



## OTC Topical Musculoskeletal Drug Administration: Return Demonstration Skills Checklist

Knowledge and Skills Demonstrated	<div style="text-align: center;">✓</div> Demonstrated	Comments
1. Explains how to involve the individual in the choice of OTC product(s) to be used		
2. States how to confirm allergies before every use, with every person, every time		
3. Demonstrates from a product label how to know: <ul style="list-style-type: none"> <li>◀ when to use                      ▶ where to use</li> <li>◀ how to use                      ▶ how much to use</li> <li>◀ when to repeat use</li> </ul>		
4. Demonstrates reading label for warning(s)		
5. Demonstrates checking for the expiration date		
6. Demonstrates reading the label for manufacturer phone number		
7. Can explain and give an example of the requirement to report a problem to the individual's licensed healthcare professional (HCP)		
8. Washes hands and puts on gloves before applying OTC medication		
9. Demonstrates application by using a sample of a non-drug lotion on another person following manufacturer instructions		
10. Demonstrates removing gloves and washing hands after applying the sample non-drug lotion		
11. Demonstrates documentation on a sample form		
12. States that Category 1 Certification must be current to use OTC musculoskeletal medication(s)		
13. States that Category 1 Certification does not authorize use of any other OTC medication without a prescription		

OTC Meds Musculoskel 9-22-17

**Trainee name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 \_\_\_\_\_ **Instructor initials**      **Instructor Name** \_\_\_\_\_

**Comments:**

# Individual Specific Training Form for Use of OTC Topical Musculoskeletal Medications:

Individual's Name: \_\_\_\_\_

**Person's allergies:** \_\_\_\_\_

**Person's preferred product(s):**

Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

**Person's ability to:**

recognize need for product(s) (describe) \_\_\_\_\_

apply product (describe) \_\_\_\_\_

report problems with use of the product (describe) \_\_\_\_\_

**Other individual specific information:**

\_\_\_\_\_

\_\_\_\_\_

**Where to document use of product:** \_\_\_\_\_

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IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

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