**Name of Practitioner: ………………………………………… Name of Assessor:………………………………………… Date:……………….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment** | **Basic Skill Level** | **Partial Demonstration of skill** | **Fully Competent** | **Comments** |
| **Demonstrates knowledge of lower limb assessment prior to application of compression**: Is able to discuss and assess limb shape, bony prominences and give rationale on determining appropriate layer of bandaging upon ankle circumference. |  |  |  |  |
| **Measure ankle circumference:** above malleoli with foot flexed if supine or foot firmly on floor if patient is sitting. |  |  |  |  |
| **Application of padding:** demonstrates correct application of k-soft with foot in correct position, taking into account bony prominences and shape. |  |  |  |  |
| **Re-measure ankle circumference**: to ascertain layers of actico needed and give rationale. |  |  |  |  |
| **Demonstrate accurate application of first layer of actico 10cm:** correct positioning of patients foot (toes to nose), begin application with 2 turns around the foot to anchor, then 50% overlap and a figure of eight around the ankle with a slight stretch. Continue with a 50% overlap, full stretch by applying the lock and roll technique up the lower leg finishing two fingers below the knee under the popliteal space. |  |  |  |  |
| **Apply 2nd layer if applicable** in the opposite direction beginning from above the malleolus. Apply two turns with slight stretch. Continuing with a 50% overlap at full stretch, using the lock and roll technique, finishing 2 fingers below the knee as before. |  |  |  |  |
| **Able to discuss potential issues** if overlap is not adhered to and tension is not accurate.  |  |  |  |  |
| **Documentation of procedure:** Able to explain the accuracy of documentation and what to include. |  |  |  |  |
| **Demonstrates provision of advice** to the patient on potential complications and action to take if they experience problems. |  |  |  |  |

Signed:………………………………………………………………………………………………. Name:……………………………………………………………………………………… Designation:…………………………………….

Assessor:………………………………………………………………………………………….. Name:…………………………………………………………………………………….. Designation:………………………………………