

Physiotherapy Clinical Competencies

Integrated Stroke Program

Name: _____ Professional Designation _____

Number of years in current position: _____ Date: _____

Novice	Marginal conceptual understanding, minimal clinical experience, very little foundational knowledge of the topic area, textbook/classroom knowledge <ul style="list-style-type: none">• You frequently seek assistance in making clinical decisions• You have minimal practice in this area
Advanced Beginner	Conceptual understanding, minimal clinical experience, some foundational knowledge of the topic area <ul style="list-style-type: none">• You have had limited exposure to clinical situations• You are able to identify normal findings• You are guided by what you need to do rather than by patient responses
Competent	Conceptual understanding and skill performance (competent) and clinically experienced <ul style="list-style-type: none">• You have had varied exposure to many situations• You are able to identify normal and abnormal findings• You have an awareness of patient and family view points• You are able to manage complex situations• You are able to prioritize based on patients needs
Proficient	Conceptual understanding, proficient performance, clinically experienced, and able to make quick and accurate clinical judgments <ul style="list-style-type: none">• You have had extensive exposure in most situations• You are able to anticipate potential assessment changes• You are able to prioritize in response to changing situations• You are able to interpret the patient and family experience from a wider perspective
Expert	Analysis, synthesis, application, highly skilled clinically with extensive and well-developed knowledge <ul style="list-style-type: none">• You have had extensive exposure with deep understanding of the situation• You are able to rapidly and consistently identify actual and potential assessment changes• You are able to rapidly change priorities under all conditions• You are able to keep personal values in perspective and therefore able to encourage and support patient and family choices.
Not Applicable	The topic area is not relevant to your practice. In your current role, you would not require this knowledge/skill.

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Core Competencies for Stroke	Novice	Advanced Beginner competent	Proficient	Expert	Not applicable	Resources https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/core-competencies/disciplines/physiotherapy	Date
1. Principles of Stroke Care							
1.1 Acknowledges the unique needs of each person with stroke using a patient-centered approach and gives consideration to their ethnic and cultural sensitivities, their values, their coping styles, and their ultimate participation in life							
1.2 Describes how neuroplasticity is a core concept for stroke recovery and a key underlying principle relevant to physiotherapy interventions							
1.3 Interprets the concepts of REMEDIATION, COMPENSATION and PREVENTION by appropriately choosing the approaches that suit the presentation of the person with stroke							
1.4 Adopts the competencies for interprofessional collaborative practice and integrates them into practice to better support the person with stroke							
1.5 Selects evidence-based discipline-specific or interdisciplinary team assessment tools to systematically complete a timely assessment of the individual to determine an appropriate plan of care							

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1.6 Recognizes the Ontario Stroke System and the Ontario Stroke Network as the model for provincially-organized best practice stroke care							
1.7 Describes the importance of applying best practices and understands how the current government health care system funding will change practice							
2. Anatomy and Physiology of Stroke							
2.1 Describes the neuroanatomical structures that impact stroke clinical presentation and recovery <ul style="list-style-type: none"> Brain functions according to lobe, hemisphere Penumbra region Vascular supply System-based neuroanatomy (e.g. corticospinal system, reticulospinal system, vestibulospinal system, cerebellum, basal ganglia) 							
2.2 Describes acute stroke sequelae and typical medical management of stroke and defines the following effects/complications: delirium, aspiration pneumonia, hemorrhagic transformation, uncontrolled blood pressure, deep vein thrombosis and pulmonary							

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embolism, seizures, urinary tract infection, cardiorespiratory impairment, fatigue							
2.3 Defines normal ranges for vital signs Explains the clinical implication of abnormal values on daily function with respect to appropriateness for PT intervention for a person with stroke							
3. Cardiovascular and Respiratory Effects							
3.1 Expertise in cardiorespiratory assessment and management							
3.2 Modifies the treatment plan and educates the person with stroke and family on accommodations related to fatigue level, exercise tolerance and aerobic fitness post stroke							
4. Psychosocial Effects							
4.1 Awareness of the psychosocial effects of a stroke and recognition of their signs and symptoms and their impact on patient engagement/ motivation/participation in the physiotherapy program.							
4.2 Recognizes signs/ symptoms of psychosocial issues, collaborating with the care team and/or referring to another team							

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member when warranted to ensure the needs of the person with stroke are addressed.							
5. Communication							
5.1 Describes the communication disorders that could occur following a stroke and their implications on patient participation and engagement in PT interventions. Communication disorders may be manifested either verbally (expressive or receptive) or non-verbally (reading, writing, gesture), and could include: <ul style="list-style-type: none"> • Aphasia • Dysarthria • Apraxia 							
5.2 Applies principles of SCA™ (Supported Conversation for Adults with Aphasia) to enable effective communicate with persons with stroke							
6. Independence in Mobility and Prevention of Complications of Immobility							
6.1 Utilizes appropriate assessment tools to determine levels of mobility-related impairments and functional limitations to							

