



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL
ORTHOTICS & PROSTHETICS AND ARTS THERAPY**

**INTERNSHIP MANUAL
FOR
MEDICAL ORTHOTICS & PROSTHETICS**

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Health Professions Council of South Africa
P O Box 205
Pretoria 0001

Telephone: (012) 338 9300

E-mail: hpcsa@hpcsa.co.za

Website: <http://www.hpcsa.co.za>

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INTERNSHIP MANUAL FOR MEDICAL ORTHOTICS & PROSTHETICS

1. INTRODUCTION

It is important that both the intern and intern supervisor study this manual and familiarize themselves with the content. Internship aim to prepare the candidate for registration as a qualified Medical Orthotist & Prosthetist and to fulfil their role in society in the rehabilitation sciences.

Internships are carried out under certain conditions that have been approved by the Education Committee of the Professional Board for Occupational Therapy, Medical Orthotics & Prosthetics and Arts Therapy. Approval to commence with the internship is only granted to candidates who had successfully completed the pre-requisite basic qualification, associated registration forms and internship placement procedures as described in the guidelines - form F160 OS. This qualification is the three year National Diploma in Medical Orthotics and Prosthetics.

2. ROLE OF THE UNIVERSITY

The university will be required to act as a support structure for interns. Universities should alert students to the required intern registration in advance to ensure that they are aware of the statutory requirements pertaining to internship.

3. THE ROLE OF THE BOARD INTERN COMMITTEE

The supervising function of the Board Intern Committee involve continuous liaison between the medical prosthetist supervisor and the intern. It also involves monitoring the interns progress reports submitted by the intern twice a year. (For January registrations: End of June and the final documentation by the end of November) (For July registrations: End of November and final documentation end of June)

In collaboration with the supervisor, the Board Intern Committee monitors remedial action in the case of non-compliance.

The Board Intern Committee will ensure that the training is undertaken in accordance with the syllabus as stipulated within this manual. The committee will also provide the dates of the internship on the required HPCSA registration forms.

It is the joint responsibility of the supervising Orthotist and Prosthetist and the Board Intern Committee to ensure that progress reports are received as required and that the progress of the intern is monitored on a regular basis.

4. THE ROLE OF THE INTERN SUPERVISOR

The main supervisor is tasked with taking responsibility for ensuring that all internship requirements are met. The co-supervisor is appointed by the main supervisor to assist in the training of the intern.

Supervisors are required to monitor and train interns during the internship. There will be a need for discussions on all aspects including relationships with patients and colleagues. It is, therefore, important for all parties understand the role and responsibilities each will serve. The continuous assessment of the intern's performance takes place jointly between the main supervisor / co supervisor and the Board Intern Committee.

The major roles of intern supervisors will be to:

- Plan clinical training placements for interns.
- Liaise with all relevant personnel in order to facilitate the achievement of the internship training.
- Make necessary preparation for an orientation programme for the intern.
- Ensure that at least 50% of intern supervision must be direct supervision (i.e. the supervisor must be with the intern).
- Conduct continuous assessment including case presentations, clinical skill progress of the intern and manufacturing skills.
- Maintain up to date record of information
- Plan and implement meetings, courses, workshops or seminars for relevant personnel for the smooth operation of internship.
- The main and co-supervisor have a managerial role to oversee the work of the intern on a day-to-day basis. They must ensure that the intern is given instruction and guidance on local health and safety regulations as they affect the work of the intern. They also have the responsibility for liaising with the Board Intern Committee and report on progress. The intern supervisor should request the assistance of the collaborating university as the need arises
- The internship will be conducted within the inter-disciplinary team. The main / co-supervisor have the responsibility to be available for consultation with the intern during the inter disciplinary meetings
- The main and co-supervisor should be aware that the final responsibility for all patients rests with them for work performed by interns during the internship.

In short, the intern will be required to practice as a qualified practitioner albeit under supervision. Supervision will aim to ensure compliance with quality standards and to enhance output.

5. THE ROLE OF THE INTERN

Interns are required to successfully complete a 12-month internship programme obtaining clinical experience by treating patients in acute and chronic wards, outpatients, rehabilitation and other specialist centres as stipulated by means of six internship clinical blocks consisting of feedback every fourth month thereof.

