

**NZAHT Inc**  
**Application for Registered Membership**  
**Pathway 1: Case Study**

Date of Application \_\_\_\_\_

Membership No \_\_\_\_\_

Date Received \_\_\_\_\_

**1. Personal Details**

Name - Dr / Mr / Mrs / Miss / Ms \_\_\_\_\_

Work Address \_\_\_\_\_ Post code \_\_\_\_\_

Home Address \_\_\_\_\_ Post code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email \_\_\_\_\_

Mobile \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Preferred Mailing Address    home             work

**2. Education** *(Any New Qualifications and Year received since Associate Application)*

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### 3. Hours

Outline the number of clinical hours you have worked in **hand and upper limb rehabilitation**. There must be a minimum of **1800 hours in hand and upper limb rehabilitation accumulated within the last 3 year period**. **70% of these hours should comprise conditions involving the hand and forearm**. This should be reflected in the case log.

Also note, that these hours must be actual clinical hands on time and any time relating directly to patient management (e.g. writing notes/letters, phone discussions), and not administrative time or total hours that you spend at your workplace.

**A letter must accompany this application to verify the clinical hours stated are correct**. This can be written by your Supervisor, Head of Department or Employer. In the case of an isolated practitioner the provision of a case log as required for the NZAHT Supervision Contract will assist the supervisor in verifying the hours to be correct.

**Please attach letter(s) verifying details of the following:**

<u>Employer</u>	<u>Type of Work</u>	<u>Period Employed</u>	<u>Clinical Hand Hours</u>
<i>e.g. Nelson Hospital</i>	<i>Rheumatology</i>	<i>Jan 2010-Dec 2011</i>	<i>400</i>

### 4. Case Log

Please summarise your case log above, by giving the total number of patients seen under each condition during this three month period of time. Each patient should be entered under only one category.

<b>Condition</b>	<b>New Patients</b>	<b>Condition</b>	<b>New Patients</b>
Nerve Injuries		Burns	
Fractures		Tenolysis	
Joint Injuries		Neurolysis	
Tendon Repairs		Upper Limb Pain Syndrome	
Tendon Transfers		Shoulder Injuries	
Crush Injuries		Repetition Injuries	
Multiple injury (e.g. +/- tendon/nerve/#/joint)		Carpal Tunnel Syndrome	
Replantations		Wrist Injuries	
Joint Replacements		Elbow Injuries	
Dupuytren's Contracture		RA/QA	
Amputations		Other (please specify)	

## 5. Clinical Case Study

Applicants must submit an in depth case study (1,500 words minimum) of a hand/upper limb patient that they have treated for a minimum of 2 months within the past 12 months. The case **must** reflect multiple system involvement of the hand and upper extremity.

The case study should include:

- the reason you chose the particular patient
- start date of case study
- outline of injury sustained
- initial assessment findings (including pertinent medical, social, vocational history)
- treatment goals including timeframes
- treatment intervention including progress reviews and progressions
- theoretical rationales for treatment techniques based on review of the literature
- treatment outcome including prognosis to return to previous lifestyle
- appropriate and relevant references cited

A complete guideline for case study presentation can be obtained from the NZAHT website

## 6. Logbook

Please submit your logbook for continuing education points for your residual associate membership to date. Refer to the Schedule of Points available on the NZAHT website.

## 7. Checklist

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|--|--------------------------|
| <i>Attach copy of exam results/results AUT HAUL module</i>       | <input type="checkbox"/> |
| <i>Attach verification of new qualifications</i>                 | <input type="checkbox"/> |
| <i>Attach letter(s) verifying details of 1800 clinical hours</i> | <input type="checkbox"/> |
| <i>Case log details completed</i>                                | <input type="checkbox"/> |
| <i>Attach Clinical Case Study</i>                                | <input type="checkbox"/> |
| <i>Attach Logbook with verification certificates</i>             | <input type="checkbox"/> |
| <i>Attach copies of membership to NZSP/NZAOT + APC</i>           | <input type="checkbox"/> |
| <i>Attach text for register</i>                                  | <input type="checkbox"/> |
| <i>Attach letter of recommendation of NZ RHT or Hand Surgeon</i> | <input type="checkbox"/> |
| <i>Attach evidence of static and dynamic splinting course</i>    | <input type="checkbox"/> |

(NB if any of the above is not enclosed, please indicate why and when they will be sent)

**Please return all completed requirements at one time to:**

**Email application form to: [admin@NZAHT.org.nz](mailto:admin@NZAHT.org.nz)**

**Or - Postal address :**

**Hand Therapy New Zealand**

**PO Box 27 386, Marion Square, Wellington 6141**

**Courier address :**

**C/- Physiotherapy NZ, Level 6, 342 Lambton Quay, Wellington**

**Phone: 04 894 1685**