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design tailored, goal-oriented and evidence-based interventions							
6.2 Applies a clinical rationale for selection and use of appropriate mobility aids and assistive devices that enable safe and efficient function for the person with stroke							
6.3 Demonstrates safe proper handling and positioning of the person with stroke's hemiplegia to prevent complications and optimize mobility and function							
6.4 Implements effective gait training and incorporates functional strategies that include a variety settings and environments							
6.5 Facilitates neuromotor recovery through appropriate handling techniques for improved postural control, ROM, balance and coordination, normalized tone, pelvis and trunk control, upper extremity function, increased function and prevention of contractures							
6.6 Educates other team members, the person with stroke, and caregivers about: safe and correct functional mobility (transfers, gait, and stairs); handling and positioning; prevention and management of physical complications							

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7. Routine Activities of Daily Living							
7.1 Utilizes appropriate standardized assessment tools (ALPHA- FIM and FIM) for ADL (where utilized)							
7.2 Identifies available treatment techniques with understanding of the importance of remediation of the identified deficits to allow a patient to return to the maximal level of independence in all ADLs							
7.3 Describes the importance of incorporating compensatory techniques and/or assistive devices to allow patients to overcome deficits and develop a new way of completing their ADLs							
7.4 Identifies the importance of caregiver's role in supporting the ADL							
8. Instrumental Activities of Daily Living							
8.1 Identifies that driving is contraindicated immediately following a stroke							
8.2 Is aware of programs/assessment centers available in the region that can assist persons with stroke reach their goal of driving							

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8.3 Assesses the home/work environment and make sound recommendations for safe mobility and function, with or without select adaptations							
9. Cognitive, Perceptual and Behavioural Changes Following Stroke							
9.1 Identifies changes in cognition, perception and behavior post stroke and collaborates with appropriate team members in client's treatment plan							
10. Sexuality							
10.1 Identifies reliable sources of information on post-stroke intimacy and sexuality and collaborates/involves appropriate team members in client's treatment plan (if necessary)							
11. Nutrition							
11.1 Describes the importance of hydration, the various modified diets utilized, as well as the alternative-feeding methods used with persons with stroke (e.g., tube feeding, total parenteral nutrition), and can state the related impact of each on physiotherapy interventions							

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(i.e. timing of intervention, head of bed precautions avoidance of PT)							
12. Dysphagia							
12.1 Identifies the signs and symptoms of respiratory system complications related to dysphagia							
12.2 Understands dysphagia and its management							
12.3 Prescribes appropriate positioning of the person with stroke to protect respiratory status and minimize risk of aspiration							
13. Skin Care							
13.1 Identifies factors that affect skin integrity and where appropriate, collaborates with interprofessional team members							
13.2 Applies strategies for prevention of skin breakdown in collaboration with interprofessional team members							
14. Continence Management							
14.1 Identifies common incontinence issues after stroke and able to define the physiotherapist's role with assisting in managing the bladder and bowel routine							

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15. Primary and Secondary Stroke Management							
15.1 Identifies the signs of stroke and the knowledge that they indicate a medical emergency							
15.2 Recognizes the modifiable and non-modifiable risk factors for primary and secondary prevention of stroke: <ul style="list-style-type: none"> •Modifiable risk factors – Lifestyle and Pathology •Non-modifiable risk factors 							
15.3 Describes the management strategies for each modifiable stroke risk factor, for primary and secondary prevention of stroke							
15.4 Chooses the interventions for select modifiable stroke risk factors and is aware of any precautions for physiotherapy participation: <ul style="list-style-type: none"> •Pharmacological management (antiplatelets, anticoagulation) •Surgical management (carotid endarterectomy, carotid stenting) •Self-Management strategies 							

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16. Transition Management							
16.1 Plan for appropriate transitions between care environments based on persons with stroke/ caregivers' goals, functional levels and capacity in collaboration with persons with stroke/ caregivers and health care team							
16.2 Select appropriate information and education on re-engaging back into the community to activities most meaningful for persons with stroke/ caregivers to enable their transitions between care environments soon after stroke onset							
16.3 Identifies the importance of the role of self-management and provides patients and their caregivers with related support, information and resources to assist in the recovery of function and prevention of secondary complications associated with stroke							
16.4 Allow timely and effective transfer of relevant, authorized, patient-related information to health care providers at all points of access and transition to ensure seamless transitions and continuity of care							