MIDVALE CBC COMMUNITY CLINIC
PHYSICAL THERAPY

CLINIC PHOTO “TOUR” & ORIENTATION
Welcome to Midvale CBC Community Clinic Physical Therapy!

- We have now moved into a more permanent location at the **Midvale Senior Center** (350 W Park St.; Midvale, UT 84047).
Directions

- The **Midvale Senior Center** is located within Midvale City Park near the intersection of 7615 S (Park St.) and 300 W (Jefferson St.) - *if you continue to follow Park St. west into City Park it will dead end at the Senior Center.* For directions, search “Midvale Senior Citizens Center” in Google maps or follow this link: [map]

Sometimes Maps lead you here so head West (into the park) on 7615 S. (Park St.) and you will run right into the building (A).
When you arrive:

Parking

- Students may park anywhere in the lot in front of the building *(please try to leave the spots closest to the building for patients)*

Entrance

- Enter through the front door *(will be unlocked by CBC staff at 8:30 am)*
Clinic Layout, Flow, & Setup

The Senior Center doesn’t have any programming scheduled on weekends. However, they’re open every other day of the week so we must setup/take down the clinic every Saturday.

Use these pictures to familiarize yourself with the “lay of the land” prior to volunteering and then refer to the “Opening Checklist” in the Clinic Reference Manual for further setup information the day-of.
Inside the front entrance is the Senior Center’s lobby which serves as the clinic’s RECEPTION & WAITING AREA.
At the far end of the lobby is a **STORAGE CLOSET**. Here you will find all of the necessary equipment/supplies for setting up and operating the clinic including:

- Portable treatment tables
- Cloth partitions
- Folding table
- 2 supply carts
- Other miscellaneous supplies (stool, mirror, bolster, foam roller, etc.)
- Printer
- Filing cabinet containing:
  - Clinic forms
  - USB thumb drives
  - Clinic Reference Manual
To the right of the storage closet is a hallway leading into a large, back office room...
This back office serves as the clinic’s **TREATMENT ROOM**.
RECEPTION & WAITING AREA

• **CLINIC FLOW:** Patients will enter through the front door and be greeted by the CBC staff and/or the Floater in the lobby.

• **SETUP:**
  • Place folding table (from storage closet) next to brick pillar with two roller desk chairs for CBC staff to sit in.
  • Make sure all lights are turned on (see Opening Checklist for location of switches).
CBC STAFF

Oli

Maria
RECEPTION & WAITING AREA

- **CLINIC FLOW:** Once patients have finished filling out the necessary paperwork, they will wait in the lobby next to the fireplace. Students will come greet their patients here, introduce themselves/the attending PT, and then bring the patient back into the treatment room.

- **SETUP:**
  - None required.
TREATMENT ROOM

**SETUP** (we will use only the half of the office closest to the window):

- See picture below and next slide for location of the window.

- Move the table over to the far side of the office.

- Set up 2 cloth partitions parallel to the wall with the window.

- Set up 1 treatment table on each side of the partition (each with a pillow & fresh pillowcase).

*NOTE: there is also a spare treatment table in the storage closet if needed*
TREATMENT ROOM

• **SETUP (continued):**

  • Arrange 3-4 chairs on each side of the partition for history taking.
TREATMENT ROOM

• **SETUP** (continued):

  • Place both supply carts (and other miscellaneous supplies i.e. mirror, bolster, foam roller, stool, etc.) along the wall closest to the door.
Through the other door on the far side of the back office is a **COMPUTER ROOM** which is where students will:

- Meet with the attending pt at required check-in points
- Complete & print patient documentation
- Compile & print home exercise programs from online (for “**HEP kit**”: use copier located in the lobby)
- Store any personal items for the day

**SETUP:**

Make sure computer on the far end by the doorway to the kitchen is turned on.
• Directly off the lobby, there is a large cafeteria area which serves as the clinic’s main **EXERCISE GYM**.

• **CLINIC FLOW:** Students may use this area for tasks requiring additional space during patient examination and/or treatment.

• **SETUP:**
  Make sure all tables & chairs are moved to the far side of the cafeteria (opposite the stage).
On the far side of the cafeteria is a small kitchen area containing a few additional pieces of exercise equipment also available for clinic use including a:

- Stationary bike
- Treadmill
- Elliptical
- Ankle weights (Note: please only use the ones that are NOT in bags)
• Lastly, through the door next to the bulletin board at the end of the cafeteria is another door leading to a small utility closet containing the ice machine.

• By request from the Senior Center building manager:
  • Please wash your hands before scooping ice.
  • Place the scoop back on top of the machine when finished.
Familiarize yourself with the following forms which will be used at the clinic to document patient care (also available on our website or your reference: [www.health.utah.edu/pt/pro-bono/students.html](http://www.health.utah.edu/pt/pro-bono/students.html)). At the clinic, these will be accessed and filled out electronically.

