

Physical Therapy Skills Checklist

NAME	Last	First	Initial	License No.
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Signature of evaluator:	Date
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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
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EVALUATION	USE OF THERAPEUTIC MODALITIES (CON'T)
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Muscle Test				Hot Pack			
Geniometry				Cold Pack			
Postural Evaluation				Ice Massage			
Neurological Evaluation				Massage			

USE OF THERAPEUTIC EXERCISE

Joint Integrity				Active, Active Assistive, Resistive, Passive			
Pain Evaluation				Facilitation-inhibition Techniques			
Directive of Exercise/Activity on Cardiopulmonary Function				Graded cardiopulmonary Exercises			
Functional mobility Evaluation							

USE OF THERAPEUTIC MODALITIES	FUNCTIONAL MOBILITY TRAINING
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Ultrasound				Gait Training			
Phonophoresis				Transfer Training			
Electrotherapy for muscle re-ed				*ADL Training			
Electrotherapy for Pain Control				Body Mechanics/Posture Training			

CORRECT FITTING AND TRAINING IN USE OF
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Electrotherapy to Improve Circulation				*UE Prosthesis			
Infrared				LE Prosthesis			
Ultraviolet				*UE Orthotics			
Traction				LE Orthotics			
Paraffin				Wheelchair			