



# Guided Observation Program

## VIDEO CHECKLIST

The following videos are approved for the Simucase Guided Observation Program for occupational therapy. This self-paced guided observation program provides the opportunity to observe occupational therapy practice across the lifespan and in a variety of practice settings. Only the videos included in this list will count toward your observation hours. All videos should be viewed in interactive mode. To ensure your participation is recorded on your Simucase transcript, answer all questions and watch each video in its entirety. Place a check beside each video that you complete, then sign and date your form when you have completed your participation in the Simucase Guided Observation Program.

PEDIATRIC		Topic	Time
<input type="checkbox"/>	<a href="#">Nico- Child Development Day Collaborative Assessment Part 1</a>	Typical Development/Interprofessional Practice	40:25
<input type="checkbox"/>	<a href="#">Nico- Child Development Day Collaborative Assessment Part 2</a>	Typical Development/Interprofessional Practice	21:44
<input type="checkbox"/>	<a href="#">Clare- Child Development Day Collaborative Assessment Part 1</a>	Typical Development/Interprofessional Practice	34:59
<input type="checkbox"/>	<a href="#">Clare- Child Development Day Collaborative Assessment Part 2</a>	Typical Development/Interprofessional Practice	38:54
<input type="checkbox"/>	<a href="#">Delilah- Seated Play</a>	Social, Play, and Leisure/Early Intervention	5:55
<input type="checkbox"/>	<a href="#">Delilah- Standing Play</a>	Social, Play, and Leisure/Early Intervention	6:46
<input type="checkbox"/>	<a href="#">Delilah- Whole Body Vibration</a>	Therapeutic Exercises/Early Intervention	13:08
<input type="checkbox"/>	<a href="#">Paidyn- Counseling on Food Chaining and Exposure</a>	Activities of Daily Living	9:49
<input type="checkbox"/>	<a href="#">Paidyn- Sensory Integration</a>	Sensory Processing	5:58
<input type="checkbox"/>	<a href="#">Gabriel- Interprofessional Collaboration Conversation</a>	Interprofessional Practice	23:10
<input type="checkbox"/>	<a href="#">Gabriel- Intervention Follow-Up</a>	Assistive Technology, AAC, and Adaptive Devices/Telehealth	1:08:05
<input type="checkbox"/>	<a href="#">Toby- MVPT-4</a>	Vision and Perception	9:24
<input type="checkbox"/>	<a href="#">Mia- Proximal Strength and Stability</a>	Activities of Daily Living/Instrumental Activities of Daily Living	4:24
<input type="checkbox"/>	<a href="#">Mia- Core Strength and Balance</a>	Activities of Daily Living/Instrumental Activities of Daily Living	5:03
<input type="checkbox"/>	<a href="#">Mia- Fine Motor Skills</a>	Activities of Daily Living/Instrumental Activities of Daily Living	9:19
<input type="checkbox"/>	<a href="#">Alaina- Lower Body Dressing with Therapist</a>	Activities of Daily Living	1:08
<input type="checkbox"/>	<a href="#">Alaina- Lower Body Dressing with Caregiver</a>	Activities of Daily Living	6:29

