

Adaptive Equipment Competency

Name: Emma Bobick Work Location: Park Ave

I certify that I have read, reviewed, and understand the following adaptive equipment policies and procedures.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Glasses | <input checked="" type="checkbox"/> AFO |
| <input checked="" type="checkbox"/> Contacts | <input checked="" type="checkbox"/> Splints |
| <input checked="" type="checkbox"/> Dentures/ Oral Prosthetics | <input checked="" type="checkbox"/> Shower Chair |
| <input checked="" type="checkbox"/> Walker | <input checked="" type="checkbox"/> Nebulizer* |
| <input checked="" type="checkbox"/> Cane | <input checked="" type="checkbox"/> Reclining Lift Chair |
| <input checked="" type="checkbox"/> Hoyer Lift* | <input checked="" type="checkbox"/> Stander* |
| <input checked="" type="checkbox"/> C-PAP | <input checked="" type="checkbox"/> VNS Device* |
| <input checked="" type="checkbox"/> Epi-Pen* | <input checked="" type="checkbox"/> G-Tube* |
| <input checked="" type="checkbox"/> Glucometer and Lancets* | <input checked="" type="checkbox"/> Inhaler* |
| <input checked="" type="checkbox"/> Wheelchair | <input checked="" type="checkbox"/> Adaptive Utensils |
| <input checked="" type="checkbox"/> Gait Trainer* | <input checked="" type="checkbox"/> Oral Braces |
| <input checked="" type="checkbox"/> Hearing Aid(s) | <input checked="" type="checkbox"/> Gait Belt |
| <input checked="" type="checkbox"/> Braces (arm, leg, back) | <input checked="" type="checkbox"/> Incontinence Products |
| <input checked="" type="checkbox"/> TED Socks (compression stockings) | <input checked="" type="checkbox"/> Insulin Pen* |
| <input checked="" type="checkbox"/> Continuous Glucose Monitoring Device* | <input checked="" type="checkbox"/> Insulin Pump* |
| <input checked="" type="checkbox"/> Prosthetics | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Oxygen Concentrator | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Helmet | <input type="checkbox"/> Other: _____ |

*indicates must be trained by RN

Signature: Emma Bobick

Date: 9/10/22