Physical Therapy Skills Checklist

NAME Last	First	Initial	License No.
Signature of evaluator:			Date

INSTRUCTIONS TO EMPLOYEE: Use the following answer key to indicate the extent of your "previous experience."
(1) NEED INSTRUCTIONS & SUPERVISION (2) NEED REVIEW (3) FEEL COMPETENT TO PERFORM WITHOUT SUPERVISOR (4) FEEL COMPETENT TO ORIENT OTHERS

Procedures	Previous experience	Competency Verbal/Demo Date/Initial	Comments	Procedures	Previous experience	Competency Verbal/demo Date/Initial	Comments
EVALUATION				**USE OF THERAPEUTIC MODALITIES (CON'T)**			
Muscle Test				Hot Pack			
Geniometry				Cold Pack			
Postural Evaluation				Ice Massage			
Neurological Evaluation				Massage			
Joint Integrity				**USE OF THERAPEUTIC EXERCISE**			
Pain Evaluation				Active, Active Assistive, Resistive, Passive			
Directive of Exercise/Activity on Cardiopulmonary Function				Facilitation-inhibition Techniques Graded cardiopulmonary Exercises			
Functional mobility Evaluation							
USE OF THERAPEUTIC MODALITIES				**FUNCTIONAL MOBILITY TRAINING**			
Ultrasound				Gait Training			
Phonophoresis				Transfer Training			
Electrotherapy for muscle re-ed				*ADLTraining			
Electrotherapy for Pain Control				Body Mechanics/Posture Training			
Electrotherapy for Edema Control				**CORRECT FITTING AND TRAINING IN USE OF**			
Electrotherapy to Improve Circulation				*UE Prosthesis			
Infrared				LE Prosthesis			
Ultraviolet				*UE Orthotics			
Traction				LE Orthotics			
Paraffin				Wheelchair			

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