

PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT SKILLS CHECKLIST

Name: _____

Date: _____

Experience Since: _____

| | Comfortable With | Done Occasionally | No Experience |
|-----------------------------------|---------------------|----------------------|------------------|
| MODALITIES | | | |
| Biofeedback | | | |
| Continuous Passive Motion Machine | | | |
| Cryotherapy | | | |
| Ergo meter | | | |
| Fluid therapy | | | |
| Hot/Cold Packs | | | |
| Hubbard Tank | | | |
| Massage Therapy | | | |
| Muscle Stimulation | | | |
| Myofascial Release Technique | | | |
| Neuromuscular Reeducation | | | |
| Paraffin | | | |
| Sterilization Technique | | | |
| TENS | | | |
| Traction – Cervical | | | |
| Traction – Lumbar | | | |
| Ultrasound | | | |
| Whirlpool | | | |
| Wound Dressing/Debridement | | | |
| NEURO | | | |
| Cerebral Vascular Accident | | | |
| Coma Patients | | | |
| Head Trauma | | | |
| Spinal Cord Injury | | | |
| Parkinson’s Disease | | | |
| Traumatic Brain Injury | | | |
| ORTHO | | | |
| Arthritis Programs | | | |

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|--|--|--|--|
| Back Syndrome | | | |
| Gait Training | | | |
| Hand Injury | | | |
| Hip Fractures | | | |
| Mobilization Techniques | | | |
| Neck Injuries | | | |
| TMJ Dysfunction | | | |
| Total Hip/Total Knee | | | |
| Total Joint Replacement | | | |
| PEDIATRICS | | | |
| Adaptive Equipment Assessment | | | |
| Cerebral Palsy | | | |
| Developmental Disability Sequencing Test | | | |
| Early Intervention | | | |
| Learning Disabilities | | | |
| NDT Bo bath Testing | | | |
| NICU Treatment | | | |
| Orthotics | | | |
| PROSTHETICS & ORTHOTICS | | | |
| AK Prosthetics | | | |
| Amputees | | | |
| Ankle/Foot Orthotic | | | |
| BK Prosthetics | | | |
| Bracing/Joint Immobilization | | | |
| Dynamic Splinting | | | |
| Orthoplast | | | |
| Resting Splints | | | |
| Serial/Inhibitor Casting | | | |
| Static Splinting | | | |
| UE Prosthetics | | | |
| SPORTS MEDICINE | | | |
| Biodex | | | |
| Cybex | | | |
| Lido | | | |
| Nautilus/Eagle | | | |
| Orthotrom/Kinetron | | | |
| Strength & Endurance Training | | | |
| OTHER | | | |
| AIDS Patient | | | |

| | | | |
|------------------------------|--|--|--|
| Burn Management | | | |
| Cardiac Rehabilitation | | | |
| Chest Physiotherapy | | | |
| Function Capacity Evaluation | | | |
| Geriatrics | | | |
| In-service Education | | | |
| Manual Therapy | | | |
| Medicare "A" Documentation | | | |
| Medicare "B" Documentation | | | |
| Neonatology | | | |
| Pain Management | | | |
| Physical Capacity | | | |
| Pre-Employment Testing | | | |
| Work Capacity | | | |
| Work Hardening | | | |
| Pulmonary Rehab | | | |
| WORK SETTINGS | | | |
| General Acute Care | | | |
| Home Health | | | |
| Nursing Home | | | |
| Outpatient Clinic | | | |
| Pediatric Rehab | | | |
| Acute Rehab Hospital | | | |
| Rehab Unit in a Hospital | | | |
| School System | | | |

Signature: _____