

Candidate Name: _____



OCCUPATIONAL THERAPIST Skills Checklist

Experience Level

Updated 1/3/2010

1 = No Experience - Theory / Observed Only

3 = Experienced - Does Frequently / Competent

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4 = Proficient

Level

GENERAL SKILLS	Level			
Activities of Daily Living	1	2	3	4
Burn Management	1	2	3	4
Cardiac Rehabilitation	1	2	3	4
Cognitive	1	2	3	4
Developmental Disabilities	1	2	3	4
Driving Evaluation	1	2	3	4
Geriatrics	1	2	3	4
Group Dynamics	1	2	3	4
Home Assessments / Home Accessibilities	1	2	3	4
Inservice Education	1	2	3	4
National Patient Safety Goals	1	2	3	4
Patient Family Teaching	1	2	3	4
Patients in Isolation	1	2	3	4
Patients in Restraints	1	2	3	4
Physical Capacity Evaluation	1	2	3	4
Therapeutic Media	1	2	3	4

MODALITIES	Level			
Anodyne	1	2	3	4
Biofeedback	1	2	3	4
Edema Massage	1	2	3	4
Electrical Stimulation	1	2	3	4
Feeding Techniques	1	2	3	4
Fluidotherapy	1	2	3	4
Oral Motor Facilities	1	2	3	4
Paraffin Bath	1	2	3	4
TENS	1	2	3	4
Therapeutic Pool	1	2	3	4
Ultrasound	1	2	3	4

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	Level			
NEUROLOGY				
Adaptive Equipment	1	2	3	4
Alzheimers / Dementia	1	2	3	4
CVA / Stroke Acute	1	2	3	4
Degenerative Diseases of the CNS	1	2	3	4
Functional Splinting	1	2	3	4
Head Trauma	1	2	3	4
Multiple Sclerosis	1	2	3	4
Parkinsons Disease	1	2	3	4
Spinal Cord Injury	1	2	3	4
Stroke Rehabilitation	1	2	3	4
Traumatic Brain Injury	1	2	3	4
Wheelchair Evaluation	1	2	3	4

ORTHOPEDICS				
Amputation / Prosthetics	1	2	3	4
Arthritis Programs	1	2	3	4
Hand Injury	1	2	3	4
Hip Fractures and Total Hip Replacement	1	2	3	4
Knee Injuries and Total Knee Replacement	1	2	3	4
Lower Back / Spine	1	2	3	4
Mobilization Techniques	1	2	3	4
Soft Tissue Injuries	1	2	3	4
Therapeutic Exercise	1	2	3	4
Total Joint Replacement / Upper Extremities	1	2	3	4

PSYCHIATRIC				
Acute Disorders	1	2	3	4
Chronic Disorders	1	2	3	4
Community Re-entry	1	2	3	4
Crisis Intervention	1	2	3	4
Group Treatment	1	2	3	4
Standardized Assessment Tools	1	2	3	4
Substance Abuse	1	2	3	4

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PEDIATRICS				
Developmental Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Planning Referral and Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding / Swallowing / Oral Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurodevelopmental Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Integrative Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Perceptual Skills Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROSTHETICS / FUNCTIONAL TRAINING				
Above Knee Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Knee Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dynamic Splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myofascial Release (MFR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthoplast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serial / Inhibitory Casting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Static Splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Extremity Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCE	
Children's Hospital	<input type="checkbox"/> Y <input type="checkbox"/> N
Community Hospital	<input type="checkbox"/> Y <input type="checkbox"/> N
General Acute Care	<input type="checkbox"/> Y <input type="checkbox"/> N
Home Health Care	<input type="checkbox"/> Y <input type="checkbox"/> N
Psychiatric Hospital	<input type="checkbox"/> Y <input type="checkbox"/> N
Rehabilitation Clinic	<input type="checkbox"/> Y <input type="checkbox"/> N
Rehabilitation Hospital	<input type="checkbox"/> Y <input type="checkbox"/> N
Rural Hospital	<input type="checkbox"/> Y <input type="checkbox"/> N
School Setting	<input type="checkbox"/> Y <input type="checkbox"/> N
Skilled Care Facility	<input type="checkbox"/> Y <input type="checkbox"/> N
Teaching Hospital	<input type="checkbox"/> Y <input type="checkbox"/> N

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LEGEND KEY FOR AGE SPECIFIC CRITERIA

[A] = Newborn (Birth to 30 days)
[B] = Infant (30 days to 1 year)
[C] = Toddler (1 to 3 years)
[D] = Young Children (3 to 6 years)
[E] = Older Children (7 to 12 years)
[F] = Adolescents (13 to 20 years)
[G] = Young Adults (21 to 39 years)
[H] = Middle Adults (40 to 60 years)
[I] = Older Adults (61+ years)

AGE SPECIFIC CRITERIA

Able to adapt care to incorporate normal growth and development	A B C D E F G H I
Able to adapt method and terminology of patient instructions to their age comprehension and maturity level	A B C D E F G H I
Can ensure a safe environment reflecting specific needs of various age groups	A B C D E F G H I

CERTIFICATIONS / COURSES / SKILLS

BLS	Y N
ACLS	Y N
NRP	Y N
PALS	Y N
Computerized Charting	Y N
IV Certification	Y N
Medication Administration System	Y N

Initials _____

Print Name _____

Date _____

Signature _____