



Physical Therapy Skills Checklist

Name _____ Date _____
 Years of Experience - Adult _____ Pediatric _____ Combined _____
 PT _____ PT Assistant _____
 Signature: _____

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)

Experience Frequency

ORTHOPEDIC

Arthritis programs	0	1	2	3	0	1	2	3
Back Syndromes	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
Neck Injuries	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
Transmandibular joint dysfunction	0	1	2	3	0	1	2	3

NEUROLOGIC

Head trauma	0	1	2	3	0	1	2	3
Neurosurgery	0	1	2	3	0	1	2	3
Spinal Cord Injury	0	1	2	3	0	1	2	3
Stroke rehabilitation	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

SPORTS MEDICINE

Biodex	0	1	2	3	0	1	2	3
Bracing/joint immobilization	0	1	2	3	0	1	2	3
Cybox	0	1	2	3	0	1	2	3
LIDO	0	1	2	3	0	1	2	3
Nautilus/Eagle	0	1	2	3	0	1	2	3
Orthotron	0	1	2	3	0	1	2	3
Strength and endurance training	0	1	2	3	0	1	2	3
Taping/strapping	0	1	2	3	0	1	2	3

MODALITIES/MANUAL SKILLS

Acuscope	0	1	2	3	0	1	2	3
Biofeedback	0	1	2	3	0	1	2	3
Continuous passive motion machine	0	1	2	3	0	1	2	3
Craniosacral therapy	0	1	2	3	0	1	2	3
Cryotherapy	0	1	2	3	0	1	2	3
Diathermy	0	1	2	3	0	1	2	3
Electro-acupuncture	0	1	2	3	0	1	2	3
Fluidotherapy	0	1	2	3	0	1	2	3
Hot/Cold packs	0	1	2	3	0	1	2	3

Experience Frequency

MODALITIES/MANUAL SKILLS Cont.

Hydrotherapy																
Hubbard tank	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Therapeutic pool	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Whirlpool	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Massage	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Muscle energy techniques	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Muscle Stimulation	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Myofascial release techniques	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Neuro probe	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Paraffin	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Spinal Mobilization	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Strain/counter strain techniques	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
TENS	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Therapeutic exercise/home programs	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Traction																
Cervical	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Lumbar	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Ultrasound	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Vasopneumatic devices	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Wound dressing	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

PROSTHETICS/ORTHOTICS

Above knee prosthetics	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Ankle foot orthosis	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Below knee prosthetics	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Dynamic splints	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Gait analysis	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Orthoplast/aquaplast	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Resting splints	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Serial/inhibitory casting	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Static splints	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Upper extremity prosthetics	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

