Name:	Date:



## Occupational Therapist Skills Checklist

## **Experience Level**

- A No experience
- **B** Intermittent experience
- C One year consistent experience
- **D** Two year consistent experience
- **E** Able to teach and supervise
- ${f F}$  Last time you performed this function (e.g. last month, last year, daily, weekly, daily as needed, N/A)

## **Work Setting**

volk setting							
	Α	В	С	D	E	F	
Rehabilitation Hospital							
General Acute Care							
Children's Hospital							
School System							
Home Health Care							
Hand Clinic							
Outpatient Clinic							
Sports Medicine							
Work Hardening							
Nursing Home							
Skilled Nursing Facility							
Comprehensive Outpatient Rehab Facility (CORF)							
Psychiatric Hospital							

## Adult

	Α	В	С	D	E	F
CVA Rehabilitation						
Coma Management						
Head Trauma						
Cognitive Rehabilitation						
Spinal Cord Injury						
Amputee						
Upper Extremity						
Lower Extremity						
Orthopedic Injury						
Hand Injury						
Nerve Injury						
Tendon Repair						
Reattachment						

Name:	Date:					
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Pediatrics	A	В	С	D	E	F
Early Intervention					_	· .
NICU Treatment						
Neurodevelopmental Treatment						
Sensory Integrative Treatment						
Developmental Delay						
Mental Retardation						
Cerebral Palsy						
Learning Disability						
Spina Bifida						
Discharge Planning						
Orthotics						
ADL's						
Prosthetics/Orthotics						_
	A	В	С	D	E	F
Above Knee Prosthetics						
Below Knee Prosthetics						
Orthoplast						
Upper Extremity Prosthetics						
Static Splints						
Serial/Inhibitory						
Adaptive Equipment						
	A	В	С	D	E	F
Assessment						
Fabrication						
Wheelchair (Seating & Ordering)						
Functional Activities						
Home Environment						
ADL's						
Pre-Discharge Planning						
Prevocational Training		1				
rievocational framing	A	В	С	D	E	F
Perceptual Assessment						
Cognitive Assessment						
Work Hardening						
Myofascial Release Techniques						
Joint Mobilization						
TENS						
Biofeedback						
Fluidotherapy						

Name:	Date:					
Psychiatry						
	Α	В	С	D	E	F
Standardized Assessments						
Coma Management						
Substance Abuse						
Crisis Intervention						
Acute Disorder						
Chronic Disorder						
Community Re-entry						
Other						
	Α	В	С	D	E	F
Work Capacity Evaluation						
Functional Capacity Evaluation						
Cardiac Rehabilitation						
Chest Physiotherapy						
Burn Management						
Geriatrics						
Developmental Disability						
Home Accessibility						
Driving Evaluation						
Group Dynamics						
Cognitive Retraining						
In-service Education						
Computer Familiarity						
Feeding Techniques						
Family Education						
Energy Conservation						
Sensory Evaluation						
Community Re-entry						
Continuous Passive Machine (CPM)						
AIDS/HIV						
Senior Therapist						
Arthritis						
Feldenkrais						
OBRA Nursing Home Restoration						
Research						