

Causes and common effects of physical disability

Trainee assessment portfolio

16871 V2 Level 3 Credit 3

Demonstrate knowledge of causes and common effects of physical disability.

Name

NZQA number

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Important information for trainees

People assessed as competent in this unit standard are able to:

- Define physical disability.
- Describe the causes of physical disability.
- Describe the common effects of physical disabilities.

Special notes

- 1 The performance of all elements of this unit standard must comply with any relevant cultural or legislative requirements including the rights and responsibilities of people receiving services or supports as outlined in the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996.
- 2 Definitions, characteristics, causes and effects referred to in this standard must be in accordance with a recognised source. Examples of recognised sources include but are not limited to the following:
 - a World Health Organisation, International Classification of Functioning, Disability, and Health (Geneva: World Health Organisation, 2001);
 - b Oliver, Michael, The Politics of Disablement, critical texts in social work and the welfare state, (London: Greenwich Macmillan, 1997);
 - c The American Association on Intellectual and Developmental Disabilities, <http://www.aaidd.org>;
 - d The International Classification of Diseases (ICD-10), Geneva: World Health Organisation, 1994).

Additional note

The tasks involved in this assessment require you to write responses or respond orally based upon the theory you have learned regarding the causes and common effects of physical disability.

It is recognised that the age of onset for physical disability is not as easily classified as it is for the age of onset associated with intellectual disability.

References

- Careerforce workbook—16871v2 Causes and effects of physical disability.
- Organisation's policies and procedures.

This trainee assessment portfolio contains

- Important information.
- Assessment tasks.
- Workplace verification.
- Feedback form.
- Assessment record sheet.

Instructions

- From approximately mid 2008 you will have the option of completing the assessment tasks online at www.careerforce.org.nz/assessment.
- Attach all written material to this trainee assessment portfolio.
- In some work situations it may not be possible to carry out the practical application(s) required for observations. If that is the case, you are required to produce a written/oral response.
- Read through the checklists for the workplace verification tasks; if you can confidently tick all the boxes then you are ready to be assessed.
- Your performance of the activities needs to be completed in a professional manner which shows the assessor/verifier that you have a full understanding of all that is involved. The assessor/verifier may require you to perform the tasks on more than one occasion to ensure that you have demonstrated sufficiency of performance.
- Please give this trainee assessment portfolio to your assessor so feedback and comments can be provided.
- On completion the results will be processed and sent to Careerforce for registering on the National Qualifications Framework.
- Should you require assistance with any aspect of the assessment, please discuss this with your assessor.

Activity	Description	Unit Standard
Assessment tasks Task one (Blue)	Defining a physical disability.	Element 1
	Describing the causes of physical disability.	Element 2
	Describing the common effects of physical disabilities.	Element 3

Assessment tasks

Task one—Describing a physical disability, describing the causes of physical disability, and describing the common effects of physical disabilities.

1 Defining physical disability (1.1) (1.2)

You are required to define physical disability. In your definition you must refer to the age of onset, and physical ability.

Your definition must include information from at least one of the definitions which are listed in special note 2.

To show that you have an understanding of the age of onset of a disability add four entries to the following table using three different physical conditions. An example is done for you.

- One of these conditions must have a congenital cause.
- One of these conditions must have been caused by trauma.
- One of these conditions must have been caused by a health incident.

Condition	Age of onset	Example of physical impairment
Stroke	Any age.	Movement along one side of the body is limited.

2 Describing the causes of, and common effects of, physical disability (2.1) (2.2) (2.3) (3.1) (3.2) (3.3)

The wide range of physical disabilities includes but is not limited to:

Cerebral Palsy, Spina Bifida, Hydrocephaly, Muscular Dystrophy, Head injury, Multiple Sclerosis, Arthritis, plus others.

Complete each of the sections below:

Congenital causes

1 Give **two** examples of a physical disability with a congenital cause.

1

2

2 What are the effects on mobility, cognitive ability, muscle control, and hygiene in the examples you have identified? A response is required for each of the following:

Mobility:

Cognitive ability:

Muscle control:

Hygiene:

3 Choose **one** condition you have identified in Question 1 that has a congenital cause, complete the following:

What **condition** have you identified?

4 What are **two** characteristics of the condition?

1

2

5 What might be the support needs of a person with this condition? A response is required for each of the following:

Physical support:

Social support:

Causes that relate to trauma

1 Give **two** examples of a physical disability that relate to trauma.

1

2

2 What are the effects on mobility, cognitive ability, muscle control, and hygiene in the examples you have identified? A response is required for each of the following:

Mobility:

Cognitive ability:

Muscle control:

Hygiene:

3 Choose **one** condition you have identified in Question 1 related to trauma and complete the following:

What **condition** have you identified?

4 What are **two** characteristics of the condition?

1

2

5 What might be the support needs of a person with this condition? A response is required for each of the following:

Physical support:

Social support:

Causes that relate to a health incident

1 Give **two** examples of a physical disability that relate to a health incident.

1

2

2 What are the effects on mobility, cognitive ability, muscle control, and hygiene in the examples you have identified? A response is required for each of the following:

Mobility:

Cognitive ability:

Muscle control:

Hygiene:

3 Choose **one** condition you have identified in Question 1 relating to a health incident and complete the following:

What **condition** have you identified?

4 What are **two** characteristics of the condition?

1

2

5 What might be the support needs of a person with this condition? A response is required for each of the following:

Physical support:

Social support:

Trainee performance (completed by your assessor)			
Task one	Date	<input type="checkbox"/> No credit	<input type="checkbox"/> Credit
Reassessment	Date	<input type="checkbox"/> No credit	<input type="checkbox"/> Credit
Comments			

I confirm the requirements have been met to achieve competency for
 Task one—Defining a physical disability, describing the causes of physical disability, and describing the common effects of disabilities.

Assessor's name	Assessor number
Signature	Date

16871 v2—Causes and common effects physical disability

Level 3 Credit 3

Assessment record sheet

Trainee information			
Name			
Employer			
NZQA/NSI number (ROL)		Date of birth	

Trainee statement of authenticity			
I hereby state that the evidence submitted for assessment is my own work.			
Signature		Date	

Trainee performance summary (completed by assessor)			
Assessment tasks			
Task one		<input type="checkbox"/> No credit	<input type="checkbox"/> Credit
Reassessment		<input type="checkbox"/> No credit	<input type="checkbox"/> Credit
Workplace verification			
Task two		<input type="checkbox"/> No credit	<input type="checkbox"/> Credit
Reassessment		<input type="checkbox"/> No credit	<input type="checkbox"/> Credit

Comments/feedback to trainee	

Assessment result (completed by assessor)	
I have assessed the trainee and confirm	
<input type="checkbox"/> The requirements have been met to achieve competency in U/S 16871 V2.	
<input type="checkbox"/> Further evidence is required to achieve competency.	
Name	Assessor number
Signed	Date

On completion of the unit standard one copy of this assessment record sheet must be given to the trainee for their records and another copy sent to Careerforce so the credit can be registered on the NQF.

Quality Assurance Manager
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