

# Proof of Competency



## Adaptive Equipment Review

Name: Connie Johnson Work Location: Sunnybrook

*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"/> 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                            |   |

Signature: Connie Johnson

Date: 10-28-22 + 11-5-22