Witness testimony for Element 8.1.7

 “Manages patients presenting with an incomitant deviation”

Name of trainee: Date:

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| Initial each box to indicate what has been completed.I observed the trainee complete on a patient with an incomitant deviation* take and interpret history and symptoms
* carry out and interpret cover test and motility
* recognise that additional tests are required
* suggest appropriate management options
* demonstrate an understanding of the innervations and musculature involved
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| Additional comments  |
| Brief summary of technique used (completed by trainee) |

Name of witness (block capitals) \_ Position of witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Registration no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature

Witness email and postal address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_