



OCCUPATIONAL THERAPY SKILLS CHECKLIST

1 – NO EXPERIENCE

2 – SOME EXPERIENCE (Require assistance / supervision)

3 – EXPERIENCED (Need review, can perform independently)

4 – VERY EXPERIENCED (Can perform well independently)

Please select the column that most accurately describes your experience level.

EXPERIENCE LEVEL	1	2	3	4
PATIENT GROUPS				
Geriatric				
Adult				
Adolescent				
Pediatric				
Infants				
WORK SETTINGS				
General Acute Care				
Rehabilitation Hospital				
Psychiatric Setting				
Children's Hospital				
School System				
Home Health Care				
Skilled Nursing Facility				
Outpatient				
MR / DD				
DIAGNOSTIC				
CVA				
Neurologic				
Orthopedic				
Trauma				
Burns				
Head Injuries				
EXPERIENCE LEVEL	1	2	3	4

Sports Injuries				
Amputees				
Spinal Cord Injury				
Cardiac Rehab				
Pulmonary Rehab				

ORTHOPEDICS				
Total Hip / Total Knee				
Hip Fractures				
Total Joint Replacement				
Hand Injury				
Arthritis Programs				
Mobilization Techniques				
PEDIATRICS				
Early Intervention				
NICU Treatment				
Neurodevelopment Testing				
Neurodevelopment Treating				
Developmental Disability				
Sequencing Test				
Orthotics				
Equipment Assessment:				
Wheelchair Positioning				
Activities of Daily Living				
Mental Retardation				
Cerebral Palsy				
Learning Disabled				
Spina Bifida				
MODALITIES				
Edema Massage				
Muscle Stimulation				
Biofeedback				
TENS				
Feeding Techniques				
Oral Motor Facilities				
Fluidotherapy				
Paraffin Bath				
Hydrotherapy:				
Hubbard Tank				
Therapeutic Pool				
Whirlpool				
Myofacial Release Techniques				
Joint Mobilization				

EXPERIENCE LEVEL	1	2	3	4
NEUROLOGIC				
Stroke Rehabilitation				
Head Trauma				

Peripheral Nerve Injuries				
Spinal Cord Injury				
Adaptive Equipment				
Functional Splinting				
Wheelchair Evaluation				
PROSTHETICS / ORTHOTICS				
AK Prosthetics				
BK Prosthetics				
UE Prosthetics				
Orthoplast				
Static Splinting				
Dynamic Splinting				
Serial / Inhibitory Casting				
OTHER				
Manual Muscle Testing				
Muscle Re-Education				
Burn Management				
Cardiac Rehabilitation				
Developmental Disabilities				
Home Accessibilities				
Work Hardening Evaluation				
Geriatrics				
Functional Capacity Evaluation				
Group Treatment				
Activities of Daily Living				
Adaptive Equipment				
Family Education				
Patient Education				
Cognitive Evaluation / Treatment				
Range of Motion				

I ATTEST THAT THE INFORMATION CONTAINED ABOVE IS TRUE AND ACCURATE.

 Independent Contractor

Date

Encore Staff

Date