



CREREDENTIALING & PRIVILEGING OF
ASSISTANT MEDICAL OFFICERS AND NURSES
MINISTRY OF HEALTH

ORTHOPAEDIC SERVICES

CLINICAL PRACTICE RECORD

PARTICULARS OF APPLICANT

1. NAME :

2. IC NO :

3. POSITION AND GRADE :

4. WORKING ADDRESS :
.....
.....
.....



5. DATE OF JOINING ORTHOPAEDIC DEPARTMENT :

6. DURATION PREVIOUS EXPERIENCE :

7. TRAINING FOR CREDENTIALING :

DATE START : DATE END :

I hereby confirm that the above information is true.

Signature : Date :

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INTRODUCTION

In order to provide excellent and competent holistic care, the department of Orthopaedic, has taken the initiative to assess the knowledge and skill of our paramedics. Continuous education and bedside teaching will be conducted to enable the nurses to gain knowledge and develop their skills before assessment being done.

This logbook are use to record the skills and knowledge attained by Orthopaedic paramedic.

You are required to record all procedures, which you had observed, assist and performed. Each procedure should be signed by your Doctors, Assistant Medical Officers Supervisor, Nurse Manager or Local Preceptor incharge of the respective unit.

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PERFORMANCE LOG SHEET OF PROCEDURES

PREPARATION AND APPLICATION OF THOMAS SPLINT

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

PREPARATION AND APPLICATION OF BOHLER BRAUN FRAME

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF CORE PROCEDURES

APPLICATION AND CARE OF PATIENT ON SKIN TRACTION

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

APPLICATION AND CARE OF PATIENT ON SKELETAL TRACTION

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION AND CARE OF PATIENT ON FIXED TRACTION

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

CARE OF PATIENT WITH PLASTER OF PARIS

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION AND CARE OF HALTER TRACTION *

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

ASSIST APPLICATION AND CARE OF PATIENT WITH HALOVEST *

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

ASSESSMENT OF NEUROVASCULAR STATUS

• With traction

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Observe				
3				Assist				
4				Assist				
5				Perform	YES	NO		
6				Perform	YES	NO		

ASSESSMENT OF NEUROVASCULAR STATUS

• With cast

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Observe				
3				Assist				
4				Assist				
5				Perform	YES	NO		
6				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

ASSESSMENT OF NEUROVASCULAR STATUS

• **Post-operative**

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

PERFORMANCE LOG SHEET OF CORE PROCEDURES

PRE AND POST OP CARE OF PATIENT : AMPUTATION

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

PRE AND POST OP CARE OF PATIENT : TRAUMA

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

PRE AND POST OP CARE OF PATIENT : NON TRAUMA

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF CRYO CUFF

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

APPLICATION OF CPM*

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

IMMEDIATE AND MANAGEMENT OF SPINAL INJURY

• LOG TURNING

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

IMMEDIATE AND MANAGEMENT OF SPINAL INJURY

• SKIN CARE

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

IMMEDIATE AND MANAGEMENT OF SPINAL INJURY

• BOWEL TRAINING

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

IMMEDIATE AND MANAGEMENT OF SPINAL INJURY

• BLADDER TRAINING

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

HEALTH EDUCATION AND EXERCISE :

• RANGE OF MOTION UPPER AND LOWER LIMB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

HEALTH EDUCATION AND EXERCISE :

• STATIC QUADRICEPS

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

HEALTH EDUCATION AND EXERCISE :

• ANKLE FOOT PUMP EXERCISE

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

HEALTH EDUCATION AND EXERCISE :

• DEEP BREATHING EXERCISE

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

AMBULATING PATIENT

• WITH CRUTCHES

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

AMBULATING PATIENT

• WITH WALKING FRAME

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

AMBULATING PATIENT

• WITH WHEELCHAIR

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

CARE OF PATIENTS WITH CAST/SLAB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

INTERPRETATION OF PLAIN X RAY

• UPPER LIMB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

INTERPRETATION OF PLAIN X RAY

• LOWER LIMB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

INTERPRETATION OF PLAIN X RAY

• SPINE

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

APPLICATION OF ARM SLING

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Assist					
3				Perform	YES	NO		

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APPLICATION OF STUMP BANDAGE

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Assist					
3				Perform	YES	NO		

APPLICATION OF LIMB BANDAGE

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

PRINCIPLE AND CARE OF ORTHOSIS

• KNEE BRACE

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

PRINCIPLE AND CARE OF ORTHOSIS

• JUWETTE BRACE

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

PRINCIPLE AND CARE OF ORTHOSIS

• SOMI BRACE

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

APPLICATION SHOULDER STRAPPING

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Observe				
3				Assist				
4				Assist				
5				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF VOLAR SLAB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF DORSAL SLAB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		

APPLICATION OF ABOVE ELBOW BACKSLAB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF ABOVE ELBOW CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF BELOW ELBOW CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF BELOW ELBOW BACKSLAB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF COLLE'S CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF BENNET CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF ULNAR GUTTER

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF THUMB SPICA

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF SCAPHOID CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF HANGING CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF 'U' SLAB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF BELOW KNEE BACK SLAB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF ABOVE KNEE BACKSLAB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF ABOVE KNEE CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF BELOW KNEE CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF CYLINDER BACK SLAB

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		

APPLICATION OF CYLINDER CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF BOOT CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF PATELLAR TENDON BEARING CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF BODY CAST*

