ALL THE RIGHT MOVES

RESIDENT HANDLING PARTICIPANT EVALUATION

Name _____   Date_____

Nursing Home _____   Initial Training ____Refresher ____ Post Injury Evaluation ____

		A	B	C	D	E	F
	Skill	**Turn 1**	**Turn 2**	**Side 1**	**Side 2**	**Up in Bed**	**Apply Sling**
1	**POCRA**	Done	Done	Done	Done	Done	Done
2	**Height of Bed**	Knuckle	Knuckle	Knuckle	Knuckle	Knuckle	Knuckle
3	**Resident Prep**	Arms/Feet Crossed	Arms/Feet Crossed	Arms/Feet Crossed	Arms/Feet Crossed	Arms/Feet Crossed	Arms/Feet Crossed
4	**Untuck Sheet**	Done	Done	Done	Done	Done	Done
5	**Get Second Caregiver**	NA	Done	NA	Done	Done	Done
6	**Sling Inspection**	NA	NA	NA	NA	NA	Yes
7	**Sling Applied Properly**	NA	NA	NA	NA	NA	Yes
8	**Proper Body Placement**	Centre of Gravity	Shoulder& Hip Arms Crossed	Centre of Gravity	Shoulder& Hip Arms Crossed	Hip Level Facing Opposite End of Bed	Sit on Floor & Rock Back
9	**Hand Placement**	Grasp Sheet & Palms Down	Grasp Sheet & Palms Down	Grasp Sheet & Palms Down	Grasp Sheet & Palms Down	Grasp Sheet & Palms Down	NA
10	**Proper Foot Placement**	Walking Stance	Walking Stance	Walking Stance	Walking Stance	Walking Stance	Walking Stance
11	**Cues Resident**	Yes	Yes	Yes	Yes	Yes	Yes
12	**Body Prep**	Chest Up, Back Straight, Arms Braced	Chest Up, Back Straight, Arms Braced	Chest Up, Back Straight, Arms Braced	Chest Up, Back Straight, Arms Braced	Chest Up, Back Straight, Arms Braced	Chest Up, Back Straight, Arms Braced
13	**Count Out Loud**	1-2-Load- Turn	1-2-Load- Turn	1-2-Load- Over	1-2-Load- Over	1-2-Load- Up	NA
14	**Maintain Body Mechanics**	Yes	Yes	Yes	Yes	Yes	Yes
15	**Maintain Arm Brace**	Yes	Yes	Yes	Yes	Yes	Yes
16	**Post Assessment**	Done	Done	Done	Done	Done	Done

Areas to Watch

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_____

Areas Well Done

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Evaluation Comments

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Passed Course_____   **Recommend Retraining _____**   **Other_____**

Instructor(s) Signature _____ Date _____