Interns have to cover the following aspects during each block by focussing on the following:

- Assessment skills
- Measurement skills
- Casting techniques
- Rectification skills
- Alignment skills
- Laboratory skills
- Laboratory safety
- Check-out procedures
- Outcome measurements as part of evidence based practice

Professional Development

- An ability to display appropriate confidence
- Use of initiative in response to demands of attachment
- Keenness and enthusiasm
- Ability to respond positively to constructive criticism
- Realistic evaluation of personal performance
- Behaviour according to the ethics of the profession
- Smartness of appearance

Inter-Personal Relationships

- An ability to relate well to patients, patients' relatives, support staff and other professional staff

Communication Skills

- Formal verbal reporting
- Accuracy and relevance of log book reports
- Communication skills in dealing with patients
- Communication skills in dealing with colleagues

Organization and Management

- Ability to organize own time and use it effectively
- Ability to take the initiative in routine departmental procedures
- Attendance and time-keeping record
- General neatness and tidiness in appearance

The most essential components of internship are to foster the development of the intern towards patient-centred services and clinically orientated expertise. Therefore, following the curriculum specific blocks and guidelines as these topics are covered during academic studies is essential.

It is your responsibility to see that you are trained according to the syllabus plan as published in this manual. Interns should keep themselves busy with orthotics & prosthetics according to the set schedule of training.

You are expected to sign a declaration of understanding to confirm that you are informed about the contents of this manual. Enquire ahead of time with your Head of Department on appropriate steps to follow if you are not satisfied with internship training and supervision.

The major roles of Internship training will be to:

- Liaise with the intern supervisor / mentor of accredited training centres and other relevant personnel for the achievement of above.
- Partake in necessary preparation, including the conduct of pre-clinical training seminars, suited to your level of training.
- In association with intern supervisors / mentors, conduct discussion during O&P Internship.
- In association with intern supervisors / mentors interns are continuously assessed during case presentation.
- Be exposed to intern assessment and written reports/logbooks.
- Be monitored on progress at various levels of clinical training.
- Maintain up-to-date record of information on various aspects of clinical training.
- Partake in planned meetings, courses, workshops or seminars for relevant personnel for the smooth operation of internship.

Internship (Interns)

- The internship will be conducted within the clinic team. The intern supervisor has the responsibility of your overall supervision at the place of the placement and will be available for consultation.
- The intern supervisor (Senior Orthotist & Prosthetist) has a managerial role to oversee your work on a day-to-day basis, and must ensure that you are given instruction and guidance on local health and safety regulations as they affect your work, and has the responsibility for liaising with the University and reporting on progress. You have to keep a log of orthotic & prosthetic activities in a logbook. The log book will have to include a summary of your experiences, which should be signed and dated by the supervising Orthotist & Prosthetist on satisfactory completion of each task. The intern supervisor should request the assistance of the supervising university as the need arises.

Interns will be producing a real service within the accredited training institution. A monitoring process forms part of the training in order to ensure that interns become fully qualified Medical Orthotists & Prosthetists.

6. CLINICAL BLOCKS

January Intake

Placement:

The intern will find an accredited centre where internship can be completed. Once accepted for internship a letter of the centre stating the willingness of this arrangement and the appointment of a supervisor. The intern have to attend the training session that will be organised by the HPCSA. The interns are required to report to the training centre where they were accepted for internship on the date provided by the Board Intern Committee. The intern have to register for internship at the HPCSA within the first two months of internship. The registration will provide the intern with a registration certificate with a OSIN number. The date provided on the certificate will be used as the official starting date of internship. The committee will only review the documentation after 12 months following the registration date. Keep in mind that the committee only meets three times per year. January, August and October.

Internship commences on the first working day of the second week in January. Clinical practice begins immediately

July Intake:

Placement:

The same as January placements.

