

COMMUNITY HEALTH AND MOBILITY PARTNERSHIP (CHAMP)

Checklist for First-Time Volunteers

INFORMATION ABOUT THE VOLUNTEER

Name: Credentials (e.g., RN, ATC, PT): License no.
Discipline: E-mail address:

Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what school do you attend?
How many years have you been in this degree/certificate program? This is my year.

Instructions to faculty completing this form for student volunteers: Please check off all competencies that apply to this student, and send the completed form by e-mail to the individual who will be supervising the student at CHAMP. The supervisor should receive the completed form at least one day before the event.

KNOWLEDGE CHECKLIST

- Oriented to CHAMP policies and procedures (see Policies and Procedures Manual)
- Oriented to Otago Exercise Programme (see Otago Exercise Programme Manual)
- Completed coursework in therapeutic exercise
- Completed online Otago training for PTs, available through [AHEConnect](#)
- Completed Free Your Feet training for assessing participants for appropriate footwear

SKILLS CHECKLIST

INTAKE

- Obtaining participant consent and assisting participants with Participant Information Form
- Administering and scoring Activities-specific Balance Confidence (ABC) Scale
- Administering and scoring Geriatric Depression Scale (GDS)
- Administering and scoring the Rapid Assessment of Physical Activity (RAPA) scale

HEALTH ASSESSMENT PROCEDURES

- Measuring body weight
- Reviewing medical history
- Measuring blood pressure in supine, sitting, and standing
- Screening vision (indicate whether basic screen only or with use of special equipment)
- Administering and scoring Mini-Mental State Exam
- Performing medication review, including identification of high-risk medications

PHYSICAL PERFORMANCE TESTING PROCEDURES

- Administering Four Test Balance Scale
- Measuring grip strength
- Administering Timed Chair Stands test
- Administering Timed Up & Go (TUG) test

PROCEDURES FOR INTERVENTION RECOMMENDATIONS AND EXERCISE INSTRUCTION

- Interpreting test results to identify risk of falls
 - Making exercise recommendations (selecting appropriate Otago exercises)
 - Instructing participant in performance of Otago exercises (a check in the box for this item reflects knowledge of correct performance of every exercise included in the Otago Exercise Programme)
 - Reviewing home exercise performance with participants at follow-up appointments
 - Making revisions to home exercise program at follow-up
 - Determining participant readiness for “graduation” from CHAMP
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If completing this form **for yourself** as a faculty member or clinician volunteering for CHAMP for the first time:

I attest that I have completed this checklist to accurately reflect my knowledge and skills for providing services at CHAMP events.

NAME:

DATE:

If completing this form **for your student** as the student’s faculty member:

I attest that I have completed this checklist to accurately reflect this student’s knowledge and skills for providing services at CHAMP events.

NAME:

DATE: