HAND THERAPY NEW ZEALAND
Ringaromi Aotearoa

Associate Membership Supervision Agreement

I _____ agree to provide supervision for

_____ for a period of one year commencing _____
or until the said person becomes a Registered Member of Hand Therapy New Zealand.

Under the terms of the agreement, the supervisor _____
agrees to provide:

1.   Clinical support and advice as required.

2.   Review and audit of clinical practice.

3.   Facilitation and encouragement for the Associate Member's development towards Registered Membership.

Under the terms of this agreement, the Associate Member _____
agrees to comply with the clinical review process and development plan attached, and to actively pursue Registered Membership with Hand Therapy New Zealand.

Signed: **Membership No:**

    [Supervisor]   [Date]

Signed:

    [Associate Membership applicant]   [Date]

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Clinical Review Process & Development Plan

- ➢ To submit a three-monthly log of cases treated under the contract.

- ➢ To provide clinical case notes for two cases chosen by the supervisor, from the log, for review and audit twice per year.

- ➢ To be observed in clinical practice once per year.

- ➢ To provide evidence of ongoing education.

- ➢ To agree to financially reimburse the supervisor for supervisory time, at an agreed hourly rate, and any travel costs incurred for clinical observation.

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Case Log

Patient ID	Referred Condition	Primary Goals (3)	Therapy Interventions	# of Rx Over Time	Profile # of TTS	Outcome e.g. poor/fair/good/excellent e.g. RTW/independence e.g. complications
J.B or XYZ234	Flexor tendon repair Zone IF.	Tendon protection 6/52. ECM tendon. Restore grip.	Splint and CAM protocol. Progressive resistance from 6/52.	12/52 8		Good. RTW in office at 6/52. FFD 10.
K.S or CVB786	UCL sprain Gd 2 (L) thumb.	Pain relief. Functional pinch.	Splint and HEP. PJM traction.	4/52 6		Fair. Impr function. On WL for surgery.

HTNZ