*Note the differences between INITIAL EVALUATION and RETURN VISIT*
When a patient comes in for an INITIAL EVALUATION...

...THEY will fill out: a PT Intake Form (handwritten copy)
When a patient comes in for an INITIAL EVALUATION ...

... **THEY** will fill out: a *region-specific Functional/ Disability Assessment* (handwritten copy) such as the…

- ODI (back)
- NDI (neck)
- DASH (upper extremity)
- LEFS (lower extremity)
When a patient comes in for an **INITIAL EVALUATION** ...

... **YOU** will fill out: a region-specific **Eval Form** (must complete the fillable-format electronic document AND print a copy for the pt file)

```markdown
<table>
<thead>
<tr>
<th>LUMBAR EVALUATION FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Diagnosis:</td>
</tr>
<tr>
<td>Referral Info:</td>
</tr>
<tr>
<td>Visit #:</td>
</tr>
<tr>
<td>Time In:</td>
</tr>
<tr>
<td>Time Out:</td>
</tr>
<tr>
<td>Relative Date:</td>
</tr>
</tbody>
</table>

**Patient Information**

- Patient Name:
- Patient ID:
- Date of Birth:
- Age:
- Gender:
- Phone:
- Address:
- Email:
- Insurance:
- Primary Care Provider:

**Clinical History**

- Symptoms:
- Duration:
- History of Present Illness:
- History of Previous Illness:
- Medications:
- Allergies:

**Examination**

- Neurological:
- Musculoskeletal:
- Gastrointestinal:
- Pulmonary:
- Cardiopulmonary:
- Endocrine:
- Skin:
- Integumentary:

**Tests and Measures**

- Laboratory Tests:
- Imaging Studies:
- Physical Examination:

**Plan of Care**

- Goals:
- Objectives:
- Interventions:
- Home Care Instructions:
- Follow-up:
```
When a patient comes in for a RETURN VISIT...

...THEY will fill out: an updated Region-specific Functional/Disability Assessment (handwritten copy) such as the:

1. ODI (back)
2. NDI (neck)
3. DASH (upper extremity)
4. LEFS (lower extremity)
When a patient comes in for a RETURN VISIT ...

...YOU will fill out: a **Daily Note** (must complete the fillable-format electronic document AND print a copy for the pt file)

- Pt name:
- Pt number:
- Diagnosis:
- Referred by:
- Precautions:

**DAILY TREATMENT NOTE:**

- PATIENT STATUS:
- TEST AND MEASURES:
- TODAY'S INTERVENTION:
- EVALUATION:
- INTERVENTION PLAN:

**Visit Number:**

**Date:**
When a patient comes in for either an INITIAL EVALUATION or a RETURN VISIT:

... THEY will fill out: a **Satisfaction Survey** (handwritten copy)

**Patient Name:**
**Date:**
**Visit Number:**

**Patient Satisfaction Survey / Encuesta de satisfacción del paciente**

1. How much has your condition improved? ¿Cuánto mejoró?
   
   - 7 - 6 - 5 - 4 - 3 - 2 - 1 0 1 2 3 4 5 6 7
   
   A very great deal worse / muy peor
   A very great deal better / Mejor

   **Comments/Comentarios:**

2. How satisfied are you with the services? ¿Cuánto está usted satisfecho con los servicios?
   
   - 7 - 6 - 5 - 4 - 3 - 2 - 1 0 1 2 3 4 5 6 7
   
   Not satisfied / Nada satisfecho
   Very satisfied / Muy satisfecho

   **Comments/Comentarios:**

3. Would you refer a family member? / ¿Referiría a un miembro de su familia?
   
   Yes (Sí)/ No

4. If you had not come here, where would you have gone for care? / Si no viniera aquí adónde más habría ido para su cuidado
   
   - Nowhere (A ningún lugar)
   - Other (Otro lugar) ____________________
THANK YOU for taking the time to orient yourself to the clinic!

We realize this is A LOT of information, but wanted things to at least look familiar when you enter the clinic on your first day…REMEMBER there will be a Floater present to help you through the process & answer questions as they arise.

Once you have gone through the Student Training Manual and this Power Point, please:

• Read through the Professional Conduct & Dress Policy, Grand Rounds Format & Example, and Documentation Cheat Sheet
• Take the online Training Quiz
• Complete/sign & return the:
  • Training & Requirements Statement of Completion
  • Confidentiality & Information Security Agreement
  • Media/Photo Release Form
  • Student Contact/Emergency Contact Information