

OCCUPATIONAL THERAPY SKILLS CHECKLIST

NAME: _____

SIGNATURE: _____

DATE: _____

1 – Highly skilled (can function well independently, strong experience)

2 – Proficient (experienced, may need occasional review/assistance) **3 – Limited Skill** (limited to no experience)

ORTHOPEDIC

Skills (check appropriate box)	1	2	3
Arthritis programs:			
• Energy Conservation			
• Joint Protection			
Hand injury			
Hip fractures			
Mobilization Techniques			
Therapeutic exercise			
Total hip/knee replacement			
Total joint replacement/upper extremities			

NEUROLOGICAL

Skills (check appropriate box)	1	2	3
CVA			
Head trauma			
Peripheral nerve injuries			
Spinal Cord injury			
• Adaptive equipment			
• Functional splinting			
• Wheelchair evaluation			
Stroke rehabilitation			

PSYCHIATRIC

Skills (check appropriate box)	1	2	3
Acute disorders			
Chronic disorders			
Community re-entry			
Crisis intervention			
Group treatment			
Standardized assessment tools			
Substance abuse			

PROSTHETICS/ORTHOTICS/ FUNCTIONAL TRAINING

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

ADAPTIVE EQUIPMENT

Skills (check appropriate box)	1	2	3
Assessment			
Fabrication			
Functional activities			
• ADLs			
• Home environment			
• Pre-discharge planning			
• Splinting			
Wheelchair			

VOCATIONAL TRAINING

Skills (check appropriate box)	1	2	3
Cognitive assessment			
Functional capacity evaluation			
Job task analysis			
Perceptual assessment			
Work hardening			
• BTE			
• Valpar			

PEDIATRICS

Skills (check appropriate box)	1	2	3
Developmental testing			
Discharge Planning (referral and resources)			
Equipment Assessment			
• Activities of daily living			
• Wheelchair positioning device			
Neurodevelopmental testing			
Orthotics			
Sensory Integrative testing			
Visual perceptual skills testing			

MODALITIES

Skills (check appropriate box)	1	2	3
Biofeedback			
Edema massage			
Feeding techniques			
Fluidotherapy			
Muscle stimulation			
Oral motor facilities			
Paraffin bath			
Therapeutic pool			

AGE SPECIFIC

Skills (check appropriate box)	1	2	3
Newborn/Neonate (birth - 30 days)			
Infant (30 days - 1 year)			
Toddler (1 - 3 years)			
Preschooler (3 - 5 years)			
School age children (5 - 12 years)			
Adolescents (12 - 18 years)			
Young adults (18-39 years)			
Middle adults (39-64 years)			
Older adults (64+ years)			

EXPERIENCE WITH AGE GROUPS

Skills (check appropriate box)	1	2	3
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 of various age groups			