

**PT/PTA Skills Checklist**

Name:  Date:  Experience Since:

	Comfortable With	Done Occasionally	No Experience
<b>I. MODALITIES</b>			
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"/>
<b>II. NEURO</b>			
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"/>
<b>III. ORTHO</b>			
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"/>
<b>IV. PEDIATRICS</b>			
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"/>
<b>V. PROSTHETICS &amp; ORTHOTICS</b>			
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"/>
<b>VI. SPORTS MEDICINE</b>			
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"/>
<b>VII. OTHER</b>			
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"/>
<b>VIII. WORK SETTINGS</b>			
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"/>

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Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date