



Print Name: _____

PHYSICAL 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	___	___	___	Adaptive	___	___	___
Sports Medicine Clinic	___	___	___	Activities of Daily Living	___	___	___
Children's Hospital	___	___	___	Mental Retardation	___	___	___
School System	___	___	___	Cerebral Palsy	___	___	___
Home Health Care	___	___	___	Learning Disabled	___	___	___
Skilled Nursing Facility	___	___	___	Spina Bifida	___	___	___
Outpatient	___	___	___				
MR/DD	___	___	___	<u>MODALITIES</u>			
Assisted Living Facility	___	___	___	Hot/Cold Packs	___	___	___
				Muscle Stimulation	___	___	___
<u>DIAGNOSTIC</u>				Biofeedback	___	___	___
CVA	___	___	___	TENS	___	___	___
Neurologic	___	___	___	Ultrasound	___	___	___
Orthopedic	___	___	___	Diathermy	___	___	___
Head Trauma	___	___	___	Cryotherapy	___	___	___
Burns	___	___	___	Fluidotherapy	___	___	___
Head Injuries	___	___	___	Paraffin Bath	___	___	___
Sports Injuries	___	___	___	Massage	___	___	___
Amputees	___	___	___	Traction:			
Spinal Cord Injury	___	___	___	Cervical	___	___	___
Cardiac Rehab	___	___	___	Lumbar	___	___	___
Pulmonary Rehab	___	___	___	Wound dressing	___	___	___
				Hydrotherapy:			
<u>ORTHOPEDICS</u>				Hubbard Tank	___	___	___
Total Hip/Total Knee	___	___	___	Therapeutic Pool	___	___	___
Hip Fractures	___	___	___	Whirlpool	___	___	___
Total Joint Replacement	___	___	___	Myofascial Release	___	___	___
Back Syndrome	___	___	___	Techniques	___	___	___
Hand Injury	___	___	___				
TMJ Dysfunction	___	___	___				
Arthritis Programs	___	___	___				
Mobilization Techniques	___	___	___				
Gait Training	___	___	___				
Neck Injury	___	___	___				

	1	2	3
<u>NEUROLOGIC</u>			
Stroke Rehabilitation	—	—	—
Head Trauma	—	—	—
Coma Management	—	—	—
Spinal Cord Injury	—	—	—

<u>PROSTHETICS/ORTHOTICS</u>			
AK Prosthetics	—	—	—
BK Prosthetics	—	—	—
UE Prosthetics	—	—	—
Orthoplast	—	—	—
Resting Splints	—	—	—
AFO/PLS	—	—	—
Static Splinting	—	—	—
Dynamic Splinting	—	—	—
Serial/Inhibitory Casting	—	—	—

SPORTS MEDICINE

	1	2	3
Cybex	—	—	—
Biodex	—	—	—
Orthotron/Kinetron	—	—	—
Lido	—	—	—
Nautilus/Eagle	—	—	—
Taping/Strapping	—	—	—
Strength/Endurance Training	—	—	—
Bracing/joint immobilization	—	—	—

OTHER

Wheelchair:			
Seating	—	—	—
Ordering	—	—	—
Burn Management	—	—	—
Cardiac Rehabilitation	—	—	—
Chest Physiotherapy	—	—	—
Inservice Education	—	—	—
Work Capacity Evaluation	—	—	—
Geriatrics	—	—	—
Functional Capacity Evaluation	—	—	—

List any additional skills, training or certifications.

Signature: _____

Date: _____