

Candidate Name: _____



PHYSICAL THERAPIST Skills Checklist

Experience Level	Updated 1/3/2010
1 = No Experience - Theory / Observed Only	3 = Experienced - Does Frequently / Competent
2 = Limited Experience - Have Done / May Need Review	4 = Proficient

	Level			
GENERAL SKILLS				
Burn Management	1	2	3	4
Cardiac Rehabilitation	1	2	3	4
Care of Patient in Isolation	1	2	3	4
Care of Patient in Restraints	1	2	3	4
Chest Physical Therapy	1	2	3	4
DME Ordering	1	2	3	4
Functional Capacity Evaluation	1	2	3	4
Geriatrics	1	2	3	4
Inservice Education	1	2	3	4
Job Task Analysis	1	2	3	4
National Patient Safety Goals	1	2	3	4
OASIS Assessment for Home Care	1	2	3	4
Patient / Family Teaching	1	2	3	4
Tone Management / Spasticity	1	2	3	4
Lymphedema	1	2	3	4
Obstetrics in Physical Therapy	1	2	3	4
WC Ordering for SCI Patients	1	2	3	4
Wheelchair / Equipment Assessment	1	2	3	4
Work Capacity Evaluation	1	2	3	4
BTE	1	2	3	4
Valpar	1	2	3	4
Work Hardening	1	2	3	4
Wound Care	1	2	3	4

	Level			
MODALITIES				
Anodyne	1	2	3	4
Biofeedback	1	2	3	4
Continuous Passive Motion Machine	1	2	3	4
Edema Massage	1	2	3	4
Feeding Techniques	1	2	3	4
Fluid Therapy	1	2	3	4
Hydrotherapy:				
Hubbard Tank	1	2	3	4
Therapeutic Pool	1	2	3	4
Whirlpool	1	2	3	4
Iontophoresis	1	2	3	4
JOBST Compression Pump	1	2	3	4
Muscle Stimulation	1	2	3	4
Myofascial Release Techniques	1	2	3	4

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MODALITIES, con't.				
Paraffin Bath	1	2	3	4
Phonophoresis	1	2	3	4
Strain / Counter Strain Techniques	1	2	3	4
TENS	1	2	3	4
Therapeutic Exercise / Home Programs	1	2	3	4
Therapeutic Pool	1	2	3	4
Ultrasound	1	2	3	4

NEUROLOGY				
ALS	1	2	3	4
Cerebral Palsy	1	2	3	4
Glasgow Coma Scale	1	2	3	4
Head Trauma	1	2	3	4
Multiple Sclerosis	1	2	3	4
Muscular Dystrophy	1	2	3	4
NDT	1	2	3	4
Neurosurgery	1	2	3	4
Rancho Los Amigos Scale	1	2	3	4
Spinal Cord Injury	1	2	3	4
Adaptive Equipment	1	2	3	4
Functional Splinting	1	2	3	4
Stroke Rehabilitation	1	2	3	4

ORTHOPEDICS				
Arthritis Programs	1	2	3	4
Back Syndrome	1	2	3	4
Cervical Injuries	1	2	3	4
Chronic Fatigue Syndrome	1	2	3	4
Fibromyalgia	1	2	3	4
Halo Traction	1	2	3	4
Hand Injury	1	2	3	4
Hip Fracture	1	2	3	4
Kyphoplasty	1	2	3	4
Manual Therapy	1	2	3	4
Mobilization Techniques	1	2	3	4
Pelvic Fracture	1	2	3	4
Postpolio Syndrome	1	2	3	4

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ORTHOPEDICS, con't.				
Shoulder Injury	1	2	3	4
TMJ Dysfunction	1	2	3	4
Total Hip Replacement	1	2	3	4
Total Joint Replacement / Upper Extremities	1	2	3	4
Total Joint Replacement / Lower Extremities	1	2	3	4

SPORTS MEDICINE				
Biodex	1	2	3	4
Bracing / Joint Immobilization	1	2	3	4
Cybex	1	2	3	4
LIDO	1	2	3	4
Medical Expenses (Norwegian)	1	2	3	4
Nautilus / Eagle	1	2	3	4
Orthotron / Kinetron	1	2	3	4
Strength and Endurance Training	1	2	3	4
Swiss Ball / Stabilization Techniques	1	2	3	4
Taping / Strapping	1	2	3	4

PEDIATRICS				
Cerebral Palsy	1	2	3	4
Developmental Disability Sequencing Test	1	2	3	4
Equipment Assessment - Adaptive	1	2	3	4
Equipment Assessment - Activities of Daily Living	1	2	3	4
Neurodevelopmental Testing	1	2	3	4
Orthotics	1	2	3	4

PROSTHETICS / ORTHOTICS				
Dynamic Splints	1	2	3	4
Gait Analysis	1	2	3	4
Lower Extremity Prosthetics	1	2	3	4
Protonics	1	2	3	4
Serial / Inhibitory Casting / Splinting	1	2	3	4
Static Splints	1	2	3	4
Upper Extremity Prosthetics	1	2	3	4

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	Level
EXPERIENCE	
Children's Hospital	Y N
Community Hospital	Y N
General Acute Care	Y N
Home Health Care	Y N
Rehabilitation Clinic	Y N
Rehabilitation Hospital	Y N
Rural Hospital	Y N
School Setting	Y N
Skilled Care Facility	Y N
Teaching Facility	Y N

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

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	Level
CERTIFICATIONS / COURSES / SKILLS	
BLS	<input type="checkbox"/> Y <input type="checkbox"/> N
ACLS	<input type="checkbox"/> Y <input type="checkbox"/> N
NRP	<input type="checkbox"/> Y <input type="checkbox"/> N
PALS	<input type="checkbox"/> Y <input type="checkbox"/> N
Computerized Charting	<input type="checkbox"/> Y <input type="checkbox"/> N
IV Certification	<input type="checkbox"/> Y <input type="checkbox"/> N
Medication Administration System	<input type="checkbox"/> Y <input type="checkbox"/> N

Initials _____

Print Name _____

Date _____

Signature _____