Physical Therapist Skills Checklist

Professional Experience Only

Name _____ Date _____

Please list any special certifications you have:

_____

_____

Please indicate how many months or years of professional work experience you have in each of the following settings. If you do not have any work experience in a category, please indicate "0". Write "C" next to the number if experience was in your clinical or internship only.

GENERAL WORK SETTING EXPERIENCE:

Work Setting	Length of Time	Work Setting	Length of Time	Work Setting	Length of Time	Work Setting	Length of Time
Hospital- General Acute		NICU		Day Rehab		University College	
Hospital- Trauma Acute		Peds- Inpatient		Home Health Adults		Research	
Hospital- Sub-Acute		Peds- Outpatient Ortho		Home Health Peds		Long Term Acute Care	
Hospital- Inpatient Rehab		Peds- Outpatient Developmental		Industrial Rehab		Group Homes	
Hospital- Outpatient Neuro		Early Intervention		Workers' Comp		Skilled Nursing Facility	
Hospital- Outpatient Ortho		Headstart Program		Fitness Center		Assisted Living	
Outpatient- Sports Medicine		Schools (K-12)		Professional Sports		Community Program	

Please use the key below for the remainder of this checklist. Check the appropriate box that best describes your skill level in each of the following categories:

A. No experience
B. Clinical experience only
C. Intermittent/previous experience
D. Less than 2 years of experience
E. 2+ years of experience
F. 10+ years of experience/can teach

AGE SPECIFIC PRACTICE:

AREA	A	B	C	D	E	F	AREA	A	B	C	D	E	F
Newborn (birth-30 days)							School Age (5-12 years)						
Infant (30 days-1 year)							Adolescents (12-18 years)						
Toddler (1-3 years)							Adults						
Preschooler (3-5 years)							Geriatrics						

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GENERAL EXPERIENCE:

NEUROLOGICAL	A	B	C	D	E	F	SPECIALITIES	A	B	C	D	E	F
Brain Tumor							Aqua Therapy						
Cerebral Vascular Accident (CVA)							Burn Management						
Neurodevelopment Disorders							Craniosacral Therapy						
Parkinson's							Ergonomic Training						
Spasticity Management							Industrial Rehabilitation						
Spinal Cord Injury (SCI)							Manual Therapy						
Traumatic Brain Injury (TBI)							Wound Debridement						
ORTHOPEDIC	A	B	C	D	E	F	OTHER	A	B	C	D	E	F
Arthritis							AIDS/HIV						
Back Injuries							Amputee						
Fractures							Cancer						
Hands- Nerve Injury							Cardiac Rehabilitation						
Hands- Tendon Repair							Cognitive Rehabilitation						
Neck Injury							Developmental Disabilities						
Orthotics Prescription							Education- Family						
Prosthetics Fitting and Training							Education- Patient						
Progressive Strengthening							Gait Disorders						
Osteoporosis							Musculoskeletal Conditions						
Shoulder Injury							PPS						
Sports Injury							RUGS						
Temporal Mandibular Joint Dysfunction							Student Supervision						
Total Hip/Knee Replacement							Vent/Trache						

MODALITIES/TREATMENT TECHNIQUES/ASSESSMENTS/EVALUATIONS:

AREA	A	B	C	D	E	F	AREA	A	B	C	D	E	F
Adaptive Equipment							Muscle Stimulation						
Biofeedback							Myofascial Release						
Bracing							NDT						
BTE							Orthotics						
CPM							Paraffin Bath						
Crutch Training							Prosthetics						
Cryotherapy							Splints						
Edema Massage							Taping						
Energy Conservation							Traction						
Fluidotherapy							TENS						
Hydrotherapy							Ultrasound						
Joint Mobilization							Valpar						
Mckenzie							Work Capacity Evaluation						
Maitland													

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PEDIATRICS:

AREA	A	B	C	D	E	F	AREA	A	B	C	D	E	F
ADD/ADHD							Emotionally Impaired						
Asperger's Syndrome							Hearing Impaired						
Autism Spectrum							IEP Development						
Behavioral Difficulties							General Weakness						
Cerebral Palsy							Medical Model/Private Practice/Outpt.						
Cognitively Impaired							NICU						
Coordination Disorder							Orthopedic						
Degenerative Disorder							Physical Disabilities						
Developmental Delay							Sensory Processing Deficits/Sensory Motor						
Down's Syndrome							Spina Bifida						
Educational Model/Schools							Visually Impaired						

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PEDIATRIC ASSESSMENTS/EVAULATIONS/TECHNIQUES:

AREA	A	B	C	D	E	F	AREA	A	B	C	D	E	F
Adaptive Equipment							Orthopedic Treatments						
Bracing							Orthotics						
Gait Training							Prosthetics						
Gross Motor Assessments Tools							Standardized Tests						
Mobilization Techniques							Strengthening						
Neurodevelopment Techniques (NDT)							Walker Assessments/Training						
Orthopedic Assessments							Wheelchair Assessments/Training						

Please add any additional skills that you feel would help CCI find the proper placement for you:

_____

_____

I verify that this statement of my work experience is accurate to the best of my knowledge. CCI may utilize this information to make the appropriate placements for me. I also give permission for CCI to release this survey to potential clients, upon request, during the assignment process.

_____
Signature

_____ _____
Name (please print) Date