

## OT/COTA Skills Checklist

Name:  Date:  Experience Since:

	Comfortable With	Done Occasionally	No Experience
<b>I. Orthopedics</b>			
1. Arthritis Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. General Ortho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hand Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hip Fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mobilization Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Total Hip/Total Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Total Joint Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Neuro</b>			
1. Cerebral Vascular Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cognitive Retraining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Head Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Spinal Cord Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. Pediatrics</b>			
1. Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Developmental Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Neurodevelopmental Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sensory Integrative Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Spina Bifida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Visual Perception Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Mental Retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. Modalities</b>			
1. Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Edema Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Feeding Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fluidotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oral Motor Facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Muscle Stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Paraffin Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. TENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Therapeutic Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Therapeutic Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>V. Prosthetics/Orthotics</b>			
1. Dynamic Splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Functional Splinting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Orthotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. LE Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name:

Date:

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5. Serial/Inhibitory Casting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Static Splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. UE Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VI. Other</b>			
1. Activities of Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adaptive Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Amputees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Burn Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Driving Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dysphagia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Energy Conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Family Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Gait Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Geriatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Group Dynamics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Home Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Job Task Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Pain Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Perceptual Motor Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Pulmonary Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Range of Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sensation Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Wheelchair Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Wheelchair Ordering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Wheelchair Position Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Work Capacity Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Work Hardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VII. Work Setting</b>			
1. General Acute Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Home Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Outpatient Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pediatric Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Acute Rehab Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Rehab Unit in a Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. School System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency Representative Signature \_\_\_\_\_

Date \_\_\_\_\_