

Physical Therapist/Physical Therapy Assistant Skills Self-Assessment

This profile is for use by all Physical Therapists with more than one year's experience in his/her discipline and specialty. Please return this checklist by mail or FAX _____.

Name _____ Signature _____ Date _____

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|--|-------------------------------------|------------------------|
| Directions: Indicate your level of experience by the numbers below as follows: | 1 = Can function independently | 3 = Limited Experience |
| | 2 = Experienced but may need review | 4 = No Experience |

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|--|---|---|---|---|
| Acute | | | | |
| Gait Training | 1 | 2 | 3 | 4 |
| General Medical | 1 | 2 | 3 | 4 |
| General Surgical | 1 | 2 | 3 | 4 |
| Orthopedics | 1 | 2 | 3 | 4 |
| Wound Care | 1 | 2 | 3 | 4 |
| Cardiac | 1 | 2 | 3 | 4 |
| ICU/SICU | 1 | 2 | 3 | 4 |
| Oncology | 1 | 2 | 3 | 4 |
| Geriatrics | 1 | 2 | 3 | 4 |
| Respiratory | 1 | 2 | 3 | 4 |
| Transplants | 1 | 2 | 3 | 4 |
| Neurological: | | | | |
| CVA | 1 | 2 | 3 | 4 |
| SCI | 1 | 2 | 3 | 4 |
| MS | 1 | 2 | 3 | 4 |
| Parkinson's | 1 | 2 | 3 | 4 |
| TBI | 1 | 2 | 3 | 4 |
| Work Hardening | | | | |
| FCE | 1 | 2 | 3 | 4 |
| Work Site Evaluation | 1 | 2 | 3 | 4 |
| Work Hardening | 1 | 2 | 3 | 4 |
| Chronic Pain | | | | |
| NDT | 1 | 2 | 3 | 4 |
| Aquatics | | | | |
| Home Care | | | | |
| Oasis Paperwork | 1 | 2 | 3 | 4 |
| Extended Care | | | | |
| Free Standing | 1 | 2 | 3 | 4 |
| Hospital Based | 1 | 2 | 3 | 4 |
| MDS | 1 | 2 | 3 | 4 |
| RUGS Levels | 1 | 2 | 3 | 4 |
| Pediatrics | | | | |
| Acute | 1 | 2 | 3 | 4 |
| Rehabilitation | 1 | 2 | 3 | 4 |
| School Based | 1 | 2 | 3 | 4 |
| Positioning Aids | 1 | 2 | 3 | 4 |
| Wheelchair Fitting | 1 | 2 | 3 | 4 |
| Neonatal | 1 | 2 | 3 | 4 |
| Outpatient | 1 | 2 | 3 | 4 |
| Oral Motor | 1 | 2 | 3 | 4 |
| Assisted Tech/ Classroom Adaptation | 1 | 2 | 3 | 4 |

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| Rehabilitation | | | | |
| Neurological: | | | | |
| SCI | 1 | 2 | 3 | 4 |
| CVA | 1 | 2 | 3 | 4 |
| TBI | 1 | 2 | 3 | 4 |
| General Medicine/ Deconditioning | 1 | 2 | 3 | 4 |
| Guillane Barre | 1 | 2 | 3 | 4 |
| MS | 1 | 2 | 3 | 4 |
| MD | 1 | 2 | 3 | 4 |
| Ortho | 1 | 2 | 3 | 4 |
| Cardiac/Pulmonary | 1 | 2 | 3 | 4 |
| Amputee | 1 | 2 | 3 | 4 |
| Home Evaluations | 1 | 2 | 3 | 4 |
| Outpatient | | | | |
| Manual Therapy: | | | | |
| Spinal | 1 | 2 | 3 | 4 |
| Extremity | 1 | 2 | 3 | 4 |
| Backs: | | | | |
| McKenzie | 1 | 2 | 3 | 4 |
| Maitland | 1 | 2 | 3 | 4 |
| Other: _____ | 1 | 2 | 3 | 4 |
| Necks: | | | | |
| McKenzie | 1 | 2 | 3 | 4 |
| Maitland | 1 | 2 | 3 | 4 |
| Other: _____ | 1 | 2 | 3 | 4 |
| Knees: | | | | |
| ACL Rehab | 1 | 2 | 3 | 4 |
| Arthroscopic Surgery | 1 | 2 | 3 | 4 |
| Patello-Femoral Disorders | 1 | 2 | 3 | 4 |
| Soft Tissue Trauma | 1 | 2 | 3 | 4 |
| Wound Care | 1 | 2 | 3 | 4 |
| Arthritis | 1 | 2 | 3 | 4 |
| Progressive Strengthening | 1 | 2 | 3 | 4 |
| Orthotics Prescription | 1 | 2 | 3 | 4 |
| Prosthetics Fitting & Training | 1 | 2 | 3 | 4 |
| Sports Medicine | 1 | 2 | 3 | 4 |
| Modalities: | | | | |
| US/Phono | 1 | 2 | 3 | 4 |
| Traction | 1 | 2 | 3 | 4 |
| Heat/Cold | 1 | 2 | 3 | 4 |
| Myofascial Release | 1 | 2 | 3 | 4 |
| Electrical Stimulation | 1 | 2 | 3 | 4 |
| Whirlpool | 1 | 2 | 3 | 4 |

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| Outpatient (cont'd) | | | | |
| Modalities (cont'd): | | | | |
| Iontophoresis | 1 | 2 | 3 | 4 |
| EMG/NCV | 1 | 2 | 3 | 4 |
| Biofeedback | 1 | 2 | 3 | 4 |
| TENS | 1 | 2 | 3 | 4 |
| Isokinetics: | | | | |
| BTE | 1 | 2 | 3 | 4 |
| Cybex Biodex | 1 | 2 | 3 | 4 |
| KinCom | 1 | 2 | 3 | 4 |
| Lido | 1 | 2 | 3 | 4 |
| Documentation | | | | |
| 700 & 701 Forms | 1 | 2 | 3 | 4 |
| MDS Form | 1 | 2 | 3 | 4 |
| My Experience is Primarily In: # of Yrs. | | | | |
| General Acute Care | _____ | | | |
| Rehabilitation Hospital | _____ | | | |
| Skilled Nursing Facility | _____ | | | |
| Home Health Care | _____ | | | |
| Orthopedics | _____ | | | |
| Industrial Medical Clinic | _____ | | | |
| Sports Medicine Clinic | _____ | | | |
| Outpatient Private | _____ | | | |
| Practice Clinic | _____ | | | |
| Children's Hospital | _____ | | | |
| School Systems | _____ | | | |