

ABC Hospital

EVALUATION FOR **NEUROLOGY** ROTATION

**S=SATISFACTORY/U=UNSATISFACTORY**

1. The resident is able to demonstrate knowledge of neurologic disorders as they pertain to the lower extremity.

**S/U**

2. The resident is able to participate in the performance of NCV & EMG studies.

**S/U**

3. The resident is able to demonstrate knowledge in the interpretation of NCV & EMG studies as it pertains to the lower extremity.

**S/U**

4. The resident is able to demonstrate knowledge in the diagnosis and treatment of Complex Regional Pain Syndrome.

**S/U**

Rotation Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident \_\_\_\_\_ Date \_\_\_\_\_

DPME Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

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Revised 4/2012