

DATE _____

OCCUPATIONAL THERAPIST SKILLS/PROFICIENCY CHECKLIST

NAME _____

Indicate what you feel your level of comprehension toward the following equipment is by placing a circle around the appropriate box.

1 - LEAST level of comprehension 4 - HIGHEST level of comprehension

WORK SETTINGS

- 1 2 3 4 General Acute Care
- 1 2 3 4 Rehabilitation Unit in Hospital
- 1 2 3 4 Rehabilitation Hospital
- 1 2 3 4 Pediatric Rehab. Hospital/Clini
- 1 2 3 4 School System
- 1 2 3 4 Home Health Care
- 1 2 3 4 Outpatient Clinic
- 1 2 3 4 Nursing Home
- 1 2 3 4 Day Care Center/Service
- 1 2 3 4 Private Practice
- 1 2 3 4 Psychiatric Hospital

ADULT PHYSICAL DISABILITIES

- 1 2 3 4 Stroke Rehab.
- 1 2 3 4 Coma Management
- 1 2 3 4 Head Trauma
- 1 2 3 4 Cognitive Rehab.
- 1 2 3 4 Spinal Cord Injury
- Amputee
 - 1 2 3 4 Upper Extremity
 - 1 2 3 4 Lower Extremity
- 1 2 3 4 Orthopedic Injury
- Hand Injury
 - 1 2 3 4 Nerve Injury
 - 1 2 3 4 Tendon Repair
- 1 2 3 4 Reattachment
- 1 2 3 4 Cardiac Rehab.
- 1 2 3 4 Burn Management

ADAPTIVE EQUIPMENT

- 1 2 3 4 Assessment
- 1 2 3 4 Fabrication
- Wheelchair
 - 1 2 3 4 Seating
 - 1 2 3 4 Ordering

SUPERVISORY ROLES

- Chief/Director _____
- Supervisor _____
- Student Supervisor _____
- Consultant _____

AGE GROUPS TREATED

- 0 - 5 Years _____
- 6 - 18 Years _____
- 18 - 40 Years _____
- 40 - 65 Years _____
- 65 Years _____

PEDIATRICS

- 1 2 3 4 Early Intervention
- 1 2 3 4 NICU Treatment
- 1 2 3 4 Neurodevelopmental Treatment
- 1 2 3 4 Sensory Integrative Treatment
- 1 2 3 4 Developmental Delay
- 1 2 3 4 Mental Retardation
- 1 2 3 4 Cerebral Palsy
- 1 2 3 4 Learning Disabled
- 1 2 3 4 Spina Bifada

ORTHOPTICS/PROSTHETICS

- 1 2 3 4 Upper Extremity Prosthetics
- 1 2 3 4 Static Splinting
- 1 2 3 4 Dynamic Splinting
- 1 2 3 4 Serial/Inhibitory Casting

PSYCHIATRY

- 1 2 3 4 Standardized Assessments
- 1 2 3 4 Group Treatment
- 1 2 3 4 Substance Abuse
- 1 2 3 4 Crisis Intervention
- 1 2 3 4 Acute Disorders
- 1 2 3 4 Chronic Disorders
- 1 2 3 4 Community Re-entry

PREVOCATIONAL TRAINING

- 1 2 3 4 Perceptual Assessment
- 1 2 3 4 Cognitive Assessment
- 1 2 3 4 Work Hardening
- 1 2 3 4 Myofascial Release Techniques
- 1 2 3 4 Joint Mobilization
- 1 2 3 4 TENS
- 1 2 3 4 Biofeedback
- 1 2 3 4 Fluidotherapy
- 1 2 3 4 Inservice Education

CERTIFICATION

- NDT for Adult Hemiplegia _____
- NDT for Pediatric/CP _____
- Sensory Integration _____
- UE Prosthesis _____
- AOTA Certification # _____

Licenses _____

Additional Skills _____

Name (Please Print) _____ Date _____

Signature _____