

ABC Hospital

EVALUATION FOR **PHYSICAL MEDICINE AND REHABILITATION** ROTATION

S=SATISFACTORY/U=UNSATISFACTORY

1. The resident is able to demonstrate understanding of the indication and use of occupational therapy and physical therapy.

S/U

2. The resident is able to demonstrate knowledge and instructional ability for exercises, stretching, and other modalities as it relates to functional rehabilitation.

S/U

3. The resident is able to demonstrate knowledge in physical medicine as it relates to post-operative rehabilitation with emphasis on the lower extremity.

S/U

Rotation Director Signature _____ Date _____

Resident _____ Date _____

DPME Signature _____ Date _____

Comments _____