Interns report to the respective HPCSA accredited training centres where they were accepted for internship on the first working day of the second week in July

Time & Duration:

Internship is for a minimum period of 12 months fulltime. The intern will collect appropriate case studies within each clinical block. January intake interns will complete their twelve-month internship at the end of December of the same year if the intern complies with the competency level needed to practice independently. Internship may be extended if the stipulated competency level is not met.

If a supervisor is not convinced that the intern is ready to be an independent practitioner, he or she may prolong the internship, providing valid reasons. Internship has to be completed within a minimum of one year and a maximum of two years.

Leave:

Interns are allowed to have twenty one (21) working days leave during the year. Twelve (12) sick days are allowed under the condition that a doctor's note accompany each sick day.

Case studies:

The clinical case studies should be conducted according to the criteria set out in this manual. During the year sixty case studies should be collected. 80% of the case studies have to be custom made devices. 20% may be of the shelf items.

Assessment and feedback:

Assessment of the intern takes place on a continuous, daily basis by the supervisor. After each case study, the intern has to present the case study to the supervisor after which a discussion thereof may follow.

Corrections and/or additions on the typed case study are made with an inked pen. At the end of June and November, the intern will complete forms 7.2, 7.3, 7.4, 7.5 and will forward the forms plus the case studies that was done during that time to the HPCSA where-after feedback of these forms will be sent back to the intern and the supervisor if the forms are not as requested. All forms have to be signed by the supervisor. All documents sent to the committee have to be marked clearly. (Name & Surname, name of the document)

The forms must be e-mailed to ZandileB@hpcsa.co.za. After each internship committee meeting, the secretariat will give feedback on the outcome and what other documents may be required.

Criteria for assessment:

- 8 (A+) Performance outstanding against all criteria (Outstanding).
- 7 (A) Performance excellent against all criteria (Excellent).
- 6 (B+) Performance against all criteria is at a high level (Very good).
- 5 (B) Performance against most criteria is at a high level and acceptable against all other criteria (Good).
- 4 (C+) Performance against some criteria is at a high level and acceptable against all other criteria (Wholly satisfactory).
- 3 (C) Performance against all criteria is at an acceptable level (Satisfactory).
- 2 (D+) Performance against some criteria to an acceptable level and weaknesses should be eliminated with experience and help (Barely adequate).
- 1 (D) Performance against only a few criteria is acceptable and it is unlikely that weaknesses can be overcome with experience and regular guidance (Weak).
- 0 (F) Performance against no criteria is acceptable and it is highly unlikely that weaknesses can be eliminated with experience and extensive help (Inadequate).

Criteria include patient care, professional conduct, efficacy of patient assessment, appropriateness and effectiveness of treatment, ability to communicate with patients, effectiveness of communication (verbal and written) with professional colleagues.

Any grade below 3 (C) should be reported timeously**Supervisor's report and signing off:**

For January intake interns, reports are required from the main supervisor at the end of November as a final recommendation to register the intern as an independent practitioner.

For July intake interns, reports are required from the main supervisor at the end of June as a final recommendation to register the intern as an independent practitioner.

The reports are to be submitted to the Board Intern Committee who will report back to the education committee of the board. Please refer to form 5.8 for the format of the reports. The signing off of the intern will be done in the January and July / August meeting of the committee each year.

Interns are advised to submit the original documentation at the end of November (those that started in January) or at the end of June (those who started in July).

THEMES & OBJECTIVES

The following objectives apply to each clinical block:

On completion of each scheduled clinical internship block the intern should be able to:

- Extract and interpret relevant data in patient's medical notes.
- Assess patients, identify problems, set objectives and suggest appropriate treatment programmes for patients.
- Synthesize both knowledge and assessment findings to identify short and long term management objectives recognizing the involvement and priorities of other members of the health care team.
- Perform and modify appropriate selected treatment techniques safely including fabrication and fitting.
- Communicate effectively with a professional and caring approach towards patients, their relatives, and members of the community concerned with the patient's welfare.
- Evaluate the effectiveness of the treatment, devise and implement appropriate revision or progression (with assistance).
- Exhibit a health education and advisory role towards patients, relatives, health care team members and the community in injury prevention and management of disability.
- Record accurately, comprehensively and concisely all matters pertaining to the patient's management and communicate effectively with other health care personnel.
- Assist in general patient management, safety and organisation of the unit by planning, prioritising and implementing management programmes with the maximum degree of safety, effectiveness and efficiency.
- Liaise and recommend, based on the concept of a multidisciplinary approach, referrals of patients to and from other health care personnel.
- Exhibit flexibility in treatment approach towards different types of patients and adaptability to different environments.
- Show highly competent organisation of time and space within clinical practice.
- Demonstrate understanding of the principles of investigative methods in the clinical environment

