

Skills Checklist

PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT - SKILLS 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

MODALITIES

	1	2	3
Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Passive Motion Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ergometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluidotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot/Cold Packs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hubbard Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myofascial Release Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuromuscular Reeducation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraffin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterilization Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traction - Cervical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traction - Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whirlpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Dressing/Debridement	<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"/>
Coma Patients	<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"/>
Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ORTHO

	1	2	3
Arthritis Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait Training	<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"/>
Neck Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TMJ Dysfunction	<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"/>

PEDIATRICS

	1	2	3
Adaptive Equipment Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Disability Sequencing Test	<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"/>
NDT Bobath Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROSTHETICS & ORTHOTICS

	1	2	3
AK Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amputees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle/Foot Orthosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BK Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bracing/Joint Immobilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dynamic Splinting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthoplast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resting Splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serial/Inhibitor Casting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Static Splinting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UE Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPORTS MEDICINE

	1	2	3
Biodex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cybex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lido	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nautilus/Eagle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotrom/Kinetron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength & Endurance Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER

	1	2	3
AIDS Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burn Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Function Capacity Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inservice Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare "A" Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare "B" Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Employment Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Hardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK SETTINGS

	1	2	3
AGeneral 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: _____