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

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| --- | --- | --- | --- | --- |
| **Assessment** | **Basic Skill Level** | **Partial Demonstration of skill** | **Fully Competent** | **Comments** |
| **Demonstrates knowledge of lower limb assessment prior to application of compression**: Can discuss and assess limb shape, bony prominences, differentiate between full and reduced compression, giving rationale on choosing between the most appropriate bandaging system based on ankle circumference. |  |  |  |  |
| **Measure ankle circumference:** above malleoli with foot flexed if supine or foot firmly on floor if patient is sitting. |  |  |  |  |
| **Application of k-soft padding only if required** to shape leg and protect any bony prominences. Can offer a clear rationale for when not to use the K soft wool. |  |  |  |  |
| **Re-measure ankle circumference**: Can offer a rationale as to why this is necessary. |  |  |  |  |
| **Demonstrates accurate application of first layer of K-Tech Reduced Compression (short stretch) for ankle circumference 25 – 32cm as per the mixed aetiology pathway:** correct positioning of patient’s foot (toes to nose), ensuring this position is maintained during application of all layers. Begin application with 2 turns from base of the 5th metatarsal around the foot to anchor followed by a figure of eight around the ankle with a slight stretch ensuring no gaps. Continue up the leg with 2/3rds (25 – 32cm) overlap ensuring that each ball is covered at the base and changed from a rugby to a football shape. Finish two fingers below the knee under the popliteal space.  |  |  |  |  |
| **Demonstrate accurate application of the K-Press (long stretch) 2nd layer :** **25 – 32cm** As above with correct tension observed by pressure indicators (balls) and a 2/3rds overlap.  |  |  |  |  |
| **Able to discuss potential issues:**  if overlap is not strictly 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:………………………………………