

PHYSICAL 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 or more years consistent experience
2. One year consistent experience
3. Intermittent experience
4. No experience

	1	2	3	4		1	2	3	4
					Ankle/foot orthosis	___	___	___	___
ORTHOPEDICS:									
Arthritis programs	___	___	___	___	Upper extremities prosthetics	___	___	___	___
Hand Injury	___	___	___	___	Dynamic splints	___	___	___	___
Hip fractures	___	___	___	___	Gait splints	___	___	___	___
Neck injuries	___	___	___	___	Orthoplast/aquaplast	___	___	___	___
Back injuries	___	___	___	___	Static splints	___	___	___	___
Total joint replacement	___	___	___	___	Resting splints	___	___	___	___
Transmandibular techniques	___	___	___	___	Serial/inhibitory casting	___	___	___	___
Mobilization techniques	___	___	___	___					
					MODALITIES/MANUAL SKILLS:				
SPORTS MEDICINE:					Acuscope	___	___	___	___
Biodex	___	___	___	___	Biofeedback	___	___	___	___
LIDO	___	___	___	___	Passive motion machine	___	___	___	___
Bracing/joint immobilization	___	___	___	___	Craniosacral therapy	___	___	___	___
Cybex	___	___	___	___	Cryotherapy	___	___	___	___
Nautilus Eagle	___	___	___	___	Diathermy	___	___	___	___
Orthotron	___	___	___	___	Electro-acupuncture	___	___	___	___
Taping/strapping	___	___	___	___	Extremity mobilization	___	___	___	___
Strength & Endurance training	___	___	___	___	Fluidotherapy	___	___	___	___
					Hot/Cold packs	___	___	___	___
NEUROLOGIC:					Hydrotherapy	___	___	___	___
Neurosurgery	___	___	___	___	a) Hubbard tank	___	___	___	___
Spinal cord injury	___	___	___	___	b) Therapeutic pool	___	___	___	___
Head trauma	___	___	___	___	c) Whirlpool	___	___	___	___
Stroke rehabilitation	___	___	___	___	Massage	___	___	___	___
					Muscle energy techniques	___	___	___	___
PEDIATRICS:					Muscle stimulation	___	___	___	___
Cerebral palsy	___	___	___	___	Myofascial release techniques	___	___	___	___
Mental retardation	___	___	___	___	Beuro probe	___	___	___	___
Neuro developmental treatment	___	___	___	___	Paraffin	___	___	___	___
Orthotics	___	___	___	___	Spinal mobilization	___	___	___	___
Spina bifida	___	___	___	___	Strain/counter strain techniques	___	___	___	___
Learning disabled	___	___	___	___	TENS	___	___	___	___
Gross Motor assessment tools	___	___	___	___	Therapeutic exercise	___	___	___	___
Early intervention	___	___	___	___	Traction	___	___	___	___
Equipment assessment ADL's/adaptive	___	___	___	___	a) Cervical	___	___	___	___
					b) Lumbar	___	___	___	___
PROSTHETICS/ORTHOTICS:					Ultrasound	___	___	___	___
Above knee prosthetics	___	___	___	___	Vasopneumatic devices	___	___	___	___
Below knee prosthetics	___	___	___	___	Wound dressing	___	___	___	___

COMPUTERIZED TESTING:

- Fatigue-characteristics _____
- ROM _____
- Fiber-type _____
- Net Muscular torque _____
- Functional strength _____
- Work-capacity _____

OTHER:

- Burn management _____
- Cardiac rehab _____
- Chest physiotherapy _____
- Functional capacity evaluation _____
- Geriatrics _____
- Wheelchair/equipment assessment _____
- Work capacity evaluation _____
- Educate patients _____

AGE SPECIFIC PRACTICE:

- Newborn/Neonate _____
- Infant _____
- Toddler _____
- Preschooler _____
- School age children _____
- Adolescents _____
- Young adults _____
- Middle adults _____
- Older Adults _____

Name

Signature

Date