6.1 Block 1: Lower Extremity Orthotics (Below the Knee)

- Demonstrate competency in all below the knee orthotics
- Applying orthotic, orthopaedic and anatomical terminology
- Understand and use clinical procedures
- Participate and utilize the orthotics & prosthetics laboratory
- Demonstrate knowledge of fractures
- Demonstrate knowledge of different types of traction
- Perform standard clinical evaluation and examination
- Understand anatomy of the foot and lower limb
- Manufacture FO's and AFO's
- Demonstrate understanding on the measuring and fitting of orthopaedic shoes

6.2 Block 2: Lower Extremity Prosthetics (Below the Knee / Transtibial)

- Demonstrate competency in evaluating, measuring, manufacture and fitting of partial foot prosthesis and rehabilitation
- Demonstrate competency in evaluating, measuring, manufacture and fitting of symes prosthesis and rehabilitation
- Demonstrate competence in evaluating, measuring, manufacture and fitting of transtibial prosthesis and rehabilitation
- Demonstrate competency for using post operative fittings in patient rehabilitation
- Understand the application and use of prosthetic components
- Demonstrate ability to assess human locomotion & gait analysis
- Perform clinical examination on prosthetic patients
- Understand, prescribe and utilize suspension systems in lower extremity prosthetics
- Demonstrate skill in assisting patients with residual limb coning/shaping, bandaging and pressure garments application
- Discuss new inventions in lower extremity prosthetics with peers

6.3 Block 3: Lower Extremity (Knee and Above the Knee) & Upper Extremity Orthotics

- Knowledge of lower extremity orthotics for knee and above the knee
- Demonstrate ability to assess human locomotion & gait analysis
- Demonstrate knowledge of basic structural anatomy of the lower extremity & testing measures
- Demonstrate competency in evaluating, measuring, manufacture and fitting for orthosis of the lower extremity (KO, KAFO, HKAFO, HO, RGO's, standing frames, swivel walkers & parapodiums)
- Demonstrate competency in evaluating, measuring and fitting of compression therapy (phlebology & lymphology) and rehabilitation
- Demonstrate competence in evaluating, measuring and fitting of orthopaedic corsets, hernias & trusses
- Demonstrate competency in evaluating, measuring, manufacturing and fitting of all upper extremity orthotics
- Discuss new inventions and techniques for upper extremity orthotics

6.4 Block 4: Lower Extremity Prosthetics (Knee Disarticulation & Above the Knee / Transfemoral)

- Demonstrate competency in evaluating, measuring, manufacturing and fitting of knee disarticulation / through knee prosthesis and rehabilitation
- Demonstrate competency in evaluating, measuring, manufacture and fitting of transfemoral prosthesis / above knee prosthesis and rehabilitation
- Demonstrate competency in evaluating, measuring, manufacturing and fitting of hip disarticulation prosthesis and rehabilitation
- Demonstrate competency in evaluating, measuring, manufacturing and fitting of hemi-pelvectomy prosthesis and rehabilitation
- Attend clinic attendance for prosthetics and communication with other specialized team members
- Discuss new inventions and techniques with peers in lower extremity prosthetics

6.5 Block 5: Spinal Orthotics

- Apply principles of spinal orthotics
- Understand classification and terminology in practice
- Perform proper patient evaluation
- Understand anatomy of the trunk, motion of the spine & spinal pathologies
- Utilize prescription for trunk disorders requiring orthosis
- Understand scoliosis & congenital spine deformities including myelomeningocele & juvenile kyphosis
- Apply conservative treatment of spinal deformities
- Perform different techniques in bracing
- Demonstrate different cast techniques
- Apply different techniques of spinal and cervical traction
- Apply and manufacture different spinal orthosis (braces)
- Use medical terminology in referral and prescriptions
- Discuss new inventions in the area of spinal orthotics

