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Practical competency checklist

Supervised return-to-practice assessment and review

Hands of Wellness & Kinetic Flow | Centurion, Gauteng | British English

> **Scope and safety:** This is an educational refresher for a previously trained practitioner, not certification, clinical diagnosis, a patient treatment recipe or a licence to provide specialist lymphoedema/CDT care. Technique content and professional scope must be verified with an appropriately qualified instructor before use.

Competency checklist

[ ] Historic training certificate and syllabus located.
[ ] Current professional registration and lawful scope verified.
[ ] Indemnity insurer confirms proposed treatments and home visits.
[ ] Updated anatomy, watersheds and altered drainage principles explained.
[ ] Acute DVT/PE, cellulitis, heart failure and systemic red flags recognised without prompting.
[ ] Current screening, consent, documentation and referral templates completed.
[ ] Stationary circles observed and signed off.
[ ] Pump observed and signed off.
[ ] Scoop observed and signed off.
[ ] Rotary observed and signed off.
[ ] Thumb variation, where relevant, observed and signed off.
[ ] Pressure calibration and release phase verified by instructor.
[ ] Healthy-volunteer regional placements reviewed; restricted regions marked accordingly.
[ ] Infection control, draping, positioning and home-visit procedures checked.
[ ] Marketing language and service descriptions reviewed for scope and honesty.
[ ] Referral links to local GP, surgeon, vascular and lymphoedema clinician established.

Observed skills record

Skill / safety decision	Date	Educator initials	Development needed
Correctly identifies all red flags			
Stationary circles			
Pump			
Scoop			
Rotary			

Skill / safety decision	Date	Educator initials	Development needed
Thumb circles (if taught)			
Safe neck/face decision-making			
Healthy-volunteer regional rehearsal			
Professional draping, positioning and hygiene			
Consent, notes and appropriate referral			

Educator’s name/credentials: _____
Date: _____
Scope restrictions / further actions: _____

This is not a certificate or independent authorisation for clinical lymphoedema work.