



PHYSICAL THERAPY SKILLS CHECKLIST

Date: _____

Full Name: _____

INSTRUCTIONS

Please provide accurate answers so we can correctly match your abilities to our client job requirements. Please check the level of experience and expertise you have in each skill category, using the following scale:

#1 = Familiar with procedure but will usually or almost always require some assistance.

#2 = Competent and familiar with procedure: I can perform this procedure with excellence, usually without assistance.

#3 = Very competent: I have at least 12 months experience and can perform this procedure with excellence and without assistance.

NOTE: Leave blank any procedures which you have **no experience, training or low competence.**

SKILLS:	1	2	3
Orthopedic			
Arthritis programs			
Back syndromes			
Hand injury			
Hip fractures			
Mobilization techniques			
Neck injuries			
Total hip/knee replacement			
Total joint replacement/upper extremities			
Transmandibular joint dysfunction			
Neurologic			
Head trauma			
Neurosurgery			
Spinal cord injury			
Stroke rehabilitation			
Adaptive equipment			
Functional splinting			
Sports Medicine			
Biodex			
Bracing/joint immobilization			
Cybex			
LIDO			
Nautilus/Eagle			
Orthotron			
Strength and endurance training			
Taping/strapping			
Modalities/Manual Skills			
Acuscope			
Biofeedback			
Continuous passive motion machine			
Craniosacral therapy			
Cryotherapy			

SKILLS:	1	2	3
Diathermy			
Electro-acupuncture			
Extremity mobilization			
Fluidotherapy			
Hot/cold packs			
Hydrotherapy			
Hubbard tank			
Therapeutic pool			
Whirlpool			
Massage			
Muscle energy techniques			
Muscle stimulation			
Myofascial release techniques			
Neuro probe			
Paraffin			
Spinal mobilization			
Strain/counter strain techniques			
TENS			
Therapeutic exercise/home programs			
Traction			
Cervical			
Lumbar			
Ultrasound			
Vasopneumatic devices			
Wound dressing			
Prosthetics/Orthotics			
Above knee prosthetics			
Ankle foot orthosis			
Below knee prosthetics			
Dynamic splints			
Gait analysis			
Orthoplast/aquaplast			
Resting splints			

SKILLS:	1	2	3
Serial/inhibitory casting			
Static splints			
Upper extremity prosthetics			
Pediatrics			
Cerebral palsy			
Early intervention			
Equipment assessment			
Activities of daily living			
Adaptive			
Gross motor assessment tools			
Learning disabled			
Mental retardation			
Neurodevelopmental treatment			
Orthotics			
Spina bifida			
Computerized Testing			
Fatigue-characteristics			
Fiber-type			
Functional strength			
Net muscular torque			
ROM			
Work-capacity			

SKILLS:	1	2	3
Other			
Burn management			
Cardiac rehabilitation			
Chest physiotherapy			
Computerized charting			
Functional capacity evaluation			
Geriatrics			
Inservice education			
Wheelchair/equipment assessment			
Work capacity evaluation			
AGE			
Newborn (birth-30 days)			
Infant (30 days - 1 year)			
Toddler (1 - 3 years)			
Preschooler (3 - 5 years)			
School Age (5 - 12 years)			
Adolescents (12 - 18 years)			
Young Adults (18 - 39 years)			
Middle Adults (39 - 64 years)			
Older Adults (64+ years)			

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you hold. If you do not know the exact date, please use the last date of the specific month (e.g., 05/31/2003).

Certification	Expiration Date
<input type="checkbox"/> BCLS	
<input type="checkbox"/> CPR	
<input type="checkbox"/> Other:	

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this skills checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Full Name: _____

Signature: _____

Reviewed by _____ : Date: _____