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 ________________________________________________________
_________________________________________________________________
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Revised 4/2012