Physical Therapy Skills Checklist

Please enter your full legal name as it appears on your Social Security Card.

Date:

First Name: **Last Name:**

Last 4 digits of your SS#:

Job Description: Physical Therapist
Is responsible for evaluation of referred patients to assess their need and develop treatment plan with specific goal outcomes. They work cooperatively with physicians, case managers, nurses and insurance adjustors as to the plan of treatment, progress and goals achieved. They may supervise physical therapy assistants, aides, and athletic trainers. A master's degree is required and either licensure or certification is required. Familiar with standard concepts, practices, and procedures within a particular field. Relies on experience and judgment to plan and accomplish goals. Performs a variety of tasks. Typically reports to a director or manager of Rehabilitation Services.

KEY: For each criteria
Score 1: Two plus years Expert Experience
Score 2: One-Two Years Current Experience
Score 3: Less than one year or Intermittent Experience
Score 4: Theory, no experience

CRITERIA	SCORE			
	1	2	3	4
GENERAL SKILLS				
Patient / Family teaching				
Patients in Isolation				
Patients in Restraints				
Electronic Documentation				
NEUROLOGIC				
Glasgow Coma Scale				
Rancho Los Amigos Scale				
Stroke Rehabilitation				
Head Trauma				
Coma Patients				
Peripheral Nerve Injury				
Spinal Cord Injury				
Functional Splinting				
Adaptive Equipment				
WC Prescription				
Multiple Sclerosis				
Muscular Dystrophy				
Parkinson's Disease				
Alzheimer's Disease				
Cerebral Palsy				
NDT				
ALS				
ORTHOPEDICS				
Total Joint Replacement / Upper Extremities				
Back Syndrome				

Neck Syndrome	
Pelvic Fracture	
Hip Fracture	
Total Hip / Total Knee	
Hand Injuries	
TMJ	
Osteoarthritis	
Rheumatoid Arthritis	
Degenerative Joint Disease	
Mobilization techniques	
Manual Therapy	
Fibromyalgia	
Postpolio Syndrome	
Chronic Fatigue Syndrome	
Shoulder Injuries	
Cervical Injuries	
Halo Traction	
Kyphoplasty	
Shoulder Injuries	
PEDIATRICS	
Neuro - developmental Testing	
Developmental Disability Sequencing Testing	
Fractures	
Equipment Assessment	
Adaptive	
Activities of Daily Living	
Crutch Training	
Individualized Education Programs	
Birth Defects	
Learning Disabilities	
Developmental Disease of the Bone	
MODELTIES / PROCEDURES	
Biofeedback	
Mobilization	
Spinal	
Extremity	
Fluidotherapy	
Paraffin Bath	
Edema Massage	
Hubbard Tank	
Whirlpool	
Myofacial Release	
Continuous Passive Motion Machines	
Caniosacral Techniques	
Traction Cervical	
Traction Lumbar	
TENS	
Ultrasound	
Iontophoresis	
Phonophoresis	
Hot/Cold Packs	
Acupressure	

Cryotherapy	
Diathermy	
JOBST Compression Pump	
Anodyne	
SPORTS MEDICINE	
Athletic Injuries	
Recreational Injuries	
Biodex	
Cybex	
Orthotron/Kinetron	
Taping/Strapping	
Nautilus/Eagle	
Lido	
Bracing/Joint	
Immobilization	
Swiss Ball/ Stabilization Techniques	
Medical Expenses (Norwegian)	
WORK PLACE INJURY	
Work Hardening	
Work Capacity Evaluation	
Functional Capacity Evaluation	
Ergonomics	
Carpal Tunnel Syndrome	
Cumulative Trauma	
Stress Disorders	
PROSTHETICS / ORTHOTICS	
UE Prosthetics	
Static Splints	
Dynamic Splints	
Serial Casting	
Amputees	
Bracing / Joint Immobilization	
Resting Splits	
Below Knee Prosthetics	
Protonics	
Foot Orthosis	
LE Prosthetics	
Removable Rigid Dressings	
Orthotic Prescriptions	
OTHER	
Tone Management/Spasticity	
Work Capacity Evaluation	
Work Hardening	
BTE	
Valpar	
Cancer	
AIDS	
Job Task Analysis	
Isolation Precautions	
Cardiac Rehabilitation	
Burn Management	
Job Task Analysis	

Chest PT	
Wound Management	
Lymphedema Management	
Obstetrics in Physical Therapy	
OASIS assessment for Home Care	
DME Ordering	
Quality Improvement	
WC Ordering for SCI patients	

AGE SPECIFIC CARE				
Please indicate the frequency with which you provide care for each age group in this specialty area.	**1**	**2**	**3**	**4**
Infant (Birth to 1 year)				
Toddler (1-3 years)				
Pre-school (3-6 years)				
School Age (6-12 years)				
Adolescent (12-18 years)				
Young Adult (18-30 years)				
Mature Adult (30-60 years)				
Elderly (>60 years)				

JCAHO: I acknowledge and understand JCAHO's list of "Do Not Use Abbreviations" : _____

JCAHO: I acknowledge and understand JCAHO's "National Patient Safety Goals" : _____

The information I have given is true and accurate to the best of my knowledge. I have read and fully understand the job description. By signing below or submitting electronically, I attest that the information provided within this skills checklist represents a full and complete disclosure of information, and is true and correct to the best of my knowledge and belief. I hereby authorize Sagent Healthstaff to release this skills checklist to client facilities for employment purposes.

I agree with the above statements. :

Signature: (please type your full name) :

Date: