



## OCCUPATIONAL THERAPY SKILLS CHECKLIST

Name:

When completing this checklist, please indicate your level of proficiency in each area according to the scale below. Place a check mark in box which best describes your expertise with each skill.

The scale is as follows:

1. Not performed    2. Intermittent experience    3. Very experienced.

### ACCREDITING AGENCY

1. Name of Agency    1    2    3

### ADAPTIVE EQUIPMENT

1. Assessment    1    2    3  
2. Fabrication    1    2    3  
3. Wheelchair    1    2    3  
4. Functional Activities  
    A. Home Environment    1    2    3  
    B. A.D.L.s    1    2    3  
    C. Pre-discharge Planning    1    2    3  
    D. Splinting    1    2    3

### ASSESSMENT & CARE OF PATIENT W/ OR REQUIRING ORTHOPEDIC

1. Hand Injury    1    2    3  
2. Arthritis Programs    1    2    3  
3. Total Joint Replacement/Upper Extremities    1    2    3  
4. Total Hip/Knee Replacement    1    2    3  
5. Hip Fractures    1    2    3  
6. Mobilization Techniques    1    2    3

### CERTIFICATIONS

1. BLS    1    2    3  
2. ACLS    1    2    3

### EQUIPMENT AND PROCEDURES

1. Developmental Disabilities    1    2    3  
2. Home Accessibility    1    2    3  
3. Driving Evaluation    1    2    3

4. Group Dynamics      1    2    3
5. Therapeutic Media    1    2    3
6. Cognitive Retraining    1    2    3
7. Inservice Education    1    2    3
8. Other (Specify)      1    2    3

**EXPERIENCE IN PRIMARY AREAS**

1. Hospitals      1    2    3
2. Clinics      1    2    3
3. Nursing Homes    1    2    3
4. Home Health    1    2    3

**MODALITIES**

1. Biofeedback      1    2    3
2. Muscle Stimulation    1    2    3
3. Fluidtherapy      1    2    3
4. Paraffin Bath      1    2    3
5. Edema Massage      1    2    3
6. Feeding Techniques    1    2    3
7. Oral Motor Facilities    1    2    3
8. Therapeutic Pool    1    2    3
9. TENS      1    2    3

**NEUROLOGIC**

1. Stroke Rehabilitation    1    2    3
2. Head Trauma      1    2    3
3. Spinal Cord Injury
  - A. Functional Splinting    1    2    3
  - B. Adaptive Equipment    1    2    3
  - C. Wheelchair Evaluation    1    2    3

**OTHER**

1. Work Capacity Evaluation    1    2    3
2. Work Hardening
  - A. BTE      1    2    3
  - B. Valpar    1    2    3
3. Job Task Analysis    1    2    3
4. Cardiac Rehabilitation    1    2    3
5. Burn Management      1    2    3
6. Back Injuries      1    2    3

**PEDIATRICS**

1. Neurodevelopmental Testing    1    2    3
2. Developmental Testing    1    2    3

- 3. Sensory Integrative Testing      1    2    3
- 4. Visual Perceptual Skills Testing    1    2    3
- 5. Orthotics      1    2    3
- 6. Equipment Assessment
  - A. Wheelchair Positioning Device      1    2    3
  - B. Activities of Daily Living      1    2    3

**PROSTHETICS/ORTHOTICS/FUNCTIONAL TRAINING**

- 1. Above Knee Prosthetics      1    2    3
- 2. Below Knee Prosthetics      1    2    3
- 3. Upper Extremity Prosthetics    1    2    3
- 4. Orthoplast      1    2    3
- 5. Static Splints      1    2    3
- 6. Dynamic Splints      1    2    3
- 7. Serial/Inhibitory Casting      1    2    3

**PSYCHIATRIC**

- 1. Standardized Assessment Tools    1    2    3
- 2. Group Treatment      1    2    3
- 3. Substance Abuse      1    2    3
- 4. Crisis Intervention      1    2    3
- 5. Acute Disorders      1    2    3
- 6. Chronic Disorders      1    2    3
- 7. Community Re-entry      1    2    3
- 8. Depression      1    2    3

**VOCATIONAL TRAINING**

- 1. Perceptual Assessment      1    2    3
- 2. Cognitive Assessment      1    2    3
- 3. Work Hardening      1    2    3
- 4. Functional Capacity Evaluation    1    2    3

Please list any additional skills, training, or equipment:

My Experience is primarily in	Number of Years
General Acute Care	
Rehab Clinic	
Rehabilitation Hospital	
Children's Hospital	
School System	
Home Health Care	

