

## COMPETENCY ASSESSMENT SKILLS CHECKLIST— PHYSICAL THERAPIST ASSISTANT

Name: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Self Assessment				Competency for the Physical Therapist Assistant	Proficiency Required	Evaluation Method	Competency Validation Indicated by Preceptors Initials and Date
Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				<b>A. Demonstrates ability to process paperwork and associated functions necessary to facilitate:</b>			
				1. Knowledge of Assessment Process:			
				a. Assesses response to treatment			
				b. Other:			
				2. Documentation Skills: (accurate, legible, timely, and complete)			
				a. Progress Notes, flow charts			
				b. Incident/Variance reporting			
				c. Other:			
				3. Adheres to POC:			
				a. Reviews POC prior to care			
				b. Performs services as ordered			
				c. Documents according to POC			
				d. Communicates/coordinates as appropriate			
				e. Other:			
				4. Knowledge of Medicare/State Guidelines:			
				a. Criteria for participation			
				b. Skilled reimbursable visit			
				c. Other:			
				5. Reports and documents key information to Physician, DC planner, Clinician, Pharmacist, Supervisor			
				6. Participates as team member			

Self Assessment				Competency for the Physical Therapist Assistant	Proficiency Required	Evaluation Method	Competency Validation Indicated by Preceptors Initials and Date
Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				7. Submits written summary reports as indicated			
				8. Attends/participates in case conference as required			
				9. Supply/HME requisition and management			
				10. Infection Control Practices:			
				a. Hand washing			
				b. Personal protective equipment			
				c. Exposure control plan			
				d. Equipment care, as appropriate			
				e. Other:			
				11. Patient home safety			
				12. Other:			
				<b>B. Patient Education</b>			
				1. Develops/implement teaching plan			
				2. Evaluates effectiveness of teaching			
				3. Documents patient response			
				4. Other:			
				<b>C. Clinical Skills—General</b>			
				1. Vital Signs/I&O			
				2. Other:			
				<b>D. Skilled Treatments/Interventions</b>			
				1. Perform therapeutic exercises:			
				a. Active			
				b. Passive			
				c. Strengthening and endurance			
				d. Other:			
				2. Transfer Activities			
				3. Mobilization:			

Self Assessment				Competency for the Physical Therapist Assistant	Proficiency Required	Evaluation Method	Competency Validation Indicated by Preceptors Initials and Date
Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				a. Bed mobility			
				b. Gait training			
				c. Other:			
				4. Use of Physical agents:			
				a. Ultrasound			
				b. Hot/cold packs			
				c. TENS\FES			
				d. Massage			
				e. Other:			
				5. Prosthetic Training:			
				a. Care of prosthesis			
				b. Stump conditioning			
				c. Other:			
				6. Assistive Devices:			
				a. Fit/adjustment			
				b. Gait training			
				c. Safety			
				d. Other:			
				7. Fabricates orthotic device, instructs in use			
				8. Other:			

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Comments:

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Employee Signature

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Date

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Supervisor Signature

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Date

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Preceptor(s)

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Date

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Preceptor(s)

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Date

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Preceptor(s)

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Date