PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT SKILLS CHECKLIST

Name: _____ **Date:**_____

Experience Since:_____

	Comfortable With	Done Occasionally	No Experience
MODALITIES			
Biofeedback			
Continuous Passive Motion Machine			
Cryotherapy			
Ergometer			
Fluidotherapy			
Hot/Cold Packs			
Hubbard Tank			
Massage Therapy			
Muscle Stimulation			
Myofacial Release Technique			
Neuromuscular Reeducation			
Paraffin			
Sterilization Technique			
TENS			
Traction – Cervical			
Traction – Lumbar			
Ultrasound			
Whirlpool			
Wound Dressing/Debridement			
NEURO			
Cerebral Vascular Accident			
Coma Patients			
Head Trauma			
Spinal Cord Injury			
Parkinson's Disease			
Traumatic Brain Injury			

ORTHO			
Arthritis Programs			
Back Syndrome			
Gait Training			
Hand Injury			
Hip Fractures			
Mobilization Techniques			
Neck Injuries			
TMJ Dysfunction			
Total Hip/Total Knee			
Total Joint Replacement			
PEDIATRICS			
Adaptive Equipment Assessment			
Cerebral Palsy			
Developmental Disability Sequencing Test			
Early Intervention			
Learning Disabilities			
NDT Bobath Testing			
NICU Treatment			
Orthotics			
PROSTHETICS & ORTHOTICS			
AK Prosthetics			
Amputees			
Ankle/Foot Orthosis			
BK Prosthetics			
Bracing/Joint Immobilization			
Dynamic Splinting			
Orthoplast			
Resting Splints			
Serial/Inhibitor Casting			
Static Splinting			
UE Prosthetics			
SPORTS MEDICINE			
Biodex			
Cybex			
Lido			
Nautilus/Eagle			

Orthotrom/Kinetron			
Strength & Endurance Training			
OTHER			
AIDS Patient			
Burn Management			
Cardiac Rehabilitation			
Chest Physiotherapy			
Function Capacity Evaluation			
Geriatrics			
Inservice Education			
Manual Therapy			
Medicare “A” Documentation			
Medicare “B” Documentation			
Neonatology			
Pain Management			
Physical Capacity			
Pre-Employment Testing			
Work Capacity			
Work Hardening			
Pulmonary Rehab			
WORK SETTINGS			
General Acute Care			
Home Health			
Nursing Home			
Outpatient Clinic			
Pediatric Rehab			
Acute Rehab Hospital			
Rehab Unit in a Hospital			
School System			

Signature:_____