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

APPLICATION OF MINERVA JACKET*

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF HIP SPICA

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

APPLICATION OF SERIAL CASTING FOR CTEV / PONSETI CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

WEDGING OF CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		

REMOVAL OF HALOVEST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Assist				
3				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

REMOVAL OF EXTERNAL FIXATOR

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2				Observe				
3				Assist				
4				Assist				
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

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PERFORMANCE LOG SHEET OF PROCEDURES

REMOVAL OF CAST

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

PERFORMANCE LOG SHEET OF PROCEDURES

PERFORM CLOSED MANUAL REDUCTION (CMR)*

No	DATE	MRN	DIAGNOSIS	ACTIVITY	COMPETENT		ASSESSOR	SIGN
1				Observe				
2			Observe					
3			Assist					
4			Assist					
5				Perform	YES	NO		
6				Perform	YES	NO		
7				Perform	YES	NO		
8				Perform	YES	NO		
9				Perform	YES	NO		

SUMMARY OF STAFF'S PROGRESS CLINICAL PRACTICE RECORDS FOR ORTHOPAEDICS

NAME :

IC NO :

***Note : This summary Clinical Practice Record Book has to be prepared at the each month.**

No.	PROCEDURE	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
1	Preparation And Application Of Thomas Splint	1	1	1				
2	Preparation And Application Of Bohler Braun Frame	1	1	1				
3	Application And Care Of Patient On Skin Traction	2	2	2				
4	Application And Care Of Patient On Skeletal Traction	2	2	2				
5	Application And Care Of Patient On Fixed Traction	2	2	2				
6	Care Of Patient With Plaster Of Paris	2	2	2				
7	Application And Care Of Halter Traction *	1	1	1				
8	Assist Application And Care Of Patient With Halovest *	1	1	1				
9	Assessment Of Neurovascular Status :-							
	• With traction	2	2	2				
	• With cast	2	2	2				
	• Post – operative	2	2	2				

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No.	PROCEDURE	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
10	Pre And Post Op Care Of Patient : Amputation	2	2	2				
11	Pre And Post Op Care Of Patient : Trauma	2	2	2				
12	Pre And Post Op Care Of Patient : Non Trauma	2	2	2				
13	Application Of Cryo Cuff	1	1	1				
14	Application Of CPM*	1	1	1				
15	Immediate And Management Of Spinal Injury :-							
	• Log turning	2	2	2				
	• Skin care	2	2	2				
	• Bowel training	2	2	2				
16	Health Education And Exercise :-							
	• Range of motion upper and lower limb	1	1	1				
	• Static Quadriceps	1	1	1				
	• Ankle foot pump exercise	1	1	1				
17	Ambulating Patient :-							
	• With crutches	2	2	2				
	• With walking frame	2	2	2				
	• With wheelchair	2	2	2				

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No.	PROCEDURE	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
18	Care Of Patients With Cast/Slab	1	1	1				
19	Interpretation Of Plain X Ray :- • Upper limb • Lower limb • Spine							
		2	2	2				
		2	2	2				
20	Application Of Arm Sling	1	1	1				
21	Application Of Stump Bandage	1	1	1				
22	Application Of Limb Bandage	2	2	2				
23	Principle And Care Of Orthosis :- • Knee brace • JUWETTE Brace • SOMI Brace							
		1	1	1				
		1	1	1				
24	Application Shoulder Strapping	2	2	1				
25	Application Of Volar Slab	2	2	5				
26	Application Of Dorsal Slab	2	2	1				
27	Application Of Above Elbow Backslab	2	2	5				
28	Application Of Above Elbow Cast	2	2	5				
29	Application Of Below Elbow Cast	2	2	5				

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No.	PROCEDURE	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
30	Application Of Below Elbow Backslab	2	2	5				
31	Application Of Colle's Cast	2	2	5				
32	Application Of Bennet Cast	2	2	1				
33	Application Of Ulnar Gutter	2	2	5				
34	Application Of Thumb Spica	2	2	5				
35	Application Of Scaphoid Cast	2	2	1				
36	Application Of Hanging Cast	2	2	1				
37	Application Of 'U' Slab	2	2	5				
38	Application Of Below Knee Back Slab	2	2	5				
39	Application Of Above Knee Backslab	2	2	5				
40	Application Of Above Knee Cast	2	2	5				
41	Application Of Below Knee Cast	2	2	5				
42	Application Of Cylinder Back Slab	2	2	1				
43	Application Of Cylinder Cast	2	2	1				
44	Application Of Boot Cast	2	2	1				
45	Application Of Patellar Tendon Bearing Cast	2	2	5				
46	Application Of Body Cast*	1	1	1				
47	Application Of Minerva Jacket*	1	1	1				

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No.	PROCEDURE	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
48	Application Of Hip Spica	2	2	1				
49	Application Of Serial Casting For Ctev / Ponseti Cast	2	2	5				
50	Wedging Of Cast	2	2	2				
51	Removal Of Halovest	1	1	1				
52	Removal Of External Fixator	2	2	5				
53	Removal Of Cast	2	2	5				
54	Perform Closed Manual Reduction (CMR)* -AMO'S	2	2	5				
	Perform Closed Manual Reduction (CMR)* -Nurses	2	2	0				

COMMENTS : _____

Signature of Assessor

Verified by HOD

.....
 (Name / Stamp)

.....
 (Name / Stamp)

Date :

Date :