

PHYSICAL 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
Arthritis programs			
Back syndromes			
Hand injury			
Hip fractures			
Mobilization techniques			
Neck injuries			
Total hip/knee replacement			
Total joint replacement/ upper extremities			

PROSTHETICS/ORTHOTICS

Skills (check appropriate box)	1	2	3
Above knee prosthetics			
Ankle foot orthosis			
Below knee prosthetics			
Dynamic splints			
Gait analysis			
Orthoplast/aquaplast			
Resting splints			
Serial/inhibitory casting			
Static splints			
Upper extremity prosthetics			

SPORTS MEDICINE

Skills (check appropriate box)	1	2	3
Biodex			
Bracing/joint immobilization			
Cybex			
LIDO			
Nautilus/Eagle			
Orthotron			
Strength & endurance training			
Taping/strapping			

NEUROLOGICAL

Skills (check appropriate box)	1	2	3
Head Trauma			
Neurosurgery			
Spinal cord injury			
Stroke rehabilitation			
• Stroke rehabilitation			
• Functional splinting			

MODALITIES/MANUAL SKILLS

Skills (check appropriate box)	1	2	3
Acuscope			
Biofeedback			
Continuous passive motion machine			
Craniosacral therapy			
Diathermy			
Electro-acupuncture			
Extremity mobilization			
Fluidotherapy			
Hot/cold packs			
Hydrotherapy			
• Hubbard tank			
• Therapeutic pool			
• Whirlpool			
Massage			
Muscle energy techniques			
Muscle stimulation			
Myofascial release techniques			
Neuro probe			
Paraffin			
Spinal mobilization			
Strain/counter strain techniques			
TENS			
Therapeutic exercise/home programs			
Traction			
• Cervical			
• Lumbar			
Ultrasound			
Vasopneumatic devices			
Wound dressing			

PEDIATRICS

Skills (check appropriate box)	1	2	3
Cerebral palsy			
Early Intervention			
Equipment Assessment			
• Activities of daily living			
• Adaptive			
Gross motor assessment tools			
Learning disabled			
Mental retardation			
Neurodevelopmental treatment			
Orthotics			
Spina bifida			

COMPUTERIZED TESTING

Skills (check appropriate box)	1	2	3
Fatigue-characteristics			
Fiber-type			
Functional strength			
Net muscular torque			
ROM			
Work-capacity			

AGE SPECIFIC

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

EXPERIENCE WITH AGE GROUPS

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

OTHER

Skills (check appropriate box)	1	2	3
Burn management			
Cardiac rehabilitation			
Chest physiotherapy			
Functional capacity evaluation			
Geriatrics			
In-service education			
Wheelchair/equipment assessment			
Work capacity evaluation			