

Occupational Therapist/Occupational Therapy Assistant Skills Self-Assessment

This profile is for use by all Occupational 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 _____

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

Orthopedics				
Total Hip Replacements	1	2	3	4
Total Knee Replacements	1	2	3	4
UE Joint Replacements	1	2	3	4
Amputation	1	2	3	4
Fractures/Dislocations	1	2	3	4
Trauma Hand Injury	1	2	3	4
Arthritis	1	2	3	4
Back Injury	1	2	3	4
Multi-trauma	1	2	3	4
General Acute Care				
Discharge Planning				
Home Assessment	1	2	3	4
Home Modification/Adaptation	1	2	3	4
Driver Re-education	1	2	3	4
Neurological				
Traumatic Brain Injury	1	2	3	4
CVA/Stroke	1	2	3	4
Spinal Cord Injury	1	2	3	4
Coma Management	1	2	3	4
Peripheral Nerve Injury	1	2	3	4
Reflex Sympathetic Dystrophy	1	2	3	4
Parkinson's	1	2	3	4
Multiple Sclerosis	1	2	3	4
Alzheimer's	1	2	3	4
Cumulative Trauma Disorders	1	2	3	4
Gullian Barre Syndrome	1	2	3	4
ALS	1	2	3	4
Laminectomy	1	2	3	4
Craniotomy	1	2	3	4
Pediatrics				
NICU	1	2	3	4
Congenital Anomalies	1	2	3	4
Cerebral Palsy	1	2	3	4
Spina Bifida	1	2	3	4
Musculoskeletal Disorders	1	2	3	4
Juvenile Rheumatoid Arthritis	1	2	3	4
Arthrogryposis	1	2	3	4
Genetic Conditions	1	2	3	4
Learning Disabilities	1	2	3	4
Peravise Developmental Disorders	1	2	3	4
AIDS	1	2	3	4

Pediatrics (cont'd)				
General Medical Conditions	1	2	3	4
Sensory Integration	1	2	3	4
Orthotics/Prosthetics				
Static Splinting	1	2	3	4
Dynamic Splinting	1	2	3	4
Serial Inhibitory Casting	1	2	3	4
UE Prosthetics Assess/Train	1	2	3	4
LE Prosthetics Assess/Train	1	2	3	4
Hand Therapy				
Modality Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Certified Hand Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Techniques				
Assessments:				
Independent Living Skills/ Life Management Skills	1	2	3	4
Physical	1	2	3	4
Psychosocial	1	2	3	4
ADL	1	2	3	4
Cognitive/Perceptual	1	2	3	4
Sensory	1	2	3	4
Therapeutic Adaptation	1	2	3	4
Positioning	1	2	3	4
Restraint Reduction	1	2	3	4
Home Safety	1	2	3	4
Modalities	1	2	3	4
Treatment:				
Neurodevelopmental	1	2	3	4
Transfer Training	1	2	3	4
ADL Retraining	1	2	3	4
Home Management	1	2	3	4
Post-op Client Education/Precautions	1	2	3	4
Positioning	1	2	3	4
Tone Management	1	2	3	4
Postural Re-education	1	2	3	4
Multi Trauma	1	2	3	4
Work Simplification/ Energy Conservation	1	2	3	4
Sensory Re-education	1	2	3	4
Sensory Integration	1	2	3	4
Manual Therapy	1	2	3	4
Functional Mobility/Retraining	1	2	3	4

Techniques (cont'd)				
Treatment (cont'd):				
Prosthetic Training	1	2	3	4
Valpar	1	2	3	4
BTE	1	2	3	4
Assistive Technology	1	2	3	4
Psychosocial Integration	1	2	3	4
Reflex Management	1	2	3	4
Documentation				
Mental Health	1	2	3	4
Medicare Documentation 700 & 701 Forms	1	2	3	4
PPS	1	2	3	4
MDS Form	1	2	3	4
My Experience is Primarily In: # of Yrs.				
General Acute Care	_____			
Rehabilitation	_____			
Skilled Nursing Facility	_____			
Home Health Care	_____			
Outpatient Services	_____			
Industrial Medical Clinic	_____			
Hand Clinic	_____			
CHT-Certified Hand Therapist	_____			
Children's Hospital	_____			
School Systems	_____			
Psychiatric Hospital	_____			