PTA
Skills Checklist

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) Independent, (2) Requires Supervision , (3) Have never done (NA) does not pertain to my level of certification

Signature _____

BACKGROUND	**1**	**2**	**3**	**NA**		**1**	**2**	**3**	**NA**
Rehab Clinic					Strength Endurance Train.				
Rehab Hospital					**MODALITIES/SKILLS**				
Skilled Nursing Care Facility					Muscle Stimulation				
Sport Medicine Clinic					Paraffin Bath				
Children's Hospital					Acuscope				
General Acute Care Facility					Biofeedback				
School Setting					Continuous Passive Machine				
Inpatient					Crainosacral Therapy				
Outpatient					Diathermy				
ORTHOPEDIC					Electro-acupuncture				
Arthritis Programs					Extremity Mobilization				
Hip Fractures					Fluidotherapy				
Backs					Hot/Cold Packs				
Hand Injuries					Hubbard Tank				
Mobilization Techniques					Therapeutic Pool				
Total Joint Replacement					Whirlpool				
Total Hip/Knee Replacement					Massage				
Transmandibular Joint Dysfunction					Muscle Energy Techniques				
Neck Injuries					Myofascial Release Techniques				
NEUROLOGIC					Neuro Probe				
Head Trauma					Strain/Counterstrain Techniques				
Stroke Rehabilitation					Spinal Mobilization				
Neurosurgery					TENS				
Spinal Cord Injuries					Cervical Traction				
Adaptive Equipment					Lumbar Traction				
Functional Splinting					Ultrasound				
PEDIATRICS					Wound Dressing				
Orthotics					**PROSTHETICS/ORTHOTICS**				
Neurodevelopmental Treatment					Above Knee Prosthetics				
Early Intervention					Below Knee Prosthetics				
Equipment Assessment					Ankle/Foot Orthosis				
SPORTS					Upper Extremity Prosthetics				
Biodex					**OTHER**				
Bracing/Joint Immobilization					Cardiac Rehab				
Cybex					Wheelchair Assesment				
Lido					Burn Management				
Nautilus/Eagle					Inservice Education				
Orthotron									