6.6 Block 6: Upper Extremity Prosthetics & Breast Prosthetics

- Demonstrate competency in evaluating, measuring, manufacture and fitting of upper extremity prosthesis and rehabilitation
- Demonstrate competency in evaluating, measurement and fitting Breast prosthesis and the rehabilitation thereof
- Apply problem solving skill and technique in evaluating, measuring, manufacture and fitting of prosthesis suited to congenital deficiencies and rehabilitation
- Discuss new inventions and techniques in evaluating, measuring, manufacture and fitting of prosthesis suited

7 EVALUATION AND ASSESSMENT FORMS TO BE COMPLETED

7.1 DECLARATION OF UNDERSTANDING

All interns need to complete the declaration of understanding on the Internship programme.

DECLARATION OF UNDERSTANDING - INTERN

I, the undersigned hereby confirm that I am familiar with the contents of this document and agree to abide by the rules and regulations and policies pertaining to internships in medical orthotics and prosthetics of the Health Professions Council of South Africa.

Strict standard procedures are applicable where rules and regulations are broken.

Full names and surname in bock letters (Intern)

.....
.....

Intern HPCSA number:

.....
Signature: Intern

.....
Date

.....
Signature: Parent/Guardian, or
Responsible Institution

.....
Date

Name of institution

NB: Return THIS form to the Board Intern Committee at the end of February / August (seethar@hpcsa.co.za).

7.2 INTERN ASSESSMENT

The intern supervisor uses the following form to assess the intern according to their competence level.

Name of intern: _____

Supervisor: _____

Please print names

A: Clinical Competency Rating

	A+	A	B+	B	C+	C	D+	D	F
Safe handling of patients									
Patient assessment skills									
Understanding of clinical problems									
Prescription ideas									
Problem solving									
Casting skills									
Rectification skills									
Alignment skills									
Laboratory skills									
Safety in the laboratory									

B: Professional Development

	A+	A	B+	B	C+	C	D+	D	F
Ability to display appropriate confidence									
Use of initiative in response to demands of placement									
Keenness and enthusiasm									
Ability to respond positively to constructive criticism									
Realistic evaluation of personal performance									
Behaviour according to the ethics of the profession									
Smartness of appearance									

C: Inter-Personal Relationships

	A+	A	B+	B	C+	C	D+	D	F
Ability to relate well to patients									
Ability to relate well to patients' relatives									
Ability to relate well to O&P staff									
Ability to relate well to other professional staff									
Ability to relate well to technicians									

D: Communications Skills

	A+	A	B+	B	C+	C	D+	D	F
Formal verbal reporting									
Accuracy and relevance of log book reports									
Communication skills in dealing with patients									

E: Organization and Management

	A+	A	B+	B	C+	C	D+	D	F
Ability to organize own time and use it effectively									
Ability to take the initiative in routine departmental procedures									
Attendance and timekeeping record									
General neatness and tidiness									

Intern supervisor comments:

Intern's Comments:

Signature: _____
INTERN

Date: _____

Signature: _____
SUPERVISOR

Date: _____

7.3 SUMMARY OF OBSERVATIONS OF PATHOLOGICAL CONDITIONS

Interns should use the following table to log pathological conditions experienced during the clinical blocks as an ongoing record. Each case study needs to be signed by the intern supervisor. Interns should use this form to indicate the clinical cases collected throughout the two months as presented to the intern supervisor. At the end of internship, the intern in preparation for becoming a practitioner should have covered all pathological conditions.

Intern's Name: _____ Month: _____

(N.B. Each Box to be signed and dated by intern supervisor / mentor after a guided observation of O&P service related to the following pathological conditions.)

Please add more columns for cases to be documented if required.