<b>PEDIATRIC</b> <i>(con't.)</i>		<b>Topic</b>	<b>Time</b>
<input type="checkbox"/>	<a href="#">Alaina- AAC and Intro to Functional Motor Skills</a>	Activities of Daily Living/Assistive Technology, AAC, and Adaptive Devices	0:53
<input type="checkbox"/>	<a href="#">Alaina- AAC and Functional Motor Skills Practice</a>	Activities of Daily Living/Assistive Technology, AAC, and Adaptive Devices	5:11
<input type="checkbox"/>	<a href="#">Alaina- Functional Motor Skills Education</a>	Activities of Daily Living	1:11
<input type="checkbox"/>	<a href="#">Alaina- Grooming Hand Washing</a>	Activities of Daily Living	1:35
<input type="checkbox"/>	<a href="#">Alaina- Self-feeding with OT</a>	Activities of Daily Living	6:39
<input type="checkbox"/>	<a href="#">Zachary- Fine Motor</a>	Activities of Daily Living/Instrumental Activities of Daily Living	8:55
<input type="checkbox"/>	<a href="#">Zachary- Visual Motor</a>	Activities of Daily Living/Instrumental Activities of Daily Living	4:42
<input type="checkbox"/>	<a href="#">Zachary- Gross Motor</a>	Therapeutic Exercises	11:54
<input type="checkbox"/>	<a href="#">Emma- Grooming/Hair Care</a>	Activities of Daily Living	2:53
<input type="checkbox"/>	<a href="#">Emma- Grooming/Oral Hygiene</a>	Activities of Daily Living	3:54
<input type="checkbox"/>	<a href="#">Emma- Fasteners</a>	Activities of Daily Living	3:45
<input type="checkbox"/>	<a href="#">Emma- Scissor Use</a>	Instrumental Activities of Daily Living	7:11
<input type="checkbox"/>	<a href="#">Emma- Pre-handwriting</a>	Instrumental Activities of Daily Living	5:48
<input type="checkbox"/>	<a href="#">Emma- Self-feeding</a>	Activities of Daily Living	2:27
<input type="checkbox"/>	<a href="#">Emma- Fine Motor Play</a>	Activities of Daily Living/Instrumental Activities of Daily Living	7:35
<input type="checkbox"/>	<a href="#">Emma- Functional Fine Motor</a>	Activities of Daily Living/Instrumental Activities of Daily Living	6:17
<input type="checkbox"/>	<a href="#">Braelyn- OT and OTA Intraprofessional Collaboration Conversation</a>	Interprofessional Practice	8:30
<input type="checkbox"/>	<a href="#">Braelyn- OT, PT, and SLP Interprofessional Collaboration Conversation</a>	Interprofessional Practice	3:32
<input type="checkbox"/>	<a href="#">Braelyn- OT and PT Interprofessional Collaboration Conversation</a>	Interprofessional Practice	7:10
<input type="checkbox"/>	<a href="#">Christian- Following Instructions</a>	Instrumental Activities of Daily Living/Social, Play, and Leisure	9:59
<input type="checkbox"/>	<a href="#">Christian- Letter Identification and Writing</a>	Instrumental Activities of Daily Living/Social, Play, and Leisure	12:17
<input type="checkbox"/>	<a href="#">Christian- Puzzle Activity</a>	Instrumental Activities of Daily Living/Social, Play, and Leisure	8:08
<input type="checkbox"/>	<a href="#">Jacqueline- Writing Warm-up</a>	Instrumental Activities of Daily Living	2:56
<input type="checkbox"/>	<a href="#">Jacqueline- Writing Worksheet</a>	Instrumental Activities of Daily Living	2:46
<input type="checkbox"/>	<a href="#">Jacqueline- Writing Sentences</a>	Instrumental Activities of Daily Living	11:53
<input type="checkbox"/>	<a href="#">Miya- Upper Extremity Range of Motion and Strength Assessment</a>	Upper Extremity/Activities of Daily Living	15:55
<input type="checkbox"/>	<a href="#">Miya- Upper Extremity Range of Motion and Strength Intervention</a>	Upper Extremity/Activities of Daily Living	10:33

