APPENDIX 4 – Competency form

omm competency evaluation

Resident: ____________________________

Faculty evaluator: ____________________

Date: ____________________________

Setting (circle one): Patient care / Workshop

Diagnostic Skills

- Inspection/Observation: Rating 1 2 3
- Palpation/Identification of TART: Rating 1 2 3
- Motion Testing (Segmental Diagnosis): Rating 1 2 3

Performance of OMM

- Able to perform 2 techniques: Soft tissue, Counterstrain, FPR, BLT, ME, HVLA, articular, other (circle techniques done): Rating 1 2 3
- Able to explain treatment to patient in appropriate terms: Rating 1 2 3

Documentation

- Physical Exam Findings: Rating 1 2 3
- Choose appropriate somatic dysfunction diagnosis: Rating 1 2 3

rating key:

1 - Remedial: requires assistance more than half the time; inconsistent ability to transition between steps.
2 - Developing competence: requires assistance less than half the time; some hesitation in transition from one step to next
3 - Competent for unsupervised performance: requires no assistance; seamless transition one step to next

Signed off: [ ]