



Name _____ Date _____

*Please indicate your level of experience next to each skill in order to accurately match your skills and interests with the available assignments of our clients.

(1) Theory, no proactive, (2) Intermittent experience , (3) One-Two years experience (4) Two plus years experience

PT

Skills Checklist and Age Specific Test

Orthopedic	1	2	3	4		1	2	3	4
Arthritis Program					Hydrotherapy				
Back Syndromes					Hubbard tank				
Hand injury					Therapeutic pool				
Hip fracture					Whirlpool				
Mobilization techniques					Muscle stimulation				
Neck injuries					Myofascial release techniques				
Total hip/knee replacement					Neuro probe				
Total joint replacement/upper extremities					Therapeutic exercise/home programs				
Transmandibular joint dysfunction					Strain/counter strain techniques				
Neurologic					Spinal mobilization				
Head trauma					TENS				
Neurosurgery					Paraffin				
Spinal cord injury					Traction				
Stroke rehabilitation:					Cervical				
Adaptive Equipment					Lumbar				
Functional splinting					Ultrasound				
Sports Medicine					Vasopneumatic devices				
Biodex					Wound dressing				
Bracing/joint immobilization					Prosthetics/Orthotics				
Cybex					Above knee prosthetics				
LIDO					Ankle foot orthotics				
Nautilus/Eagle					Below knee prosthetics				
Orthotron					Dynamic splints				
Strength & endurance training					Gait analysis				
Taping/strapping					Orthoplast/aquaplast				
Modalities/Manual Skills					Serial/inhibitory				
Acuscope					Static splints				
Biofeedback					Upper extremity prosthetics				
Continuous passive motion machine					Pediatrics				
Craniosacral therapy					Cerebral Palsy				
Cryotherapy					Early Intervention				
Diathermy					Equipment assessment				
Electro-acupuncture					Activities of daily living				
Extremity mobilization					Adaptive				
Fluidotherapy					Gross motor assessment tools				
Hot/cold packs					Learning disabled				
Massage					Mental retardation				
Muscle energy techniques					Neurodevelopmental treatment				

	1	2	3	4		1	2	3	4
Orthotics					Other				
Spina bifida					Burn management				
Computerized Testing					Cardiac rehabilitation				
Fatigue-characteristics					Chest physiotherapy				
Fiber-type					Computerized charting				
Functional strength					Functional capacity evaluation				
Net muscular torque					Geriatrics				
ROM					In-service education				
Work capacity					Wheelchair/equipment assessment				
					Work capacity evaluation				

Check the boxes below for each age group that you have experience in providing age-appropriate care.

Age Specific Practice Criteria		
A. Newborn/Neonate (birth-30days)	D. Preschooler (3-5 years)	G. Young adults (18-39 years)
B. Infant (30 days – 1 year)	E. School age children (5-12 years)	H. Middle adults (39-64 years)
C. Toddler (1-3 years)	F. Adolescent (12-18 years)	I. Older adults (64+ years)

Experience with Age Groups:	A	B	C	D	E	F	G	H	I
Able to adapt care to incorporate normal growth and development									
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level									
Can ensure a safe environment reflecting specific needs of various age groups									

I, _____, certify that all of the information on this checklist/test is true and complete to the best of my knowledge.

Signature: _____

Date: _____