<b>PEDIATRIC</b> <i>(con't.)</i>		<b>Topic</b>	<b>Time</b>
<input type="checkbox"/>	<a href="#">Aidan- GOAL Utensils Subtest</a>	Activities of Daily Living/Instrumental Activities of Daily Living	5:03
<input type="checkbox"/>	<a href="#">Aidan- GOAL Locks Subtest</a>	Activities of Daily Living/Instrumental Activities of Daily Living	3:10
<input type="checkbox"/>	<a href="#">Aidan- GOAL Paper Box Subtest</a>	Activities of Daily Living/Instrumental Activities of Daily Living	11:20
<input type="checkbox"/>	<a href="#">Aidan- GOAL Notebook Subtest</a>	Activities of Daily Living/Instrumental Activities of Daily Living	3:36
<input type="checkbox"/>	<a href="#">Aidan- GOAL Clothes Subtest</a>	Activities of Daily Living/Instrumental Activities of Daily Living	2:16
<input type="checkbox"/>	<a href="#">Aidan- GOAL Ball Play Subtest</a>	Activities of Daily Living/Instrumental Activities of Daily Living	3:49
<input type="checkbox"/>	<a href="#">Aidan- GOAL Tray Carry Subtest</a>	Activities of Daily Living/Instrumental Activities of Daily Living	1:55
<input type="checkbox"/>	<a href="#">Glen- TVPS-4 Visual Discrimination Subtest 1</a>	Vision and Perception	1:47
<input type="checkbox"/>	<a href="#">Glen- TVPS-4 Visual Memory Subtest 2</a>	Vision and Perception	2:42
<input type="checkbox"/>	<a href="#">Glen- TVPS-4 Spatial Relationships Subtest 3</a>	Vision and Perception	2:48
<input type="checkbox"/>	<a href="#">Glen- TVPS-4 Form Constancy Subtest 4</a>	Vision and Perception	2:42
<input type="checkbox"/>	<a href="#">Glen- TVPS-4 Sequential Memory Subtest 5</a>	Vision and Perception	2:35
<input type="checkbox"/>	<a href="#">Glen- TVPS-4 Visual Figure-Ground Subtest 6</a>	Vision and Perception	1:49
<input type="checkbox"/>	<a href="#">Glen- TVPS-4 Visual Closure Subtest 7</a>	Vision and Perception	2:36
<input type="checkbox"/>	<a href="#">Ben- Evaluation</a>	Upper Extremity	25:20
<input type="checkbox"/>	<a href="#">Ben- Intervention</a>	Upper Extremity	14:15
<input type="checkbox"/>	<a href="#">Ben- Compression and Padding</a>	Upper Extremity	9:29
<input type="checkbox"/>	<a href="#">Leora- Utensil Naming</a>	Assistive Technology, AAC, and Adaptive Devices	1:45
<input type="checkbox"/>	<a href="#">Leora- Utensil Sorting</a>	Instrumental Activities of Daily Living	3:37
<input type="checkbox"/>	<a href="#">Leora- Place Setting Task</a>	Instrumental Activities of Daily Living	4:21
<input type="checkbox"/>	<a href="#">Leora- Simple Meal Preparation Task</a>	Instrumental Activities of Daily Living	6:51
<input type="checkbox"/>	<a href="#">Shauna- Pain Interview</a>	Upper Extremity/Telehealth	0:56
<input type="checkbox"/>	<a href="#">Shauna- Range of Motion Testing</a>	Upper Extremity/Telehealth	6:00
<input type="checkbox"/>	<a href="#">Shauna- In-Hand Manipulation and Translation</a>	Therapeutic Exercises/Telehealth	3:39
			<b>10:03:30</b>

