



Occupational Therapy Skills Checklist

Please rate your experience / frequency (within the last year) using the following scale (check the appropriate boxes below):

Experience Scale:

- 0 - No Experience / Theory Only
- 1 - Limited Experience / Need Review
- 2 - Frequent Experience / May Need Some Review
- 3 - Experienced / Perform Well

Frequency Scale:

- 0 - Observed Only / Never Done
- 1 - Rarely Done (<6 times/year)
- 2 - Occasionally Done (1-2 times/month)
- 3 - Frequently Done (daily or weekly)

Name _____ Date _____

Years of Experience - Adult _____ Pediatric _____ Combined _____

OT _____ OT Assistant _____

Signature: _____

Experience Frequency

Experience Frequency

ORTHOPEDIC

Arthritis programs								
Energy conservation	0	1	2	3	0	1	2	3
Joint Protection	0	1	2	3	0	1	2	3
Hand Injury	0	1	2	3	0	1	2	3
Hip Fractures	0	1	2	3	0	1	2	3
Mobilization techniques	0	1	2	3	0	1	2	3
Therapeutic exercise	0	1	2	3	0	1	2	3
Total hip/knee replacement	0	1	2	3	0	1	2	3
Total joint replacement/upper extremities	0	1	2	3	0	1	2	3

NEUROLOGICAL

CVA	0	1	2	3	0	1	2	3
Head Trauma	0	1	2	3	0	1	2	3
Peripheral nerve injuries	0	1	2	3	0	1	2	3
Spinal Cord Injury	0	1	2	3	0	1	2	3
Adaptive equipment	0	1	2	3	0	1	2	3
Functional splinting	0	1	2	3	0	1	2	3
Wheelchair evaluation	0	1	2	3	0	1	2	3
Stroke rehabilitation	0	1	2	3	0	1	2	3

PSYCHIATRIC

Acute disorders	0	1	2	3	0	1	2	3
Chronic disorders	0	1	2	3	0	1	2	3
Community re-entry	0	1	2	3	0	1	2	3
Crisis intervention	0	1	2	3	0	1	2	3
Group treatment	0	1	2	3	0	1	2	3
Standardized assessment tools	0	1	2	3	0	1	2	3
Substance abuse	0	1	2	3	0	1	2	3

PROSTHETICS/ORTHOTICS/

FUNCTIONAL TRAINING

Above knee prosthetics	0	1	2	3	0	1	2	3
Below knee prosthetics	0	1	2	3	0	1	2	3
Dynamic splints	0	1	2	3	0	1	2	3
Myofascial release (MFR)	0	1	2	3	0	1	2	3
Orthoplast	0	1	2	3	0	1	2	3
Serial/inhibitory casting	0	1	2	3	0	1	2	3
Static splints	0	1	2	3	0	1	2	3
Upper extremity prosthetics	0	1	2	3	0	1	2	3

ADAPTIVE EQUIPMENT

Assessment	0	1	2	3	0	1	2	3
Fabrication	0	1	2	3	0	1	2	3
Functional activities								
ADLs	0	1	2	3	0	1	2	3
Home environment	0	1	2	3	0	1	2	3
Pre-discharge planning	0	1	2	3	0	1	2	3
Splinting	0	1	2	3	0	1	2	3
Wheelchair	0	1	2	3	0	1	2	3

VOCATIONAL TRAINING

Cognitive assessment	0	1	2	3	0	1	2	3
Functional capacity evaluation	0	1	2	3	0	1	2	3
Job task analysis	0	1	2	3	0	1	2	3
Perceptual assessment	0	1	2	3	0	1	2	3
Work hardening								
BTE	0	1	2	3	0	1	2	3
Valpar	0	1	2	3	0	1	2	3

PEDIATRICS

Developmental testing	0	1	2	3	0	1	2	3
Discharge planning (referral & resources)	0	1	2	3	0	1	2	3
Equipment assessment	0	1	2	3	0	1	2	3
Activities of daily living	0	1	2	3	0	1	2	3
Wheelchair positioning device	0	1	2	3	0	1	2	3
Neurodevelopmental testing	0	1	2	3	0	1	2	3
Orthotics	0	1	2	3	0	1	2	3
Sensory integrative testing	0	1	2	3	0	1	2	3
Visual perceptual skills testing	0	1	2	3	0	1	2	3

MODALITIES

Biofeedback	0	1	2	3	0	1	2	3
Edema massage	0	1	2	3	0	1	2	3
Feeding techniques	0	1	2	3	0	1	2	3
Fluidotherapy	0	1	2	3	0	1	2	3
Muscle stimulation	0	1	2	3	0	1	2	3
Oral motor facilities	0	1	2	3	0	1	2	3
Paraffin bath	0	1	2	3	0	1	2	3
Therapeutic pool	0	1	2	3	0	1	2	3

