

**NHF PHYSICAL THERAPY WORKING GROUP (PTWG\*): EDUCATIONAL NEEDS ASSESSMENT**

Below you will find an educational needs survey for self-assessment of perceived competence in important areas of Hemophilia care, with regards to physical therapy. The purpose of this questionnaire is to identify your educational needs. The PTWG will use this information to develop the content for the PT link on the NHF Website ("under construction") as well as help plan Annual and Regional Meetings. Your input is very important to us and we thank you for taking the time to let us know what you need. Please use the following scale in assessing each area of Evaluation, Treatment/Management, and Recommendations regarding PT and Hemophilia Care:

1= No experience    2= Supervision Required    3= Independent    4= Able to Teach

**EVALUATION:**

- |                                  |   |   |   |   |
|----------------------------------|---|---|---|---|
| 1. Joint Bleeds                  | 1 | 2 | 3 | 4 |
| a. Acute                         | 1 | 2 | 3 | 4 |
| b. Chronic                       | 1 | 2 | 3 | 4 |
| 2. Muscle Bleeds                 | 1 | 2 | 3 | 4 |
| 3. Functional Limitations        | 1 | 2 | 3 | 4 |
| 4. Chronic Joint Changes         | 1 | 2 | 3 | 4 |
| a. Synovitis                     | 1 | 2 | 3 | 4 |
| b. Arthritis                     | 1 | 2 | 3 | 4 |
| c. Other                         | 1 | 2 | 3 | 4 |
| 5. Bleeding History              | 1 | 2 | 3 | 4 |
| 6. UDC/ROM Measurements          | 1 | 2 | 3 | 4 |
| 7. General Orthopedic Assessment | 1 | 2 | 3 | 4 |

**TREATMENT/MANAGEMENT:**

- |                  |   |   |   |   |
|------------------|---|---|---|---|
| 1. Joint Bleeds  | 1 | 2 | 3 | 4 |
| a. Acute         | 1 | 2 | 3 | 4 |
| b. Sub Acute     | 1 | 2 | 3 | 4 |
| c. Chronic       | 1 | 2 | 3 | 4 |
| 2. Muscle Bleeds | 1 | 2 | 3 | 4 |
| 3. Target Joints | 1 | 2 | 3 | 4 |
| 4. Modalities    | 1 | 2 | 3 | 4 |

**RECOMMENDATIONS:**

- |                              |   |   |   |   |
|------------------------------|---|---|---|---|
| 1. Therapy Needs             | 1 | 2 | 3 | 4 |
| 2. Sports                    | 1 | 2 | 3 | 4 |
| 3. Exercise/Home Programs    | 1 | 2 | 3 | 4 |
| 4. Bracing/Splints/Orthotics | 1 | 2 | 3 | 4 |
| 5. Assistive Devices         | 1 | 2 | 3 | 4 |
| 6. Prophylaxis               | 1 | 2 | 3 | 4 |
| 7. Diagnostic Testing        | 1 | 2 | 3 | 4 |

**TOP 3 EDUCATIONAL NEEDS:** From the above topics - Please list your top 3 needs

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Other: \_\_\_\_\_

EXPERIENCE WITH BLEEDING DISORDERS: \_\_\_\_\_ yrs.    TYPE OF POPULATION SERVED: \_\_\_ Peds; \_\_\_ Adults; \_\_\_ Both.

TIME SPENT IN HEMOPHILIA CARE: \_\_\_ Daily; \_\_\_ Weekly; \_\_\_ Bi-Weekly; \_\_\_ Monthly; \_\_\_ Other (describe): \_\_\_\_\_

NAME: \_\_\_\_\_ HTC: \_\_\_\_\_

STATE/REGION: \_\_\_\_\_/\_\_\_\_\_    E-MAIL: \_\_\_\_\_

\*The PTWG is made up of 1 representative from each of the 12 regions in the United States. Each representative is currently affiliated with a federally funded Hemophilia Treatment Center. This document was last updated 12/12/2006 by the PTWG.