

# OCCUPATIONAL THERAPY SKILLS CHECKLIST

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**1 - Highly skilled** (can function well independently, strong experience)

**2 - Proficient** (experienced, may need occasional review/assistance)    **3 - Limited Skill** (limited to no experience)

## ORTHOPEDIC

Skills (check appropriate box)	1	2	3
<b>Arthritis programs:</b>			
• Energy Conservation			
• Joint Protection			
<b>Hand injury</b>			
<b>Hip fractures</b>			
<b>Mobilization Techniques</b>			
<b>Therapeutic exercise</b>			
<b>Total hip/knee replacement</b>			
<b>Total joint replacement/upper extremities</b>			

## NEUROLOGICAL

Skills (check appropriate box)	1	2	3
<b>CVA</b>			
<b>Head trauma</b>			
<b>Peripheral nerve injuries</b>			
<b>Spinal Cord injury</b>			
• Adaptive equipment			
• Functional splinting			
• Wheelchair evaluation			
<b>Stroke rehabilitation</b>			

## PSYCHIATRIC

Skills (check appropriate box)	1	2	3
<b>Acute disorders</b>			
<b>Chronic disorders</b>			
<b>Community re-entry</b>			
<b>Crisis intervention</b>			
<b>Group treatment</b>			
<b>Standardized assessment tools</b>			
<b>Substance abuse</b>			

## PROSTHETICS/ORTHOTICS/ FUNCTIONAL TRAINING

Skills (check appropriate box)	1	2	3
<b>Above knee prosthetics</b>			
<b>Below knee prosthetics</b>			
<b>Dynamic splints</b>			
<b>Myofascial release (MFR)</b>			
<b>Orthoplast</b>			
<b>Serial/inhibitory casting</b>			
<b>Static splints</b>			
<b>Upper extremity prosthetics</b>			

## ADAPTIVE EQUIPMENT

Skills (check appropriate box)	1	2	3
<b>Assessment</b>			
<b>Fabrication</b>			
<b>Functional activities</b>			
• ADLs			
• Home environment			
• Pre-discharge planning			
• Splinting			
<b>Wheelchair</b>			

## VOCATIONAL TRAINING

Skills (check appropriate box)	1	2	3
<b>Cognitive assessment</b>			
<b>Functional capacity evaluation</b>			
<b>Job task analysis</b>			
<b>Perceptual assessment</b>			
<b>Work hardening</b>			
• BTE			
• Valpar			

## PEDIATRICS

Skills (check appropriate box)	1	2	3
<b>Developmental testing</b>			
<b>Discharge Planning (referral and resources)</b>			
<b>Equipment Assessment</b>			
• Activities of daily living			
• Wheelchair positioning device			
<b>Neurodevelopmental testing</b>			
<b>Orthotics</b>			
<b>Sensory Integrative testing</b>			
<b>Visual perceptual skills testing</b>			

## MODALITIES

Skills (check appropriate box)	1	2	3
<b>Biofeedback</b>			
<b>Edema massage</b>			
<b>Feeding techniques</b>			
<b>Fluidotherapy</b>			
<b>Muscle stimulation</b>			
<b>Oral motor facilities</b>			
<b>Paraffin bath</b>			
<b>Therapeutic pool</b>			

## AGE SPECIFIC

Skills (check appropriate box)	1	2	3
<b>Newborn/Neonate (birth - 30 days)</b>			
<b>Infant (30 days - 1 year)</b>			
<b>Toddler (1 - 3 years)</b>			
<b>Preschooler (3 - 5 years)</b>			
<b>School age children (5 - 12 years)</b>			
<b>Adolescents (12 - 18 years)</b>			
<b>Young adults (18-39 years)</b>			
<b>Middle adults (39-64 years)</b>			
<b>Older adults (64+ years)</b>			

## EXPERIENCE WITH AGE GROUPS

Skills (check appropriate box)	1	2	3
<b>Able to adapt care to incorporate normal growth and development</b>			
<b>Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level</b>			
<b>Can ensure a safe environment reflecting specific needs of various age groups</b>			