ADULT		Topic	Time
<input type="checkbox"/>	<a href="#">Dean- Finger Pain Intervention</a>	Upper Extremity	22:44
<input type="checkbox"/>	<a href="#">Shelby- Perspective on Spinal Cord Injury</a>	Activities of Daily Living/Instrumental Activities of Daily Living	12:46
<input type="checkbox"/>	<a href="#">Rachel- MVPT-4</a>	Vision and Perception	14:39
<input type="checkbox"/>	<a href="#">Ganine- Transfer from Bed to Wheelchair</a>	Activities of Daily Living	4:20
<input type="checkbox"/>	<a href="#">Ganine- Transfer from Wheelchair to Bed</a>	Activities of Daily Living	6:31
<input type="checkbox"/>	<a href="#">Ganine- Standing Frame Features</a>	Activities of Daily Living	3:40
<input type="checkbox"/>	<a href="#">Ganine- Standing Frame Sit to Stand</a>	Activities of Daily Living	6:50
<input type="checkbox"/>	<a href="#">Samantha- Interview</a>	Upper Extremity/Neck and Cervical Spine	20:21
<input type="checkbox"/>	<a href="#">Samantha- Sensation Assessment and Cervical Spine Screen</a>	Upper Extremity/Neck and Cervical Spine	10:14
<input type="checkbox"/>	<a href="#">Samantha- Upper Extremity Assessment</a>	Upper Extremity/Neck and Cervical Spine	20:18
<input type="checkbox"/>	<a href="#">Samantha- Education and Recommendations</a>	Upper Extremity/Neck and Cervical Spine	9:34
<input type="checkbox"/>	<a href="#">Tim- Upper Extremity Functional Range of Motion</a>	Upper Extremity	0:42
<input type="checkbox"/>	<a href="#">Tim- Transfers</a>	Upper Extremity/Activities of Daily Living	1:16
<input type="checkbox"/>	<a href="#">Tim- Dry Needling for Lateral Epicondylitis</a>	Upper Extremity/Physical Agent Modalities	3:00
<input type="checkbox"/>	<a href="#">Tim- Lateral Epicondylitis Education</a>	Upper Extremity	3:12
<input type="checkbox"/>	<a href="#">Tim- Home Exercise Program for Lateral Epicondylitis</a>	Upper Extremity/Therapeutic Exercises	2:09
<input type="checkbox"/>	<a href="#">Damon- Medication Management</a>	Instrumental Activities of Daily Living/Health and Wellness	7:20
<input type="checkbox"/>	<a href="#">Damon- Meal Prep</a>	Instrumental Activities of Daily Living	6:40
<input type="checkbox"/>	<a href="#">Damon- Bathroom Navigation</a>	Environmental Accessibility and Modification	4:09
<input type="checkbox"/>	<a href="#">Damon- Bathroom Modifications</a>	Environmental Accessibility and Modification	3:53
<input type="checkbox"/>	<a href="#">Damon- Fine Motor Activities</a>	Activities of Daily Living/Instrumental Activities of Daily Living	9:47
<input type="checkbox"/>	<a href="#">Lisa- Manual Lymph Drainage and Scar Massage</a>	Upper Extremity	7:51
<input type="checkbox"/>	<a href="#">Lisa- Manual Lymph Drainage Upper Quadrant</a>	Upper Extremity	2:11
<input type="checkbox"/>	<a href="#">Lisa- Axillary Manual Drainage</a>	Upper Extremity	4:06
<input type="checkbox"/>	<a href="#">Lisa- Myofascial Release</a>	Upper Extremity	3:19
<input type="checkbox"/>	<a href="#">Lisa- Scar Tissue Massage</a>	Upper Extremity	3:57
<input type="checkbox"/>	<a href="#">Lisa- Lymphedema Treatment and Education</a>	Upper Extremity	6:49
<input type="checkbox"/>	<a href="#">Alex- Vital Signs Assessment</a>	Activities of Daily Living	1:29
<input type="checkbox"/>	<a href="#">Alex- Lower Body Dressing</a>	Activities of Daily Living	4:20
<input type="checkbox"/>	<a href="#">Alex- Gait Training with a Wheeled Walker</a>	Activities of Daily Living	4:55

