

EZ Way Stand Aid Competency Checklist

Purpose: To assist in the proper training of operating the EZ Way Stand Aid.

Staff Name: _____ Date: _____ Observed by: _____

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Demonstrate how to approach the patient with the unit and direct them to place their feet on the footplate and their hands on the grasp bar. |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Demonstrate how to direct the patient to raise themselves high enough so that the seat pads can be swung into place below the patient's buttocks. |
| <input type="checkbox"/> | <input type="checkbox"/> | c) In seating the patient onto a surface such as a wheelchair or toilet, demonstrate how to direct the patient to raise themselves off the seat pads and how to unlock the seat locks. |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Demonstrate how to swing the seat pads out from under the patient while the patient is above a seating surface and direct them to seat themselves. |
| <input type="checkbox"/> | <input type="checkbox"/> | e) State the weight capacity of the unit. |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Demonstrate how to open and close the legs. |