



Print Name: _____

OCCUPATIONAL THERAPY SKILLS CHECKLIST

Please check the column that best describes your experience level with each skill.

Key:

- 1 - Very Experienced/Performs well (no assistance required)
- 2 - Some experience (some assistance required)
- 3 - No experience

	1	2	3		1	2	3
<u>PATIENT GROUPS</u>				<u>PEDIATRICS</u>			
Geriatric	___	___	___	Early Intervention	___	___	___
Adult	___	___	___	NICU Treatment	___	___	___
Adolescent	___	___	___	Neurodevelopment Testing	___	___	___
Pediatric	___	___	___	Neurodevelopment Treating	___	___	___
Infants	___	___	___	Developmental Disability Sequencing Test	___	___	___
<u>WORK SETTINGS</u>				Orthotics			
General Acute Care	___	___	___	Equipment Assessment:	___	___	___
Rehabilitation Hospital	___	___	___	Wheelchair Positioning	___	___	___
Psychiatric Setting	___	___	___	Activities of Daily Living	___	___	___
Children's Hospital	___	___	___	Mental Retardation	___	___	___
School System	___	___	___	Cerebral Palsy	___	___	___
Home Health Care	___	___	___	Learning Disabled	___	___	___
Skilled Nursing Facility	___	___	___	Spina Bifida	___	___	___
Outpatient	___	___	___	<u>MODALITIES</u>			
MR/DD	___	___	___	Edema Massage	___	___	___
<u>DIAGNOSTIC</u>				Muscle Stimulation	___	___	___
CVA	___	___	___	Biofeedback	___	___	___
Neurologic	___	___	___	TENS	___	___	___
Orthopedic	___	___	___	Feeding Techniques	___	___	___
Trauma	___	___	___	Oral Motor Facilities	___	___	___
Burns	___	___	___	Fluidotherapy	___	___	___
Head Injuries	___	___	___	Paraffin Bath	___	___	___
Sports Injuries	___	___	___	Hydrotherapy:	___	___	___
Amputees	___	___	___	Hubbard Tank	___	___	___
Spinal Cord Injury	___	___	___	Therapeutic Pool	___	___	___
Cardiac Rehab	___	___	___	Whirlpool	___	___	___
Pulmonary Rehab	___	___	___	Myofacial Release Techniques	___	___	___
<u>ORTHOPEDICS</u>				Joint Mobilization	___	___	___
Total Hip/Total Knee	___	___	___	<u>NEUROLOGIC</u>			
Hip Fractures	___	___	___	Stroke Rehabilitation	___	___	___
Total Joint Replacement	___	___	___	Head Trauma	___	___	___
Hand Injury	___	___	___	Peripheral Nerve Injuries	___	___	___
Arthritis Programs	___	___	___	Spinal Cord Injury	___	___	___
Mobilization Techniques	___	___	___	Adaptive Equipment	___	___	___
				Functional Splinting	___	___	___
				Wheelchair Evaluation	___	___	___

	1	2	3		1	2	3
<u>PROSTHETICS/ORTHOTICS</u>				<u>OTHER</u>			
AK Prosthetics	—	—	—	Manual Muscle Testing	—	—	—
BK Prosthetics	—	—	—	Muscle Re-education	—	—	—
UE Prosthetics	—	—	—	Burn Management	—	—	—
Orthoplast	—	—	—	Cardiac Rehabilitation	—	—	—
Static Splinting	—	—	—	Developmental Disabilities	—	—	—
Dynamic Splinting	—	—	—	Home Accessibilities	—	—	—
Serial/Inhibitory Casting	—	—	—	Work Hardening Evaluation	—	—	—
				Geriatrics	—	—	—
				Functional Capacity Evaluation	—	—	—
				Group Treatment	—	—	—
				Activities of Daily Living	—	—	—
				Adaptive Equipment	—	—	—
				Family Education	—	—	—
				Patient Education	—	—	—
				Cognitive Evaluation/Treatment	—	—	—
				Range of Motion	—	—	—

List any additional skills, training or certifications.

Signature:

Date:
