**PROACT-SCIPr-UK® Physical Intervention Assessment Record (B)**

**Participant Name: .............................................................................. Date: ...............................**

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| **One Arm Release Variation**– KS 5 (Restrictive Component) | **√** | **Comments** |
| Adopt a Protective Stance, ensuring good body alignment with your front foot under the point where your arm is held. |  |  |
| Assess the communicative function. |  |  |
| Make a fist with arm that has been grabbed. |  |  |
| Twist your arm so that your palm is facing upwards. |  |  |
| Grasp your own fist with your free hand. |  |  |
| Move lower body weight forward whilst keeping your back straight and head away. This will splint upper arm to body, keep your head away. |  |  |
| Using a whole body movement move backwards bringing your arm out through the gap and into your opposite shoulder. |  |  |
| Beware of own head. |  |  |
| Move away bringing your arms down. Step and slide as with Protective Stance. |  |  |
| Assess what next. |  |  |
| Health & Safety. |  |  |
| **Pass / Refer** |  |  |

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| **Protective Stance Stage One** – PWP 3 | **√** | **Comments** |
| From the Stance position, take one step back to create space between you and the individual. |  |  |
| Turn the front leg sideways to present the side of your body. |  |  |
| Keep back straight. |  |  |
| Broaden base of support and lower the centre of gravity. |  |  |
| Step and slide out if necessary, keeping your eye on the individual. |  |  |
| Health and Safety |  |  |
| **Pass / Refer** |  |  |

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| **Front Choke Release** – PS 3 (Restrictive Component) | **√** | **Comments** |
| From a Stance position grasp the individual’s forearm’s palms down thumb underneath. |  |  |
| Keeping your elbows tucked in move the individual’s arms up and down in a piston like movement to release the grasp. |  |  |
| Once released step back into a Protective Stance cross the individual’s forearms as for Front Arm Catch. |  |  |
| Assess what next. |  |  |
| Health and Safety / Aftercare. |  |  |
| **Pass / Refer** |  |  |

**Instructor Name:………………………………… Signature: …………………………………...**