



PHYSICAL THERAPY SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

Instructions: Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

Self-Assessed Experience Rating Scale

1 = No Experience 2 = Minimal Experience 3 = Performs well/competent 4 = Supervise & Teach

	1	2	3	4
ORTHOPEDIC:				
1. Arthritis Programs				
2. Back Syndromes				
3. Hand Injuries				
4. Hip Fractures				
5. Mobilization Techniques				
6. Neck Injuries				
7. Total Hip/Knee Replacement				
8. Total Joint Replacement/upper extremities				
9. Transmandibular Joint Dysfunction				
NEUROLOGIC:				
1. Head trauma				
2. Neurosurgery				
3. Spinal Cord Injuries				
4. Stroke Equipment				
5. Adaptive Equipment				
6. Functional Splinting				
SPORTS MEDICINE:				
1. Biodex				
2. Bracing/Joint Immobilization				
3. Cybex				
4. LIDO				
5. Nautilus/Eagle				
6. Orthotron				
7. Strength and Endurance Training				
8. Taping/Strapping				

	1	2	3	4
MODALITIES/MANUAL SKILLS:				
1. Acuscope				
2. Biofeedback				
3. Continuous Passive Motion Machine				
4. Craniosacral Therapy				
5. Cryotherapy				
6. Diathermy				
7. Electro-acupuncture				
8. Extremity Mobilization				
9. Fluidotherapy				
10. Hot/cold packs				
11. Hubbard tank				
12. Therapeutic pool				
13. Whirlpool				
14. Massage				
15. Muscle energy techniques				
16. Muscle stimulation				
17. Myofacial release techniques				
18. Neuro probe				
19. Paraffin				
20. Spinal Mobili				
21. Strain/counter strain techniques				
22. TENS				
23. Therapeutic exercise/home programs				
24. Cervical traction				
25. Lumbar traction				

Name: _____

Physical Therapy
Knowledge & Skills Checklist (page 2)

MODALITIES/MANUAL CONTINUED	1	2	3	4
26. Ultrasound				
27. Vasopneumatic devices				
28. Wound dressing				
29. NCV; EMG (non-invasive)				
PROSTHETICS/ORTHOTICS				
1. Above knee prosthetics				
2. Ankle foot orthosis				
3. Below knee prosthetics				

	1	2	3	4
EXPERIENCE IN PRIMARY AREAS:				
1. Hospitals				
2. Clinics				
3. Nursing Homes				
4. Home Health				
CERTIFICATIONS	Yes	No	Exp.	
1. BLS				
2. ACLS				
ACCREDITING AGENCY:				
1. FSBPT				
2. OTHER:				

Age Appropriate Nursing Care

Please check the appropriate box(es) for each age group and activity for which you have had experience within the last year.

Age Specific Experiences	Adolescent (13-18 yrs)	Young Adult (19 -39 yrs)	Middle Adults (40-64 yrs)	Older Adult (65+ yrs)
1. Understands the normal growth and development for each age group and adapts care accordingly				
2. Understands the different communication needs for each age group and changes communication methods and terminology accordingly				
3. Understands the different safety risks for each age group and alters the environment accordingly				
4. Understands the different medications, dosages and possible side effects for each age group and administers medications appropriately				

The information I have provided in this knowledge and skills checklist is true and accurate to the best of my knowledge.

Signature

Date