

ALL HEALTH STAFFING

Occupational Therapy and Occupational Therapy Assistant Skills Checklist

Printed name: _____ **(OTR / COTA)**

Please indicate your level of expertise according to the legend outlined below:

- | | |
|--------------------------------------|---|
| 1) No experience | 2) Less than one year experience |
| 3) One year of consistent experience | 4) Two or more years of consistent experience |
| | 5) Able to teach and supervise |

ORTHOPAEDIC

- | | |
|--|-------|
| 1. Arthritis programs | _____ |
| A. Energy conservation | _____ |
| B. Joint protection | _____ |
| 2. Hand injury | _____ |
| 3. Hip fractures | _____ |
| 4. Mobilization techniques | _____ |
| 5. Therapeutic exercise | _____ |
| 6. Total hip/knee replacement | _____ |
| 7. Total joint replacement/upper extremities | _____ |

NEUROLOGICAL

- | | |
|------------------------------|-------|
| 1. CVA | _____ |
| 2. Head trauma | _____ |
| 3. Peripheral nerve injuries | _____ |
| 4. Spinal cord injury | _____ |
| A. Adaptive equipment | _____ |
| B. Functional splinting | _____ |
| C. Wheelchair evaluation | _____ |
| 5. Stroke rehabilitation | _____ |

PSYCHIATRIC

- | | |
|---------------------------------|-------|
| 1. Acute disorders | _____ |
| 2. Chronic disorders | _____ |
| 3. Community re-entry | _____ |
| 4. Crisis intervention | _____ |
| 5. Group treatment | _____ |
| 6. Standardized assessment tool | _____ |
| 7. Substance abuse | _____ |

PROSTHETICS / ORTHOTICS / FUNCTIONAL TRAINING

- 1. Above knee prosthetics _____
- 2. Below knee prosthetics _____
- 3. Dynamic splints _____
- 4. Myofascial release (MFR) _____
- 5. Orthoplast _____
- 6. Serial/inhibitory casting _____
- 7. Static splints _____
- 8. Upper extremity prosthetics _____

ADAPTIVE EQUIPMENT

- 1. Assessment _____
- 2. Fabrication _____
- 3. Functional activities _____
 - A. ADL's _____
 - B. Home environment _____
 - C. Pre-discharge planning _____
 - D. Splinting _____
- 4. Wheelchair _____

VOCATIONAL TRAINING

- 1. Cognitive assessment _____
- 2. Functional capacity evaluation _____
- 3. Job task analysis _____
- 4. Perceptual assessment _____
- 5. Work hardening _____
 - A. BTE _____
 - B. Valpar _____

PEDIATRICS

- 1. Developmental testing _____
- 2. Discharge planning (referral and resources) _____
- 3. Equipment assessment _____
 - A. Activities of daily living _____
 - B. Wheelchair positioning device _____
- 4. Neurodevelopmental testing _____
- 5. Orthotics _____
- 6. Sensory integrative testing _____
- 7. Visual perceptual skills testing _____

MODALITIES

- 1. Biofeedback _____
- 2. Edema massage _____
- 3. Feeding techniques _____
- 4. Fluidotherapy _____
- 5. Muscle stimulation _____

MODALITIES (CON'T)

- 6. Oral motor facilities
- 7. Paraffin bath
- 8. Therapeutic pool

AGE SPECIFIC PRACTICE CRITERIA

Please list all areas by letter below for which you have expertise in providing care.

- A. Newborn / Neonate (birth - 30 days)
- B. Infant (30 days - 1 year)
- C. Toddler (1 - 3 years)
- D. Preschooler (3-5 years)
- E. School age children (5-12 years)
- F. Adolescents (12-18 years)
- G. Young adults (18-39 years)
- H. Middle adults (39-64 years)
- I. Older adults (64+ years)

Able to adapt care to incorporate normal growth and development _____

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level _____

Can ensure a safe environment reflecting specific needs or various age groups _____

Signature: _____

Date: _____