

Name: _____

Skills Checklist

PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT SELF-ASSESSMENT SKILLS CHECKLIST

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

Level of Proficiency:

1. Can function independently
2. Experienced but may need review
3. Limited experience
4. No experience

Acute 1 2 3 4

- Gait Training.....
- General Medical.....
- General Surgical.....
- Orthopedics.....
- Wound Care.....
- Cardiac.....
- ICU/SICU.....
- Oncology.....
- Geriatrics.....
- Respiratory.....
- Transplants.....

Neurological:

- CVA.....
- SC.....
- MS.....
- Parkinson's.....
- TBI.....

Work Hardening 1 2 3 4

- FCE.....
- Work Site Evaluation.....
- Work Hardening.....
- Chronic Pain.....
- NDT.....
- Aquatics.....
- Home Care.....
- Oasis Paperwork.....

Extended Care 1 2 3 4

- Free Standing.....
- Hospital Based.....
- MDS.....
- RUGS Levels.....

Pediatrics 1 2 3 4

- Acute.....
- Rehabilitation.....
- School Based.....
- Positioning Aids.....
- Wheelchair Fitting.....
- Neonatal.....
- Outpatient.....
- Oral Motor.....
- Assisted Tech/ Classroom Adaptation.....

Rehabilitation 1 2 3 4

- SCI.....
- CVA.....
- TBI.....
- General Medicine/ Deconditioning.....
- Guillane Barre.....
- MS.....
- MD.....
- Ortho.....
- Cardiac/Pulmonary.....
- Amputee.....
- Home Evaluations.....

Outpatient 1 2 3 4

Manual Therapy:

- Spinal.....
- Extremity.....

Backs:

- McKenzie.....
- Maitland.....
- Other:.....

Necks:

- McKenzie.....
- Maitland.....
- Other:.....

Knees:

- ACL Rehab.....
- Arthroscopic Surgery.....
- Patello-Femoral Disorders.....
- Soft Tissue Trauma.....
- Wound Care.....
- Arthritis.....
- Progressive Strengthening.....
- Orthotics Prescription.....
- Prosthetics Fitting & Training.....
- Sports Medicine.....

Modalities:

- US/Phono.....
- Traction.....
- Heat/Cold.....
- Myofascial Release.....
- Electrical Stimulation.....
- Whirlpool.....
- Iontophoresis.....

- EMG/NCV.....
- Biofeedback.....
- TENS.....

Isokinetics:

- BTE.....
- Cyber Biodesx.....
- KinCom.....
- Lido.....

Documentation 1 2 3 4

- 700 & 701 Forms.....
- MDS Form.....
- EMR Systems.....
- (Electronic Medical Records)

Years of Experience In:

Of Yrs.

- General Acute Care _____
- Rehabilitation Hospital _____
- Skilled Nursing Facility _____
- Home Health Care _____
- Orthopedics _____
- Industrial Medical Clinic _____
- Sports Medicine Clinic _____
- Outpatient Private**
- Practice Clinic _____
- Children's Hospital _____
- School Systems _____

Signature: _____ Date: _____