Unit training.

Training (individual, collective, and joint or combined) conducted in a unit.

US

ultrasound

VMO

vastus medialis

REFERENCES

New reference material is being published all the time. Present references, as listed below may become obsolete. To keep up-to-date, see DA Pam 25-30. Many of these publications and forms are available in electronic format from the sites listed below:

[Army Publishing Directorate](#)

Administrative Departmental Publications and Forms
(ARs, Cir, Pams, OFs, SFs, DD & DA Forms)

[General Dennis J. Reimer Training and Doctrine Digital Library \(RDL\)](#)

Army Doctrinal and Training Publications
(FMs, PBs, TCs, STPs)

Required Publications

Required publications are sources that are listed in task conditions statements and are required for the soldier to perform the task.

Other Product Types

SF 513	Medical Record - Consultation Sheet
SF 600	Health Record - Chronological Record of Medical Care

Training Circulars

TC 8-640	Joint Motion Measurement 24 April 1987
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Related Publications

Related publications are sources of additional information. They are not required in order to perform the tasks in this manual.

Department of Army Forms

DA FORM 2028	Recommended Changes to Publications and Blank Forms
DA FORM 5164-R	Hands-On Evaluation
DA FORM 5165-R	Field Expedient Squad Book

Department of Army Pamphlets

DA PAM 350-59	Army Correspondence Course Program Catalog 1 October 2002
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Department of Army Visual Information Production and Distribution Program

VT 1052	Back Flexion Exercises
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Field Manuals

FM 7-0	Training the Force 22 October 2002
FM 7-1	Battle Focused Training 15 September 2003

Soldier Training Publications

STP 21-1-SMCT	Soldier's Manual of Common Tasks Skill Level 1	31 August 2003
STP 21-24-SMCT	Soldier's Manual of Common Tasks (SMCT) Skill Levels 2-4	31 August 2003