Logo, company name

Description automatically generated**DEVELOPING KNOWLEDGE AND SKILLS**

**Practice assessment: BPPV Examination and Treatment**

**Candidate Name (please print) …………………………………………**

|  |  |
| --- | --- |
| **General** | **Capability demonstrated** |
| Introduces self to the patient, confirms patient identity and confirms patients preferred name |  |
| Explains the procedure and gains consent |  |
| Clinical area cleaned and ventilated |  |
| Washes hands and ensures patient is comfortable and in the correct position for examination |  |
| Equipment safe and wiped down |  |
| Appropriate PPE worn |  |
| Maintains dignity and communicates with patient |  |

|  |  |  |
| --- | --- | --- |
| Examination | Abnormal findings | Possible significance of abnormal findings |
| **Oculomotor Assessment:**  Performs testing of:   * Gaze and gaze in different directions * Range of ocular motion all directions (H points) * Smooth pursuit/ tracking * Saccades * Convergence/ divergence * Test of Skew * VOR cancellation * Static and dynamic visual acuity * Head Impulse Testing |  |  |
| **Hallpike-Dix manoeuvre**  Performs:   * Pre-test instructions * Warnings and gains consent * Checks Csp ROM * Performs Hallpike Dix * Holds for 30-60 seconds * Return to sitting * Observes for 30 seconds |  |  |
| **Supine Roll Test**  Performs:   * Pre-test instructions * Warnings and gains consent * Checks Csp ROM * Performs Supine Roll Test * Holds for 30-60 seconds * Return to sitting * Observes for 30 seconds |  |  |
| **Epley Manoeuvre**  Performs:   * Pre-treatment instructions * Warnings and gains consent * Holds each position for 30-60 seconds * Returns to sitting and safely supports patient in case of Tumarkin event |  |  |
| **Gufoni Manoeuvre**  Performs:   * Pre-treatment instructions * Warnings and gains consent * Holds each position for 30-60 seconds * Returns to sitting and safely supports patient in case of adverse event |  |  |
| **BBQ Roll Manoeuvre**  Performs:   * Pre-treatment instructions * Warnings and gains consent * Holds each position for 30-60 seconds * Returns to sitting and safely supports patient in case of adverse event |  |  |
| **Effectively communicate information to other professionals** |  |  |

**Patient Summary – BPPV Examination and Treatment**

|  |  |
| --- | --- |
| Significant aspects of patient history |  |
| Significant examination findings with possible causes |  |
| Management Plan |  |
| Reflection |  |

**OUTCOME:**

Successful demonstration of required skills and knowledge: (please complete using the codes in the relevant box)

Key: **I** -Independent **S**- Supervised (1-2 verbal ques) **A**- Assisted (1-2 physical ques) **D**- Dependent

|  |  |  |  |
| --- | --- | --- | --- |
| PASS  (I) |  | Requires further development  (S, A or D) |  |

Recommendations for further development (please document in box below)

|  |
| --- |
|  |

Supervisors Name (please print)……………………….. Supervisors signature………………………………

Supervisors professional PIN/ Registration number e.g. HCPC, GMC etc ………………..

Supervisors contact email ……………………………………………………………………………………………………

Students Signature …………………………………………

Date …………………………………………