



## Occupational Therapist Checklist

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					
Energy Conservation					
Joint Protection					
Hip Fractures					
Hand Injury					
Mobilization Techniques					
Therapeutic Exercise					
Total Hip/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					
Head Trauma					
Peripheral Nerve Techniques					
Stroke Rehabilitation					
Spinal Cord Injury					
Adaptive Equipment					
Functional Splinting					
Wheelchair Evaluation					

<b>Psychiatric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Acute Disorders					
Chronic Disorders					
Crisis Intervention					
Community Re-entry					
Substance Abuse					
Group Treatment					
Standardized Assessment Tools					

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

<b>Prosthetics/Orthotics/Functional Training</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Above Knee prosthetics					
Below Knee Prosthetics					
Upper Extremity Prosthetics					
Dynamic Splints					
Static Splints					
Myofascial Release(MFR)					
Orthoplast					
Serial/Inhibitory Casting					

<b>Adaptive Equipment</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Assessment					
Fabrication					
Functional Activities					
ADLs					
Home Environment					
Pre- Discharge Planning					
Splinting					
Wheelchair					

<b>Vocational Training</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Cognitive Assessment					
Functional Capacity Evaluation					
Job Task Analysis					
Perceptual Assessment					
Work Hardening					
BTE					
Valpar					

<b>Pediatrics</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Developmental Testing					
Neuro Developmental Testing					
Sensory Integrative Testing					
Visual Perceptual Skills Testing					
Discharge Planning					
Equipment Assessment					
Activities of Daily Living					
Wheelchair Positioning Device					
Orthotics					

**Initials** \_\_\_\_\_

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<b>Modalities</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
Biofeedback					
Edema Massage					
Feeding Techniques					
Fluidotherapy					
Muscle Stimulation					
Oral Motor Facilities					
Paraffin Bath					
Therapeutic Pool					
Implement Measure to Initiate Voiding if Distention Occurs					
Interventions for Post-C Sections					

<b>Age Range of Patients Care For</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
Infants and Toddlers (ages 0-3 years)					
Young Children (ages 4-6 years)					
Older Children (ages 7-12 years)					
Adolescents (ages 13-20 years)					
Young Adults (ages 21-39 years)					
Middle Adults (ages 40-64 years)					
Older Adults (ages 65-79 years)					
Adults (80+ years)					

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