



Physical Therapy Skills Checklist

This skills checklist is to be used by Physical Therapist with more that two years experience in their specialty. It will be utilized by healthcare facilities as a determining factor in assignment approval and for skill assessment while on assignment. Please complete all sections thoroughly and accurately. This document will remain a permanent part of your HR file with Solutions Staffing until it is amended or replaced.

Date _____ Name (*print*) _____

Key to Competency Levels

0 – No Experience **1** – Minimal experience, need review and supervision, have performed at least once **2** – Comfortable performing with resource available **3** – Competent to perform independently and safely **4** – Expert, able to act as resource to others

Orthopedic	0	1	2	3	4
Arthritis Programs					
Back Syndromes					
Hand Injury					
Neck Injuries					
Hip Fractures					
Mobilization Techniques					
Therapeutic Exercise					
Total Hip / Knee Replacement					
Total Joint Replacement / Upper Extremities					
Transmandibular Joint Dysfunction					
Neurological	0	1	2	3	4
Head Trauma					
Neurosurgery					
Spinal Cord Injury					
Stroke Rehabilitation					
Adaptive Equipment					
Functional Splinting					
Sports Medicine	0	1	2	3	4
Biodex					
Bracing / Joint Immobilization					
Cybex					
LIDO					
Nautilus / Eagle					
Orthotron					
Strength and Endurance Training					
Taping / Strapping					
Prosthetics / Orthotics	0	1	2	3	4
Above the Knee Prosthetics					

Below the Knee Prosthetics					
Dynamic Splints					
Gait Analysis					
Orthoplast / Aquaplast					
Serial / Inhibitory Casting					
Static Splints					
Upper Extremity Prosthetics					
Resting Splints					
Ankle/Foot Orthosis					
Pediatrics	0	1	2	3	4
Cerebral Palsy					
Early Intervention					
Activities of Daily Living					
Adaptive					
Neurodevelopmental Treatment					
Orthotics					
Sensory Integrative Testing					
Gross Motor Assessment Tools					
Learning Disabled					
Mental Retardation					
Spina Bifida					
Modalities / Manual Skills	0	1	2	3	4
Acuscope					
Biofeedback					
Continuous Passive Motion Machine					
Cryotherapy					
Diathermy					
Electro - Acupuncture					
Extremity Mobilization					
Fluidotherapy					
Hot / Cold Packs					
Hydrotherapy					
Hubbard Tank					
Therapeutic Pool					
Whirlpool					
Massage					
Muscle Energy Techniques					
Muscle Stimulation					
Myofascial Release Techniques					
TENS					
Therapeutic Exercise / Home Programs					
Traction					
Cervical					
Lumber					

Ultrasound					
Vasopneumatic Devices					
Wound Dressing					
Computerized Testing	0	1	2	3	4
Fatigue - Characteristics					
Fiber - Type					
Functional Strength					
Net Muscular Torque					
ROM					
Work - Capacity					
Other	0	1	2	3	4
Burn Management					
Cardiac Rehabilitation					
Chest Physiotherapy					
Functional Capacity Evaluation					
Geriatrics					
In-Service Education					
Wheelchair / Equipment Assessment					
Work Capacity Evaluation					

Age Specific Practice Criteria	0	1	2	3	4
Able to adapt care to incorporate normal growth and development:					
Newborn / Neonate (Birth - 30 Days)					
Infant (30 Days - 1 Year)					
Toddler (1 - 3 Years)					
Preschooler (3 - 5 Years)					
School Age Children (5 - 12 Years)					
Adolescents (12 - 18 Years)					
Young Adults (18 - 39 Years)					
Middle Adults (39 - 64 Years)					
Older Adults (64+)					
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level:					
Newborn / Neonate (Birth - 30 Days)					
Infant (30 Days - 1 Year)					
Toddler (1 - 3 Years)					
Preschooler (3 - 5 Years)					
School Age Children (5 - 12 Years)					
Adolescents (12 - 18 Years)					
Young Adults (18 - 39 Years)					
Middle Adults (39 - 64 Years)					

Older Adults (64+)						
Can ensure a safe environment reflecting specific needs of various age groups						
Newborn / Neonate (Birth - 30 Days)						
Infant (30 Days - 1 Year)						
Toddler (1 - 3 Years)						
Preschooler (3 - 5 Years)						
School Age Children (5 - 12 Years)						
Adolescents (12 - 18 Years)						
Young Adults (18 - 39 Years)						
Middle Adults (39 - 64 Years)						

Please read and agree to the statements below by marking the checkbox

* I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize Solutions Staffing Inc. to release this Physical Therapy Checklist to the client facilities in relation to consideration of employment as a traveler with those facilities, as indicated by my signature below.

Signature : _____ Date: _____