

# Skills Checklist

## OCCUPATIONAL THERAPIST & ASSISTANT - SKILL CHECKLIST

By accurately filling out this checklist, you will help us match your skills and interests with available assignments.  
Please place an "X" in the column that best describes your experience level with each skill.

### Level of Proficiency:

1. Comfortable With
2. Done Occasionally
3. No Experience

### ORTHOPEDICS

	1	2	3
Arthritis Program . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Ortho . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Injury . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip Fractures . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobilization Techniques . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Hip/Total Knee . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Joint Replacement . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### NEURO

	1	2	3
Cerebral Vascular Accident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Retraining . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Trauma . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Cord Injury . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PEDIATRICS

	1	2	3
Cerebral Palsy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Screening . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurodevelopmental Testing . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spina Bifida . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Perception Testing . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down's Syndrome . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Retardation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### MODALITIES

	1	2	3
Biofeedback . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edema Massage . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding Techniques . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluidotherapy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Motor Facilitation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Stimulation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraffin Bath . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENS . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Massage . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Pool . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PROSTHETICS/ORTHOTICS

	1	2	3
Dynamic Splints . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional Splinting . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LE Prosthetics . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serial/Inhibitory Casting . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Static Splints . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UE Prosthetics . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### OTHER

	1	2	3
Activities of Daily Living . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive Equipment . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burn Management . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving Evaluation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dysphagia . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Conservation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Education . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait Analysis . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Dynamics . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Accessibility . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Task Analysis . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain Management . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perceptual Motor Testing . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Rehab . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of Motion . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensation Testing . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Evaluation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Ordering . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Position Testing . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Capacity Evaluation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Hardening . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### WORK SETTINGS

	1	2	3
General Acute Care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Clinic . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Rehab . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Rehab Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehab Unit in a Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School System . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_