

PT/PTA Skills Checklist

Name: Date: Experience Since:

| | Comfortable With | Done Occasionally | No Experience |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| I. MODALITIES | | | |
| 1. Biofeedback | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Continuous Passive Motion Machine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cryotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ergometer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Fluidotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Hot/Cold Packs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Hubbard Tank | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Massage Therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Muscle Stimulation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Myofacial Release Technique | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Neuromuscular Reeducation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Paraffin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Sterilization Technique | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. TENS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Traction - Cervical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Traction - Lumbar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Ultrasound | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Whirlpool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Wound Dressing/Debridement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II. NEURO | | | |
| 1. Cerebral Vascular Accident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Coma Patients | <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"/> |
| 6. Traumatic Brain Injury | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| III. ORTHO | | | |
| 1. Arthritis Programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Back Syndrome | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Gait Training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hand Injury | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Hip Fractures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Mobilization Techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Neck Injuries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. TMJ Dysfunction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Total Hip/Total Knee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Total Joint Replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV. PEDIATRICS | | | |
| 1. Adaptive Equipment Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| 2. Cerebral Palsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Developmental Disability Sequencing Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Early Intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Learning Disabilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. NDT Bobath Testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. NICU Treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Orthotics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V. PROSTHETICS & ORTHOTICS | | | |
| 1. AK Prosthetics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Amputees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ankle/Foot Orthosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. BK Prosthetics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Bracing/Joint Immobilization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Dynamic Splinting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Orthoplast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Resting Splints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Serial/Inhibitor Casting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Static Splinting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. UE Prosthetics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VI. SPORTS MEDICINE | | | |
| 1. Biodex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Cybex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Lido | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Nautilus/Eagle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Orthotrom/Kinetron | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Strength & Endurance Training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VII. OTHER | | | |
| 1. AIDS Patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Burn Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cardiac Rehabilitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Chest Physiotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Function Capacity Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Geriatrics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Inservice Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Manual Therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Medicare "A" Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Medicare "B" Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Neonatology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Pain Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Physical Capacity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Pre-Employment Testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Work Capacity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Work Hardening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Pulmonary Rehab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VIII. WORK SETTINGS | | | |
| 1. General Acute Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| 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