



**Physical Therapist Skills Checklist**

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

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

**Level of Efficiency**

**1=No Experience**

**2=Intermittent 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>
Neck Injuries					
Back Syndromes					
Hip Fractures					
Total Joint Replacement/Upper Extremities					
Total Hip Replacement/ Total Knee					
Hand Injury					
TMJ (transmandibular Joint Dysfunction)					
Arthritis Programs					
Mobilization Techniques					

<b>Neurologic</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Adaptive Equipment					
Functional Splinting					
Head Trauma					
Neurosurgery					
Spinal Cord Injury					
Stroke Rehabilitation					

<b>Sports Medicine</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Biodex					
Cybex					
Orthotron					
LIDO					
Nautilus/Eagle					
Bracing Joint Immobilization					
Taping/Strapping					
Strength and Endurance Training					

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<b>Pediatrics</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Neurodevelopmental Testing and Treatment					
Disability Sequence Test					
Orthotics					
Equipment Assessment Adaptive					
Activities of Daily Living					
Early Intervention					
Cerebral Palsy					
Gross Motor Assessment Tools					
Learning Disabled					
Mental Retardation					
Spina Bifida					

<b>Modalities/Manual Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Acuscope					
Biofeedback					
Continuous Passive Motion Machine					
Cryotherapy					
Diathermy					
Craniosacral Therapy					
Electro- acupuncture					
Extremity Mobilization					
Fluidotherapy					
Hot/Cold Packs					
Hydrotherapy					
Hubbard Tank					
Therapeutic Pool					
Whirlpool					
Massage					
Muscle Energy Techniques					
Muscle Stimulation					
Myofascial Release Techniques					
Neuro Probe					
Paraffin					
Spinal Mobilization					
Strain/Counter Strain Techniques					
TENS					
Therapeutic Exercise/Home Programs					
Traction					
Cervical					

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<b>Modalities/Manual Skills (Cont'd)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Lumbar					
Ultrasound					
Wound Dressing					
Vasopneumatic					

<b>Prosthetics/Orthotics</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					
Orthoplast/Aquaplast					
Resting Splints					
Dynamic Splints					
Ankle Foot Orthosis					
Static Splints					
Gait Analysis					
Serial/Inhibitory Casting					

<b>Other</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Work Capacity Evaluation					
Functional Capacity Evaluation					
Cardiac Rehabilitation					
Chest Physiotherapy					
Burn Management					
Geriatrics					
Inservice Education					
Wheelchair/Equipment Assessment					

<b>Computerized Testing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Fatigue Characteristics					
Fiber- Type					
Functional Strength					
Net Muscular Torque					
ROM					
Work- Capacity					

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Areas of Experience	Inpatient		Outpatient	
	Months	Years	Months	Years
General Acute Care				
Rehabilitation Hospital				
Sports Medicine Clinic				
Children's Hospital				
School System				
Home Health Care				
Physician's Office				
Skilled Nursing Facility				

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