Pathological Conditions		
Congenital	Clinical block: Case no: O&P device	Supervisor Signature
Developmental	Clinical block: Case no: O&P device	Supervisor Signature
Endocrine	Clinical block: Case no: O&P device	Supervisor Signature
Infections	Clinical block: Case no: O&P device	Supervisor Signature
Ischemic	Clinical block: Case no: O&P device	Supervisor Signature
Joint Replacement	Clinical block: Case no: O&P device	Supervisor Signature
Metabolic	Clinical block: Case no: O&P device	Supervisor Signature
Neuromuscular / Neurological	Clinical block: Case no: O&P device	Supervisor Signature
Post Operative	Clinical block: Case no: O&P device	Supervisor Signature
Rheumatic	Clinical block: Case no: O&P device	Supervisor Signature
Trauma	Clinical block: Case no: O&P device	Supervisor Signature
Tumors	Clinical block: Case no: O&P device	Supervisor Signature
Vascular	Clinical block: Case no: O&P device	Supervisor Signature
Inflammatory	Clinical block: Case no: O&P device	Supervisor Signature

7.4 SUMMARY OF ORTHOTIC & PROSTHETIC SERVICES

Interns should utilize the following table to log orthotic & prosthetic devices / services used / experienced during the clinical blocks as an ongoing record. At the end of the internship should this table be handed in for assessment, as the intern should have manufactured at least one of each of the specified devices listed in preparation for becoming a practitioner.

Intern's Name : _____ Month: _____

(N.B: Each Box to be signed and dated by intern supervisor / mentor after a guided observation of O&P service related to the following pathological conditions.)

Please add more columns for cases to be documented where needed.

Prosthetics		
Partial Hand / Wrist Disarticulation	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Trans Radial (Below Elbow)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Elbow Disarticulation	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Trans Humeral (Above Elbow)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Shoulder Disarticulation	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Fore-Quarter	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Partial Foot	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Ankle Disarticulation (Symes)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Transtibial (Below Knee)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Knee Disarticulation	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Transfemoral (Above Knee)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Hip disarticulation	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Hemi-Pelvectomy	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Breast Prosthesis	Clinical block: Case no: Pathological Condition:	Supervisor Signature

Orthotics		
Finger Orthosis / Partial Digit	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Hand Orthosis (HO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Wrist Hand Orthosis (WHO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Elbow Wrist Hand Orthosis (EWHO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Elbow Orthosis (EO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Shoulder Elbow Wrist Hand Orthosis (SEWHO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Shoulder Orthosis (SiO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Cervical Orthosis (CO) Soft / Semi Rigid	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Cervical Orthosis (CO) Rigid	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Cranial / Spine Traction Devices	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Cervical Thoracic Lumbar Sacral Orthosis (CTLSO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Thoracic Lumbar Sacral Orthosis (TLSO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Lumbar Sacral Orthosis (LSO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Hip Orthosis (HO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Sacral Orthosis (SO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Hip Knee Ankle Foot Orthosis (HKAFO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Knee ankle Foot Orthosis (KAFO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Knee Orthosis (KO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Ankle Foot Orthosis (AFO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Foot Orthosis / Orthotics (FO)	Clinical block: Case no: Pathological Condition:	Supervisor Signature
Shoe Modifications / Adaptations	Clinical block: Case no: Pathological Condition:	Supervisor Signature

7.5 INTERN FEEDBACK QUESTIONNAIRE

Each intern must complete the following questionnaire every second month as part of the

Intern's Name: _____

Training Centre: _____

Months: _____ to _____

	A+	A	B+	B	C+	C	D+	D	F
Organization of Clinical Block:									
Liaison and Preparation									
Orientation									
Learning Environment									
Schedule									
Teaching Staff Arrangement									
Feedback Channel									
Conduction of Clinical Block:									
Case Load									
Case Variety									
Observation Opportunity									
Clinical Hands-on Opportunity									
Technical Hands-on Opportunity									
Teaching in Patient Assessment									
Teaching in Documentation									
Teaching in Patient Education									
Teaching in Patient Communication									
Teaching in Fitting Skill									
Teaching in Checkout Procedure									
Teaching in Outcome Evaluation									
Components Variety									
O&P Materials Variety									
Non-patient contact learning opportunities									

Other Comments:

