

Skills/Experience Checklist Massage Therapist

- This form is a self-assessment of your current skills and abilities.
- This form is also used to document skill demonstration.

EMPLOYEE PROFILE			
Last Name	First Name	Middle Initial	Employee Number
Direct Supervisor (Name)		Date Form Initiated	<input type="checkbox"/> Massage Therapist
CPR/BLS Card – expiration date			

The Instructions below will guide you in completing the form.

Previous Experience (Sections To Be Completed)	Instruction, Review or Skill Demonstration (Sections Supervisor or Preceptor Must Complete)				
<p>Place X in appropriate column using the key below:</p> <p>A = I am competent to supervise this skill</p> <p>B = I am competent to perform this skill without supervision</p> <p>C = I need to review this skill</p> <p>D = I need additional instruction on this skill</p> <p>E = I have not performed this skill</p>	<p>Supervisor: Indicate whether or not a review of policies/procedures or instruction is required then document completion in the appropriate columns. If C or D is selected, instruction and skills demonstration (if applicable) is required prior to patient assignment.</p> <p>Preceptor: Document completion of skills demonstration or indicate NA as applicable. Date and initial in the Skill Demonstration column indicates competency has been achieved. Where actual hands on is not realistic within orientation time (due to case or patient type unavailable), review policy and provide case scenario and indicate this mode of verification of competency. Do not date or initial until competency is achieved. An additional column is provided for repeat demonstrations.</p> <p>Complete the signature section at the end of this form.</p> <p>All associates must demonstrate competencies for items in bold text and marked with an asterisk (*) prior to the first assignment requiring those skills.</p>				
	<p>How Competency Demonstrated</p> <table> <tr> <td>DO Direct observation</td> <td>V Verbalization</td> </tr> <tr> <td>S Simulation</td> <td>CR Chart Review</td> </tr> </table> <p>Supervisor/Preceptor place # of competency and corresponding letter identifying how competency demonstrated in appropriate column(s)</p>	DO Direct observation	V Verbalization	S Simulation	CR Chart Review
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Previous Experience						Guidelines to Evaluate Competency	Instruction, Review or Skill Demonstration			
<input type="checkbox"/> Required for Therapists	A	B	C	D	E		Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date/Initial How Competency Demonstrated	Repeat Skills Demo Date/Initial How Competency Demonstrated	Manager/Preceptor's Comments
Infection Control: * Bag Technique * Hand Hygiene						1. Institute Standard Precautions at all times 2. Perform proper bag technique 3. Perform hand washing per CDC guidelines 4. Use Personal Protective Equipment (PPE) appropriately 5. Properly handle biohazardous materials 6. Demonstrate proper sharps disposal 7. Instruct patient/family on infection control policies and practices referencing the Patient Family Handbook related to the care of the patient 8. Document patient/caregiver education and how the patient demonstrated understanding 9. Understand Exposure Control Plan and related responsibilities 10. Understand responsibility to report patient infections and communicable diseases a. Use correct form 11. Know procedure of obtaining, labeling, transporting specimen 12. Instruct patient on specimen collection when appropriate 13. Demonstrate location of Infection Control Policies				
General Functions						1. Apply knowledge of anatomy and physiology to determine appropriate massage applications to obtain desired and intended physiologic outcomes 2. Evaluate general movement and compensatory patterns and develop a treatment plan to address findings 3. Palpate tissue with appropriate speed, direction, depth, and intention to sense and engage multiple layers of tissues 4. Modify massage treatment plan to accommodate the body changes of individuals at end of life				

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						5. Recognize and modify massage in endangerment sites and areas of caution 6. Talk with patient's physician and/or nurse regarding any precautions, pain or symptom control issues, open wounds, sores/lesions, or family issues prior to the massage 7. Verify physician's order for massage therapy and record in the patient's chart before initiating services 8. Adjust the environment and bring a sense of peace and comfort to the patient and family 9. Ask patient about pain level before massage and check for signs of pain or discomfort during massage 10. Provide comfort measures such as repositioning with pillows or adding pillows to relieve pressure 11. Allow patient to direct the length of the massage 12. When appropriate, educate family members on simple massage techniques they can use with the patient				
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Functional Status/Kinesiology						Positioning 1. Able to properly align patient's body 2. Support joints and limbs 3. Float pressure points Body Mechanics of the patient 1. Awareness of posture, use of body weight and movement and their effect on determining massage therapy techniques and application				

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						2. Balance, equilibrium and stability as they relate to movement and function 3. Activities of Daily Living (ADL's) and their relation to the patient's quantity and quality of movement and tissue status/tension Range of Motion 1. Types of ROM – active, passive, assisted and resistive 2. Classification of joints 3. Joint play and end feel 4. End feel: hard, firm, soft, vacant 5. Joint range 6. Synovial joint movements 7. Approximation of attachments by way of movement at the joint or by manual shortening of the muscle Stretching 1. Effects on tissue structure and function 2. Purpose and uses 3. Active 4. Passive 5. Active assisted/resisted				
Functional Status/Kinesiology						Resistive Range of Motion 1. Isometric 2. Isotonic 3. Eccentric action 4. Concentric action 5. Reciprocal inhibition 6. Post-isometric relaxation or contract relax 7. Effects on tissue structure and function 8. Purposes and uses				
Documentation						1. Demonstrate and document massage therapy visits according to the established frequency				

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						2. Document in-visit notes to demonstrate how identified needs in the POC are being met and/or working towards goals 3. Document patient/family response to care interventions 4. Document all follow-up contact with the patient, family/caregiver, and other involved parties				
Patient Safety						1. Identify potential and actual problems, and communicate with the IDG 2. Update the plan of care, as appropriate 3. Assess patient's caregiver knowledge deficit and ability to learn				
Promotion of Communication with Patient/Caregiver Promotion of Communication with Patient/Caregiver						1. Identify best method of communication to meet the patient/caregiver needs i.e. verbal, written demonstration 2. Connect with those patients with memory deficits utilizing the Patient Family Handbook 3. Share best method of connection with patient with IDG and document in the medical record 4. Listen and speak clearly and directly to the patient/caregiver 5. Identify special needs i.e. language, vision, hearing and share needs with IDG and update plan of care 6. Access language line when appropriate 7. Identify environment that promotes effective communication 8. Request permission to speak about patient and care when other are present i.e. friends, roommates 9. Confirm each visit that the patient knows how and when to contact the hospice nurse using the Patient Family Handbook as a reference 10. Confirm the next scheduled visit at the end of each visit				
Patient and Family						1. Assess patient/caregiver knowledge deficit at each visit and with changes in the plan of care				

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Education and Support						2. Individualize instruction based on individuals ability and readiness to learn 3. Evaluate learning/understanding and document in the medical record 4. Update the plan of care and refer to the Patient Family Handbook as appropriate and supplement written educational material when appropriate				
Education						1. Demonstrate self-directed learning and participation in continuing education to meet professional development needs 2. Participate in orientation and preceptorship programs for new staff 3. Take responsibility for completing annual requirements timely				
Initials	Print Name					Signature/Title				Date