



PHYSICAL THERAPY ASSISTANT 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

Skills:	1	2	3	4
Adult/ Geriatrics				
Neck/ Back Syndromes				
Hip Fractures				
Total Joint Replacement				
Total Hip Replacement				
Hand Injuries				
TMJ				
Arthritis Programs				
Osteoarthritis				
Rheumatoid Arthritis				
Degenerative Joint Disease				
Neurology				
Stroke Rehabilitation				
Head Trauma				
Spinal Cord Injury				
Functional Splinting				
Adaptive Equipment				
Peripheral Nerve Injury				
Multiple Sclerosis				
Parkinson's Disease				
Alzheimer's Disease				

Skills Continued:	1	2	3	4
Cardiopulmonary/ Circulatory				
Cardiac Rehab				
Myocardial Infarction				
Congestive Heart Failure				
Emphysema				
Chronic Obstructive Pulmonary Disease				
Lymphedema				
Peripheral Vascular Disease				
Sports Medicine				
Athletic Injuries				
Recreational Injuries				
Biodex				
Cybex				
Orthotron				
Lido				
Nautilus				
Taping				
Work Place Injury				
Work Hardening				
Work Capacity Evaluation				
Functional Capacity Evaluation				
Ergonomics				

Skills Continued:	1	2	3	4
Carpal Tunnel Syndrome				
Cumulative Trauma				
Stress Disorders				
Prosthetics/ Orthotics				
Above Knee Prosthetics				
Below Knee Prosthetics				
Upper Extremity Prosthetics				
Foot Orthosis				
Splints				
Upper Extremity Splinting				
Static				
Dynamic				
Orthotic Prescriptions				
Modalities/ Procedures				
Mobilization				
Spinal				
Extremity				
Myofacial Release				
Craniosacral Techniques				
Continuous Passive Motion Machine				
Hydrotherapy				
Whirlpool				
Hubbard Tank				
Therapeutic Pool				
Traction				
Cervical				
Lumbar				
Massage				
Ultrasounds				
TENS				
Biofeedback				
Diathermy				
Electrical Stimulation				
Cryotherapy				
Acupressure				
Other				
Wound Management				
Chest PT				
Cancer				
AIDS				
Isolation Precautions				
ICU CCU SICU Procedures				
Skilled Nursing Documentation				
Medicare A				
Medicare B				
Medicaid				
Quality Improvement				
Management Administration				
Pediatrics/ Orthopedics				

Skills Continued:	1	2	3	4
Fractures				
Birth Defects				
Development Diseases of the Bone				
Taping				
Crutch Training				
Modalities				
CPM Machines				
Hydrotherapy				
Neurologic				
Developmental Disabilities Sequencing Test				
Neurodevelopmental Techniques				
Head Injury				
Spinal Cord Injury				
Spasticity Management				
Prosthetics/ Orthotics				
Bracing				
Splinting				
Prosthetics				
Orthotics				
Experience in the Following Practices				
General Acute Care Hospital				
Pediatric Hospital or Clinic				
Rehab				
Home Health				
Skilled Nursing Facilities				
Long Term Care				
Private Practice				
Outpatient Clinics				
Hospice Program				
Corporate Industrial Medical Centers				
Occupational Environment				
Physician's Office				
Sports Injury Treatment Center				
Fitness Center				
Research Center				
Preschool System				
Vocational Rehab				
National Specialization Certification				
Cardiopulmonary				
Clinic Electrophysiology				
Geriatrics				
NDT				
Orthopedics				
Pediatrics				
Sports Physical Therapy				
Athletic Trainer Certified				
Other:				

Education	Degree:
Graduated From	
Graduated From	

Licenses	
License Number	
State	
Expiration	
Comments:	

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed

Signature

Date

Full Name (Print)