

OCCUPATIONAL THERAPY SKILLS CHECKLIST

Your Completion of this checklist will help us match your skills to the assignment of your choice. Please place a "√" in the column that best describes your experience level with each skill.

KEY

1. Two of more years' consistent experience
2. One year consistent experience
3. Intermittent experience
4. No experience

	1	2	3	4
ORTHOPEDIC:				
Arthritis programs	_____	_____	_____	_____
a) Energy conservation	_____	_____	_____	_____
b) Joint protection	_____	_____	_____	_____
Hip fractures	_____	_____	_____	_____
Total hip/knee replacement	_____	_____	_____	_____
Total joint replacement	_____	_____	_____	_____
Hand injury	_____	_____	_____	_____
Mobilization exercise	_____	_____	_____	_____

	1	2	3	4
NEUROLOGICAL:				
CVA	_____	_____	_____	_____
Head trauma	_____	_____	_____	_____
Peripheral nerve injury	_____	_____	_____	_____
Spinal cord injury	_____	_____	_____	_____
Stroke rehabilitation	_____	_____	_____	_____
Adaptive equipment	_____	_____	_____	_____
Functional evaluation	_____	_____	_____	_____
Wheelchair evaluation	_____	_____	_____	_____

	1	2	3	4
PROSTHETIC/ORTHOTICS/FUNCTIONAL TRAINING:				
Above knee prosthetics	_____	_____	_____	_____
Below knee prosthetics	_____	_____	_____	_____
Dynamic splints	_____	_____	_____	_____
Myofascial release	_____	_____	_____	_____
Orthoplast	_____	_____	_____	_____
Serial casting	_____	_____	_____	_____
Static splints	_____	_____	_____	_____
Upper extremity prosthetics	_____	_____	_____	_____

	1	2	3	4
ADAPTIVE EQUIPMENT:				
Assessment	_____	_____	_____	_____
Fabrication	_____	_____	_____	_____
Functional activities:				
a) ADL's	_____	_____	_____	_____
b) Splinting	_____	_____	_____	_____
c) Pre-discharge planning	_____	_____	_____	_____
d) Home evaluation	_____	_____	_____	_____
Wheelchair	_____	_____	_____	_____

	1	2	3	4
VOCATIONAL TRAINING:				
Cognitive assessment	_____	_____	_____	_____
Functional capacity evaluation	_____	_____	_____	_____
Job task analysis	_____	_____	_____	_____
Perceptual assessment	_____	_____	_____	_____
Work hardening:				
a) BTE	_____	_____	_____	_____
b) Valpar	_____	_____	_____	_____

	1	2	3	4
PSYCHIATRIC:				
Acute disorders	_____	_____	_____	_____
Chronic disorders	_____	_____	_____	_____
Substance abuse	_____	_____	_____	_____
Standardized assessment tools	_____	_____	_____	_____
Crisis intervention	_____	_____	_____	_____
Group treatment	_____	_____	_____	_____
Community re-entry	_____	_____	_____	_____

PEDIATRICS:

- Developmental testing _____
- Neurodevelopmental testing _____
- Sensory integrative testing _____
- Orthotics _____
- Visual skill testing _____
- Equipment testing _____
- ADL's _____
- Wheelchair positioning device _____
- Discharge planning _____

MODALITIES:

- Biofeedback _____
- Edema massage _____
- Feeding techniques _____
- Therapeutic pool _____
- Muscle stimulation _____
- Paraffin bath _____
- Fluidotherapy _____
- Oral Motor facilities _____

EXPERIENCE WITH AGE GROUP:

- Newborn/neonate _____
- Infants _____
- Toddler _____
- Preschoolers _____
- School age children _____
- Adolescents _____
- Young adults _____
- Middle adults _____
- Older adults _____

Name

Date

Signature