Occupational Therapist & Assistant
Skill Checklist

Name:_____ **Date:**_____

Experience since:_____

	Comfortable With	Done Occasionally	No Experience
ORTHOPEDICS			
Arthritis Program			
General Ortho			
Hand Injury			
Hip Fractures			
Mobilization Techniques			
Total Hip/Total Knee			
Total Joint Replacement			
NEURO			
Cerebral Vascular Accident			
Cognitive Retraining			
Head Trauma			
Spinal Cord Injury			
Parkinson's Disease			
PEDIATRICS			
Cerebral Palsy			
Developmental Screening			
Early Intervention			
Learning Disabilities			
Neurodevelopmental Testing			
Spina Bifida			
Visual Perception Testing			
Autism			
Down's Syndrome			
Mental Retardation			
MODALITIES			
Biofeedback			

Edema Massage			
Feeding Techniques			
Fluidotherapy			
Oral Motor Facilitation			
Muscle Stimulation			
Paraffin Bath			
TENS			
Theraputic Massage			
Theraputic Pool			
PROSTHETICS/ORTHOTICS			
Dynamic Splints			
Functional Splinting			
Orthotics			
LE Prosthetics			
Serial/Inhibitory Casting			
Static Splints			
UE Prosthetics			
OTHER			
Activities of Daily Living			
Adaptive Equipment			
Amputees			
Burn Management			
Driving Evaluation			
Dysphagia			
Energy Conservation			
Family Education			
Gait Analysis			
Geriatrics			
Group Dynamics			
Home Accessibility			
Job Task Analysis			
Oncology			
Pain Management			
Perceptual Motor Testing			
Pulmonary Rehab			
Range of Motion			
Sensation Testing			
Wheelchair Evaluation			
Wheelchair Ordering			
Wheelchair Position Testing			

Work Capacity Evaluation			
Work Hardening			
WORK SETTINGS			
General Acute Care			
Home Health			
Nursing Home			
Outpatient Clinic			
Pediatric Rehab			
Acute Rehab Hospital			
Rehab Unit in a Hospital			
School System			

Signature:_____