<b>ADULT</b> (cont.)		<b>Topic</b>	<b>Time</b>
<input type="checkbox"/>	<a href="#">Debbie- Depression Interview</a>	Behavioral and Mental Health	1:12
<input type="checkbox"/>	<a href="#">Debbie- Substance Use Interview</a>	Addiction and Substance Use	2:50
<input type="checkbox"/>	<a href="#">Debbie- Internet Safety</a>	Instrumental Activities of Daily Living	3:19
<input type="checkbox"/>	<a href="#">Cherie- Scar Management</a>	Upper Extremity	19:32
<input type="checkbox"/>	<a href="#">Jeff- Surgery Review</a>	Upper Extremity	2:34
<input type="checkbox"/>	<a href="#">Jeff- Ultrasound</a>	Upper Extremity/Physical Agent Modalities	7:06
<input type="checkbox"/>	<a href="#">Jeff- Soft Tissue Massage</a>	Upper Extremity	6:12
<input type="checkbox"/>	<a href="#">Jeff- Scar Massage</a>	Upper Extremity	3:41
<input type="checkbox"/>	<a href="#">Jeff- AAROM Shoulder Cane Exercises</a>	Upper Extremity/Therapeutic Exercises	1:24
<input type="checkbox"/>	<a href="#">Jeff- AAROM and AROM Shoulder Exercises</a>	Upper Extremity/Therapeutic Exercises	2:25
<input type="checkbox"/>	<a href="#">Jeff- AROM Shoulder Exercises</a>	Upper Extremity/Therapeutic Exercises	1:51
<input type="checkbox"/>	<a href="#">Jeff- Pulleys and Pendulum Exercises</a>	Upper Extremity/Therapeutic Exercises	2:30
<input type="checkbox"/>	<a href="#">Jeff- Home Exercise Program</a>	Upper Extremity/Therapeutic Exercises	3:18
<input type="checkbox"/>	<a href="#">Jeff- Follow up Progress</a>	Upper Extremity	1:27
<input type="checkbox"/>	<a href="#">Jeff- Isometric Exercises</a>	Upper Extremity/Therapeutic Exercises	5:06
<input type="checkbox"/>	<a href="#">Jeff- Standing Therapeutic Exercises</a>	Upper Extremity/Therapeutic Exercises	6:08
<input type="checkbox"/>	<a href="#">Jeff- Supine Therapeutic Exercises</a>	Upper Extremity/Therapeutic Exercises	2:21
<input type="checkbox"/>	<a href="#">Jeff- Passive External Rotation and Cupping</a>	Upper Extremity/Physical Agent Modalities	4:51
<input type="checkbox"/>	<a href="#">Ray- Occupational Performance Assessment</a>	Instrumental Activities of Daily Living	17:14
<input type="checkbox"/>	<a href="#">Ray- Medication Management Task from PASS Version 4.1</a>	Instrumental Activities of Daily Living/Health and Wellness	5:55
<input type="checkbox"/>	<a href="#">Ray- Hot Meal Preparation Task Setup</a>	Instrumental Activities of Daily Living	3:06
<input type="checkbox"/>	<a href="#">Ray- Hot Meal Preparation Task</a>	Instrumental Activities of Daily Living	8:16
<input type="checkbox"/>	<a href="#">Ray- Self Directed Cooking Task</a>	Instrumental Activities of Daily Living	2:49
<input type="checkbox"/>	<a href="#">Molly- Blood Pressure</a>	Activities of Daily Living	1:06
<input type="checkbox"/>	<a href="#">Molly- Bed Mobility 2</a>	Activities of Daily Living	2:35
<input type="checkbox"/>	<a href="#">Molly- Transfer to Chair</a>	Activities of Daily Living	1:15
<input type="checkbox"/>	<a href="#">Molly- Pursed Lip Breathing and Energy Conservation</a>	Activities of Daily Living	1:00
<input type="checkbox"/>	<a href="#">Molly- Interprofessional Collaboration Conversation</a>	Interprofessional Practice	9:59
<input type="checkbox"/>	<a href="#">Sandra- Home Evaluation Interview</a>	Environmental Accessibility and Modification	14:36
<input type="checkbox"/>	<a href="#">Sandra- Home Evaluation Measurements</a>	Environmental Accessibility and Modification	8:42

