

Peer Review Form for AMT PD reflection activity

Date:

Therapist

(gives the treatment)

Peer reviewer

(name and member number - receives the treatment and completes the form.)

Please attach a copy of qualifications if not an AMT member)

The therapist giving the treatment can claim 1 hour of professional development plus the time taken to complete the reflection activity. Maximum 5 peer reviews per PD year.

To be completed by the reviewer	YES	NO
TREATMENT PLANNING - Did your therapist: <ul style="list-style-type: none"> take a current medical history conduct a thorough screening and assessment (subjective and objective) discuss the treatment plan with you and gain consent document the assessment, treatment plan and consent in your client file 		
THE TREATMENT - Did your therapist: <ul style="list-style-type: none"> wash their hands before commencing treatment give you privacy to undress and provide clean linen drape securely elicit feedback on pressure, comfort tailor the treatment according to the agreed plan seek verbal consent for any changes to the agreed plan 		
CLEAN AIR PROTOCOLS - Which of the following are being used within the clinic? <ul style="list-style-type: none"> CO₂ monitoring HEPA-based air purification Natural ventilation (externally opening doors or windows) Respirator masking (N95/P2 etc) 		

List the best aspects you observed about this session

List activities that could be changed to make the session better

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(To be completed by the therapist)

Presenting condition:

Subjective information:

Objective assessment (ROM, special tests, observations):

Treatment plan:

Retesting/outcomes of session/recommendations:

How will you implement the above client feedback into your clinical practice?



This completed form must be uploaded as evidence onto your member portal and added as a new Reflection Activity. You must answer all the PD reflection questions as well.