



## Certified Occupational Therapist Assistant Checklist (COTA)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Level of Efficiency**

**1=No Experience**

**2=Moderate Experience**

**3=Experienced**

**4=Proficient**

**5= Ability to Supervise and Teach**

<b>Orthopedic</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Arthritis Programs					
General Ortho (Knee, Shoulder, Ankle)					
Hip Fractures					
Hand Injury					
Mobilization Techniques					
Therapeutic Exercise					
Total Hip/ Total Knee Replacement					
Total Joint Replacement/Upper Extremities					

<b>Neurological</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
CVA					
Cognitive Retraining					
Head Trauma					
Spinal Cord Injury					
Parkinson's Disease					
Traumatic Brain Injury					

<b>Pediatrics</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Cerebral Palsy					
Developmental Screening					
Early Intervention					
Learning Disabilities					
Neurodevelopment Testing					
Sensory Integrative Testing					
Spina Bifida					
Visual Perception Testing					
Autism					
Down's Syndrome					
Mental Retardation					

P.O. Box 396  
 Middletown, NY 10940-0396

Toll Free – (877) 343-0808  
 Phone – (845) 343-0808  
 Toll Free Fax – (877) 342-2496  
[Information@medicalstaffingresource.com](mailto:Information@medicalstaffingresource.com)

<b>Modalities</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Biofeedback					
Edema Massage					
Feeding Techniques					
Fluidotherapy					
Oral Motor Facilitation					
Muscle Stimulation					
Paraffin Bath					
TENS					
Therapeutic Massage					
Therapeutic Pool					

<b>Prosthetics/ Orthotics</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Dynamic Splints					
Functional Splinting					
Orthotics					
LE Prosthetics					
Serial/ Inhibitory Casting					
Static Splints					
UE Prosthetics					

<b>Other</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Activities of Daily Living (ADL)					
Adaptive Equipment					
Amputees					
Burn Management					
Driving Education					
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 (BTB)					
Work Hardening (Valpar)					

P.O. Box 396  
Middletown, NY 10940-0396

Toll Free – (877) 343-0808  
Phone – (845) 343-0808  
Toll Free Fax – (877) 342-2496  
[Information@medicalstaffingresource.com](mailto:Information@medicalstaffingresource.com)

<b>Work Settings</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
General Acute Care					
Home Health					
Outpatient Clinic					
Pediatric Rehab					
Psychiatric Hospital					
Acute Rehab Hospital					
Rehab Unit in Hospital					
School System					
Skilled Nursing Facility					
Industrial Medicine					

**AGE- APPROPRIATE CARE:** Ability to adapt care to incorporate normal growth and development, adapt method and terminology of patient instructions as it relates to the age and comprehension level of the patient, and to ensure a safe environment- reflecting specific needs of the patient and various age groups.

<b>Age</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Newborn (birth- 30 days)					
Infant (30 days- 1 year)					
Toddler (1- 3 years)					
Preschooler (3- 5 years)					
School Age (5- 12 years)					
Adolescents (12- 18 years)					
Young Adults (18- 39 years)					
Middle Adults (39- 64 years)					
Older Adults (64+ years old)					

Initials \_\_\_\_\_

P.O. Box 396  
Middletown, NY 10940-0396

Toll Free – (877) 343-0808  
Phone – (845) 343-0808  
Toll Free Fax – (877) 342-2496  
[Information@medicalstaffingresource.com](mailto:Information@medicalstaffingresource.com)