

Your  
Hospital's  
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Here

# RESTORATIVE CARE PROGRAM CAREGIVER TRAINING PROGRAM

NURSING STAFF

FAMILY MEMBER

BED MOBILITY

TRANSFER

MOBILITY TRAINING

GAIT BELT

WALKER

CANE

WHEELCHAIR

ADL ( Bathing & Dressing )

COMMUNICATION

HANDOUTS

SPLINT / BRACE APPLICATION

Schedule:

LEFT U.E.

LEFT L.E.

RIGHT U.E.

RIGHT L.E.

OTHER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_  
SIGNATURE / TITLE

\_\_\_\_\_  
DATE

4. \_\_\_\_\_  
SIGNATURE / TITLE

\_\_\_\_\_  
DATE

2. \_\_\_\_\_  
SIGNATURE / TITLE

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DATE

5. \_\_\_\_\_  
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DATE

3. \_\_\_\_\_  
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\_\_\_\_\_  
DATE

6. \_\_\_\_\_  
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DATE