<b>ADULT</b> <i>(cont.)</i>		<b>Topic</b>	<b>Time</b>
<input type="checkbox"/>	<a href="#">Sandra- Home Evaluation Recommendations</a>	Environmental Accessibility and Modification	37:36
<input type="checkbox"/>	<a href="#">Pat- Sorting and Counting Money</a>	Instrumental Activities of Daily Living	13:03
<input type="checkbox"/>	<a href="#">Pat- Addressing an Envelope</a>	Instrumental Activities of Daily Living	10:19
<input type="checkbox"/>	<a href="#">Pat- Kitchen Inventory</a>	Instrumental Activities of Daily Living	9:46
<input type="checkbox"/>	<a href="#">Pat- Interprofessional Collaboration Conversation</a>	Instrumental Activities of Daily Living	15:08
<input type="checkbox"/>	<a href="#">Brenda- Upper Extremity Taping</a>	Upper Extremity	5:12
<input type="checkbox"/>	<a href="#">Ed- Functional Range of Motion Assessment</a>	Upper Extremity	7:40
<input type="checkbox"/>	<a href="#">Ed- Modified Ashworth Scale</a>	Upper Extremity	1:27
<input type="checkbox"/>	<a href="#">Ed- Bed Mobility</a>	Activities of Daily Living	1:06
<input type="checkbox"/>	<a href="#">Ed- Upper Body Dressing</a>	Activities of Daily Living	4:26
<input type="checkbox"/>	<a href="#">Ed- Toilet Transfer</a>	Activities of Daily Living	0:48
<input type="checkbox"/>	<a href="#">Ed- Tub Transfer</a>	Activities of Daily Living	1:22
<input type="checkbox"/>	<a href="#">Ed- Grooming Oral Hygiene</a>	Activities of Daily Living	2:01
<input type="checkbox"/>	<a href="#">Ed- Grooming/Hand Hygiene</a>	Activities of Daily Living	3:27
<input type="checkbox"/>	<a href="#">Ed- Container Management</a>	Activities of Daily Living	2:40
<input type="checkbox"/>	<a href="#">Ed- Dressing Stick</a>	Activities of Daily Living	2:54
<input type="checkbox"/>	<a href="#">Ed- Reacher</a>	Activities of Daily Living	0:34
<input type="checkbox"/>	<a href="#">Ed- Shoe Horn</a>	Activities of Daily Living	1:40
<input type="checkbox"/>	<a href="#">Ed- Self Range of Motion</a>	Upper Extremity	2:17
<input type="checkbox"/>	<a href="#">Ed- Caregiver Assisted Range of Motion</a>	Upper Extremity	3:21
<input type="checkbox"/>	<a href="#">Ed- Electrical Stimulation</a>	Activities of Daily Living/Physical Agent Modalities	7:28
<input type="checkbox"/>	<a href="#">Ed- Mirror Box Therapy</a>	Upper Extremity	1:03
<input type="checkbox"/>	<a href="#">Ed- Neuromuscular Re-education: Air Splint</a>	Upper Extremity	3:24
<input type="checkbox"/>	<a href="#">Ed- Neuromuscular Re-education: Weight Bearing</a>	Upper Extremity	4:05
<input type="checkbox"/>	<a href="#">Frank- Eating Cereal</a>	Activities of Daily Living	4:25
<input type="checkbox"/>	<a href="#">Frank- Cutting Food/Meal Setup</a>	Activities of Daily Living/Instrumental Activities of Daily Living	3:52
<input type="checkbox"/>	<a href="#">Frank- Bed Mobility</a>	Activities of Daily Living	1:57
<input type="checkbox"/>	<a href="#">Frank- Toilet Transfer</a>	Activities of Daily Living	1:05
<input type="checkbox"/>	<a href="#">Frank- Locomotion</a>	Activities of Daily Living	1:14
<input type="checkbox"/>	<a href="#">Frank- Functional Active Range of Motion Shoulder Screen</a>	Upper Extremity	0:46
<input type="checkbox"/>	<a href="#">Frank- Modified Ashworth Scale</a>	Upper Extremity	1:35
<input type="checkbox"/>	<a href="#">Frank- Ocular Motility Testing</a>	Vision and Perception	5:07

<b>ADULT</b> <i>(cont.)</i>		<b>Topic</b>	<b>Time</b>
<input type="checkbox"/>	<a href="#">Frank- Timed Up and Go (TUG) Test</a>	Activities of Daily Living	2:05
<input type="checkbox"/>	<a href="#">Frank- Beverage Preparation</a>	Instrumental Activities of Daily Living	2:37
<input type="checkbox"/>	<a href="#">Frank- Medication Management</a>	Instrumental Activities of Daily Living/ Health and Wellness	10:05
<input type="checkbox"/>	<a href="#">Frank- Laundry Task</a>	Instrumental Activities of Daily Living	9:03
<input type="checkbox"/>	<a href="#">Malbert- Trail Making Test</a>	Instrumental Activities of Daily Living	6:27
<input type="checkbox"/>	<a href="#">Malbert- Bells Test</a>	Instrumental Activities of Daily Living	7:21
<input type="checkbox"/>	<a href="#">Malbert- Driver Evaluation Reaction Time</a>	Instrumental Activities of Daily Living	7:11
<input type="checkbox"/>	<a href="#">Malbert- Road Craft Test</a>	Instrumental Activities of Daily Living	8:13
<input type="checkbox"/>	<a href="#">Group Therapy- Identifying Symptoms of Stress</a>	Behavioral and Mental Health	6:47
<input type="checkbox"/>	<a href="#">Group Therapy- Progressive Muscle Relaxation</a>	Behavioral and Mental Health	4:57
<input type="checkbox"/>	<a href="#">Group Therapy- Stress Management</a>	Behavioral and Mental Health	2:36
<input type="checkbox"/>	<a href="#">Group Therapy- Mindfulness</a>	Behavioral and Mental Health	4:42
			<b>10:01:18</b>

I verify that I completed the video observations as indicated above. I understand that verification of completion can be accessed via the student's My Learning page on the Simucase website.

Student signature \_\_\_\_\_ Date \_\_\_\_\_