



Physical 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: _____

ORTHOPEDIC

Arthritis programs	1	2	3	4
Back syndromes	1	2	3	4
Hand injury	1	2	3	4
Hip fractures	1	2	3	4
Mobilization techniques	1	2	3	4
Neck injuries	1	2	3	4
Total hip/knee replacement	1	2	3	4
Total joint replacement/upper extremities	1	2	3	4
Transmandibular joint dysfunction	1	2	3	4

SPORTS MEDICINE

Biodex	1	2	3	4
Bracing/joint immobilization	1	2	3	4
Cybex	1	2	3	4
LIDO	1	2	3	4
Nautilus/Eagle	1	2	3	4
Orthotron	1	2	3	4
Strength and endurance training	1	2	3	4
Taping/strapping	1	2	3	4

NEUROLOGICAL

Head trauma	1	2	3	4
Neurosurgery	1	2	3	4
Spinal cord injury	1	2	3	4
Stroke rehabilitation:				
Adaptive equipment	1	2	3	4
Functional splinting	1	2	3	4

COMPUTERIZED TESTING

Fatigue-characteristics	1	2	3	4
Fiber-type	1	2	3	4
Functional strength	1	2	3	4
Net muscular torque	1	2	3	4
ROM	1	2	3	4
Work-capacity	1	2	3	4

PROSTHETICS/ORTHOTICS

Above knee prosthetics	1	2	3	4
Ankle foot orthosis	1	2	3	4
Below knee prosthetics	1	2	3	4
Dynamic splints	1	2	3	4
Gait analysis	1	2	3	4
Orthoplast/aquaplast	1	2	3	4
Resting splints	1	2	3	4
Serial/inhibitory casting	1	2	3	4
Static splints	1	2	3	4
Upper extremity prosthetics	1	2	3	4

PEDIATRICS

Cerebral palsy	1	2	3	4
Early intervention	1	2	3	4
Gross motor assessment tools	1	2	3	4
Learning disabled	1	2	3	4
Mental retardation	1	2	3	4
Neurodevelopmental treatment	1	2	3	4
Orthotics	1	2	3	4
Spina bifida	1	2	3	4

Equipment assessment:

Activities of daily living	1	2	3	4
Adaptive	1	2	3	4

MODALITIES/MANUAL SKILLS

Biofeedback	1	2	3	4
Acuscope	1	2	3	4
Continuous passive motion machine	1	2	3	4
Craniosacral therapy	1	2	3	4
Diathermy	1	2	3	4
Electro-acupuncture	1	2	3	4
Cryotherapy	1	2	3	4
Extremity mobilization	1	2	3	4
Fluidotherapy	1	2	3	4
Hot/cold packs	1	2	3	4

MODALITIES/MANUAL SKILLS (continued)

Hydrotherapy:				
Hubbard tank	1	2	3	4
Therapeutic pool	1	2	3	4
Whirlpool	1	2	3	4
Massage	1	2	3	4
Muscle energy techniques	1	2	3	4
Muscle stimulation	1	2	3	4
Myofascial release techniques	1	2	3	4
Neuro probe	1	2	3	4
Spinal mobilization	1	2	3	4
TENS	1	2	3	4
Therapeutic exercise/home programs	1	2	3	4
Paraffin	1	2	3	4
Strain/counter strain techniques	1	2	3	4
Ultrasound	1	2	3	4
Vasopneumatic devices	1	2	3	4
Wound dressing	1	2	3	4
Traction:				
Cervical	1	2	3	4
Lumbar	1	2	3	4

OTHER SKILLS

Burn management	1	2	3	4
Cardiac rehabilitation	1	2	3	4
Chest physiotherapy	1	2	3	4
Computerized charting	1	2	3	4
Functional capacity evaluation	1	2	3	4
Geriatrics	1	2	3	4
Inservice education	1	2	3	4
Wheelchair/equipment assessment	1	2	3	4
Work capacity evaluation	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

Rehab Clinic	_____
Rehab Hospital	_____
Skilled Nursing Facility	_____
Sports Medicine Clinic	_____
Children's Hospital	_____
General Acute Care	_____
School Setting	_____
Inpatient	_____
Outpatient	_____

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 Physical Therapy Skills Checklist to its client facilities for consideration of employment as a contractor at those facilities.

Signature _____ Date _____