AMERICAN MEDICAL STAFFING

REHAB SKILLS CHECKLIST

Name:_____ Date:_____

Discipline:
_____ PT _____ PTA _____ OT _____ COTA

_____ SLP

Check the area(s) in which you have experience and indicate the length of time (# of months or years) for each area checked.

AREAS OF PRACTICE	Months/Years
Acute	
Sub-acute	
Ortho	
Neuro	
Psych	
Sports Med	
Home Care	
Prosthetics & Orthotics	
Out-patient	
Clinic	
Private Practice	
School	
Cardiac	
Private Industry	
Supervisory/Management	
Nursing Home	
Early Intervention 0-3 years old	
Pre-school 3-5 years old	
Pediatrics	
Adolescents	
Adult	
Geriatric	
Other	
Other	

Check the age-specific area(s) in which you have experience and indicate the length of time (# of months or years) for each.

AREA OF PRACTICE	MONTHS/YEARS
Early Intervention (0-3 years)	
Pre-school (3-5 years)	
Pediatrics (6-12 years)	

Adolescents (13-18 years)	
Adult (19-64 years)	
Geriatrics (65 and over)	

Check the competency/skill(s) in which you have experience and indicate the length of time (# of months or years) for each competency/skill checked.

COMPETENCY/SKILL	MONTHS/YEARS
DOCUMENTATION	
MDS+	
Evaluation/Assessments	
Home Care Documentation	
Medicare A Documentation	
Medicare B Documentation	
In-service Education	
OTHER	
Work Hardening	
Pain Management	
Aids Patient	
Chest Physiotherapy	
Manual therapy	
Neonatology	
Pulmonary Rehab	
Dysphasis/Swallowing	
Alzheimer's	
Cardiac Rehabilitation	
Dementia	
MODALITIES	
Biofeedback	
TENS	
Myofascial Release	
Hot/Cold Packs	
Wound Care	
Ultrasound	
Whirlpool	
Hubbard Tank	
Fluidodtherapy	
NEURO	
CVA	
Coma	
Head Trauma	
TBI	
Spinal Cord Injury	
Perkinsons	
PROSTHETICS	
AK Prothetics	

Amputees	
BK Prothetics	
Dynamic Splinting	
Static Splinting	
UE Prosthetics	
Bracing Joint Imbolization	
ORTHO	
Arthritis	
Back Syndrom	
Gait Training	
Hands	
HIP Fractures	
Total Knee/Total Hip	
TJM	
Neck	
PEDIATRICS	
Adaptive Equipment	
Orthotics	
NDT	
Cerebral Palsy	
DDI Sequencing Test	
Early Intervention	
NICU	
Labor & Delivery	
SPORTS MEDICINE	
Biodex	
Cybex	
Lido	
Nautilus	
Orthotron	
Strengthening and Endurance	
OTHER	
Other:	
Other:	
Other:	

Signature:_____