Signature of Intern: _____

7.6 INTERN LOG BOOK

Interns need to complete at least 10 case studies per scheduled clinical block based on the following example:

Example

Name of Intern: Mr A N Other

Months: ABC

Patient Record (HPCSA Format):

Patient Initials:	Case study no.: 98001234	Occupation: Hawker (Retired)	Gender/Age: F / 70
Diagnosis: Degenerative change in lumbar spine (Left lumbar scoliosis)		Prescription: Custom-made body jacket	
Date	Intern's Treatment Note		Clinical Educator / Clinical Mentor
1 / 4 / 98	<p>Subjective Information</p> <p>History: She suffered from a degenerative change in lumbar spine and the disease onset at 18 months ago. A fabric lumbar corset was delivered to her and physiotherapy was done weekly. The body alignment of the patient was poor and the treatment effect of physiotherapy lasted shortly.</p> <p>C/O: She complained of numbness on both lower limbs and intermittent loss of continence</p> <p>Objective Information</p> <p>Owing to the degenerative changes of her spine, the mobility and flexibility of her spine is very limited (see the attached with assessment chart). It also induces her a left lumbar scoliosis with the Cobb's angle of 20 degrees from L1 to L4. Her lumbar lordosis is most reduced and 25 degrees of vertebral rotation is found at L3. She has a left lumbar hump of 1.5 cm and her angle of trunk inclination is 17 degrees at the lumbar region.</p> <p>Assessment</p> <p>With the S & O information, she has a deteriorating lumbar spine and limited ROM. Most ADL activities are compromised. An external trunk support is necessary to relieve her symptom and prevent further deterioration.</p> <p>Plan</p> <p>Prescription: Custom-made body jacket for improvement of body alignment and prevent further deterioration of spinal deformity.</p> <p>Design of Orthosis: A custom-made body jacket is delivered to the patient. It is made of the low-temp thermoplastic, synergy. It is a AP-split jacket with Velcro straps adhered between the overlapping areas and it is further secured by three horizontal Velcro straps (see the attached with diagram).</p> <p>Protocol: Day time wearing and removed during stretching exercise and bathing. Patient should wear the orthosis for 4 weeks then assess again.</p> <p>Check-out</p> <p>Her trunk listing reduces from 5 cm to 1.8 cm after application of the spinal orthosis. The device aims at reducing her trunk listing and trying to minimize the adverse bending force acting on her spine as from the offset of centre of gravity in her severe trunkal shift. Her body stability and walking pattern is much improved. F-up is arranged at one week later.</p>		

Name of Intern: _____ Month done: _____

Patient Record (HPCSA Format):

Patient Initials:		Case study. No:	Occupation:	Sex/Age:
Diagnosis:			Prescription:	
Date	Student's Treatment Note			Clinical Educator / Clinical Mentor
	<p><i>Subjective Information</i></p> <p><i>Objective Information</i></p> <p><i>Assessment</i></p> <p><i>Plan</i></p> <p><u>Check-out</u></p>			

7.7 INTERN ATTENDANCE RECORD

The intern should use the following attendance record to complete each scheduled clinical block:

Signed by Intern Supervisor / Mentor on the following blocks provided.

Week	Mon	Tue	Wed	Thu	Fri	Sat
One						
Two						
Three						
Four						
Five						
Six						
Seven						
Eight						

Clinical Educator's Signature: _____

8. SUPERVISOR'S REPORT (To be completed and submitted with the final report and documentation)

Name of Intern: _____ Name of Supervisor: _____

Centre of training: _____

Please complete as part of recommendation for registration of intern to independent practitioner.

A. Clinical Competency rating

B. Professional Development

C. Intern-Personal Relationship

D. Communication Skills

E. Organisation and management Skills

F. Ethical Conduct

G. Intern supervisor recommendation

Supervisor 1: Name & Signature _____

Months Supervised: _____

OS nr _____

Supervisor 2: Name & Signature _____

Months Supervised: _____

OS nr _____

Supervisor 3: Name and Signature _____

Months Supervised: _____

OS nr _____

Main Supervisor Name : _____ **Signature:** _____

Months Supervised: _____

OS nr _____