



Occupational Therapy Skills Checklist

- 1 - No Experience
- 2 - Limited Experience
- 3 - Proficient (experienced, may need occasional review/assistance)
- 4 - Highly Skilled (can function well independently)

Name: _____

MODALITIES

Biofeedback	1	2	3	4
Edema Massage	1	2	3	4
Feeding Techniques	1	2	3	4
Fluidotherapy	1	2	3	4
Muscle Stimulation	1	2	3	4
Oral motor Facilities	1	2	3	4
Paraffin Bath	1	2	3	4
Therapeutic Pool	1	2	3	4
TENS	1	2	3	4

ORTHOPEDIC

General Ortho (Knee, Shoulder, Ankle)	1	2	3	4
Arthritis Programs	1	2	3	4
Energy Conservation	1	2	3	4
Joint Protection	1	2	3	4
Hip Fractures	1	2	3	4
Hand Injury	1	2	3	4
Mobilization Techniques	1	2	3	4
Therapeutic Exercise	1	2	3	4
Total Hip/Knee Replacement	1	2	3	4

NEUROLOGICAL

CVA	1	2	3	4
Head trauma	1	2	3	4
Peripheral Nerve Injuries	1	2	3	4
Stroke Rehabilitation	1	2	3	4
Spinal Cord Injury	1	2	3	4
Adaptive Equipment	1	2	3	4
Functional Splinting	1	2	3	4
Wheelchair Evaluation	1	2	3	4
Gullian Barre	1	2	3	4
Open Hearts	1	2	3	4

PSYCHIATRIC

Acute Disorders	1	2	3	4
Chronic Disorders	1	2	3	4
Crisis Intervention	1	2	3	4
Community Re-entry	1	2	3	4
Substance Abuse	1	2	3	4
Group Treatment	1	2	3	4
Standardized Assessment Tools	1	2	3	4
Development Testing	1	2	3	4
Discharge Planning	1	2	3	4
Neurodevelopment Treatment	1	2	3	4

ADAPTIVE EQUIPMENT

Assessment	1	2	3	4
Fabrication	1	2	3	4
Functional Activities	1	2	3	4
ADLs	1	2	3	4
Home Environment	1	2	3	4
Pre-discharge Planning	1	2	3	4
Splinting	1	2	3	4
Wheelchair	1	2	3	4

PEDIATRICS

Neurodevelopmental Testing	1	2	3	4
Sensory Integrative Testing	1	2	3	4
Visual Perceptual Skills Testing	1	2	3	4
Activities of Daily Living	1	2	3	4
Orthotics	1	2	3	4
Learning Disabilities	1	2	3	4
Autism	1	2	3	4
Cerebral Palsy	1	2	3	4
Down's Syndrome	1	2	3	4

VOCATIONAL TRAINING

Cognitive Assessment	1	2	3	4
Functional Capacity Evaluation	1	2	3	4
Job Task Analysis	1	2	3	4
Perceptual Assessment	1	2	3	4
Work Hardening	1	2	3	4
BTE	1	2	3	4
Valpar	1	2	3	4

AGE SPECIFIC COMPETENCY

Infant - (Birth to 1 Year)	1	2	3	4
Toddler (1-3 Years)	1	2	3	4
Preschool Child (3-5 Years)	1	2	3	4
School Age Child (5-12 Years)	1	2	3	4
Adolescent (12-18 Years)	1	2	3	4
Young Adult (18-44 Years)	1	2	3	4
Middle Age Adult (45-65 Years)	1	2	3	4
Senior Adult (Over 65 Years)	1	2	3	4

SETTINGS

Years/Months

Inpatient	_____
Outpatient	_____
Hospital	_____
Skilled Nursing Facility	_____
Children's Hospital	_____
School System	_____
Clinics	_____

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize Texas Select Staffing to release this Occupational Therapy Skills Checklist to its client facilities for consideration of employment as a contractor at those facilities.

Signature _____ Date _____