
Resident's Technical Knowledge and Skills Assessment Form

Resident's Name: _____

Discipline: Orthotics Prosthetics Both

Report Period: From _____ to _____

Instructions:

As part of its effort to monitor the educational progress of residents, NCOPE requires that you complete an assessment of the resident's skill and knowledge in the technical arena. These reports become part of the resident's permanent file at the NCOPE office. Completion of a residency program requires an assessment form from the program director.

Please evaluate the performance of the resident within 30 days of the completion of the residency. Compare the performance of this resident to your expectations of a resident with an equivalent period of training. **The completed form should be sent directly to NCOPE.**

Scale (Excellent)	7	6	5	4	3	2	1 (Poor)
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Implementation of Treatment Plan

Statement 1: Demonstrates knowledge of anatomical landmarks and skill in gross surface anatomy (such as identification of anatomical landmarks).

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 2: Demonstrates knowledge of measurement tools and techniques, as well as skills in using mechanical measuring devices, electrical measuring devices and computer-based measuring devices.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 3: Demonstrates knowledge of rectification/modification procedures as they relate to specific orthotic/prosthetic designs and skill in patient delineation rectification and/or patient model modification.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 4: Demonstrates knowledge of hand and power tools and skill in using these tools.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 5: Demonstrates knowledge of care and maintenance of orthoses/prostheses and skill in maintaining and repairing components.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 6: Demonstrates knowledge of components and materials science, as well as skills in the use of materials and components.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 7: Demonstrates knowledge of alignment devices and techniques, as well as skill in the use of alignment devices.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 8: Demonstrates knowledge of tissue characteristics/management.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 9: Demonstrates knowledge of planes of motion.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 10: Demonstrates knowledge of biomechanics.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 11: Demonstrates knowledge of procedures to record data.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 12: Demonstrates knowledge of material safety procedures and standards (OSHA, MSDS).

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 13: Demonstrates knowledge of universal precautions, including sterile techniques and infection control.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 14: Demonstrates knowledge of orthotic/prosthetic design.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 15: Demonstrates knowledge of orthotic/prosthetic fitting criteria.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 16: Demonstrates knowledge of trimlines.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 17: Demonstrates knowledge of orthotic/prosthetic forms, such as assessment, orthometry, measurement, evaluation and outcomes.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 18: Demonstrates knowledge of mechanics, such as levers and force systems.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 19: Demonstrates knowledge of computer-aided design and manufacturing (CAD/CAM).

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 20: Demonstrates knowledge of item warranty and warranty limitations.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 21: Demonstrates knowledge of loss control, such as risk management and inventory control.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 22: Exhibits skill in orthotic/prosthetic fabrication.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 23: Exhibits skill in safety equipment.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 24: Exhibits skill in cosmetic finishing.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Statement 25: Exhibits skill in restoring optimal fit and function of orthoses/prostheses.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Summary of Resident Knowledge and Skill in the Technical Arena

1. Do you rate the resident as being competent in the technical areas of orthotics/prosthetics?
Yes No

If no, provide an explanation and identify areas of weakness

Program Director Signature: _____

Date: _____

Completion Date of Program: _____

Resident Name: _____

Resident Signature: _____

Date: _____