

Candidate: _____



OCCUPATIONAL THERAPIST Skills Checklist

Last Updated 9/20/2010 4:50:36 PM

Experience Level

1 = No Experience - Theory / Observed Only

3 = Experienced - Does Frequently / Competent

2 = Limited Experience - Have Done / May Need Review

4 = Proficient

Level

| GENERAL SKILLS | Level | | | |
|---|-------|---|---|---|
| Activities of Daily Living | 1 | 2 | 3 | 4 |
| Burn Management | 1 | 2 | 3 | 4 |
| Cardiac Rehabilitation | 1 | 2 | 3 | 4 |
| Computerized Charting | 1 | 2 | 3 | 4 |
| Driving Evaluation | 1 | 2 | 3 | 4 |
| Health Maintenance Organization Review | 1 | 2 | 3 | 4 |
| HMO Utilization Review | 1 | 2 | 3 | 4 |
| Hospice | 1 | 2 | 3 | 4 |
| Home Assessments / Home Accessibilities | 1 | 2 | 3 | 4 |
| Insurance Companies | 1 | 2 | 3 | 4 |
| Managed Patient Care Services | 1 | 2 | 3 | 4 |
| National Patient Safety Goals | 1 | 2 | 3 | 4 |
| OASIS Training | 1 | 2 | 3 | 4 |
| Patient Family Teaching | 1 | 2 | 3 | 4 |
| Vision Rehabilitation | 1 | 2 | 3 | 4 |
| Wound Management | 1 | 2 | 3 | 4 |

MODALITIES

| | | | | |
|-----------------------------------|---|---|---|---|
| Biofeedback | 1 | 2 | 3 | 4 |
| Edema Massage | 1 | 2 | 3 | 4 |
| Electrical Stimulation | 1 | 2 | 3 | 4 |
| Feeding Techniques / Oral / Motor | 1 | 2 | 3 | 4 |
| Fluidotherapy | 1 | 2 | 3 | 4 |
| Iontophoresis | 1 | 2 | 3 | 4 |
| Kinesiotaping | 1 | 2 | 3 | 4 |
| Muscle Stimulation | 1 | 2 | 3 | 4 |
| Oral Motor Facilities | 1 | 2 | 3 | 4 |
| Paraffin Bath | 1 | 2 | 3 | 4 |
| TENS | 1 | 2 | 3 | 4 |
| Therapeutic Pool | 1 | 2 | 3 | 4 |

NEUROLOGY

| | | | | |
|---------------------------|---|---|---|---|
| Alzheimers / Dementia | 1 | 2 | 3 | 4 |
| Feeding / Swallowing | 1 | 2 | 3 | 4 |
| Head Trauma | 1 | 2 | 3 | 4 |
| Peripheral Nerve Injuries | 1 | 2 | 3 | 4 |

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| NEUROLOGY, con't. | | | | |
|------------------------------------|---|---|---|---|
| Progressive Neurological Disorders | 1 | 2 | 3 | 4 |
| Stroke Rehabilitation | 1 | 2 | 3 | 4 |
| Spinal Cord Injury: | | | | |
| Adaptive Equipment | 1 | 2 | 3 | 4 |
| Functional Splinting | 1 | 2 | 3 | 4 |

ORTHOPEDICS

| | | | | |
|---|---|---|---|---|
| Arthritis Programs: | | | | |
| Energy Conservation | 1 | 2 | 3 | 4 |
| Joint Protection | 1 | 2 | 3 | 4 |
| Hand Injury | 1 | 2 | 3 | 4 |
| Hip Fractures and Total Hip Replacement | 1 | 2 | 3 | 4 |
| Knee Injuries and Total Knee Replacement | 1 | 2 | 3 | 4 |
| Lower Back / Spine | 1 | 2 | 3 | 4 |
| Mobilization Techniques | 1 | 2 | 3 | 4 |
| Therapeutic Exercise | 1 | 2 | 3 | 4 |
| Total Joint Replacement / Upper Extremities | 1 | 2 | 3 | 4 |

PSYCHIATRIC

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

PEDIATRICS

| | | | | |
|---|---|---|---|---|
| Developmental Testing | 1 | 2 | 3 | 4 |
| Discharge Planning Referral and Resources | 1 | 2 | 3 | 4 |
| Equipment Assessment: | | | | |
| ADLs | 1 | 2 | 3 | 4 |
| Wheelchair Positioning Device | 1 | 2 | 3 | 4 |

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| | Level | | | |
|----------------------------------|-------|---|---|---|
| PEDIATRICS, con't. | | | | |
| Feeding / Swallowing | 1 | 2 | 3 | 4 |
| Handwriting | 1 | 2 | 3 | 4 |
| Neurodevelopmental Testing | 1 | 2 | 3 | 4 |
| Orthotics | 1 | 2 | 3 | 4 |
| Sensory Diet Program | 1 | 2 | 3 | 4 |
| Sensory Integrative Testing | 1 | 2 | 3 | 4 |
| Visual Perceptual Skills Testing | 1 | 2 | 3 | 4 |

| PROSTHETICS / FUNCTIONAL TRAINING | | | | |
|--|---|---|---|---|
| Above Knee Prosthetics | 1 | 2 | 3 | 4 |
| Below Knee Prosthetics | 1 | 2 | 3 | 4 |
| Dynamic Splints | 1 | 2 | 3 | 4 |
| Myofascial Release (MFR) | 1 | 2 | 3 | 4 |
| Orthoplast | 1 | 2 | 3 | 4 |
| Serial / Inhibitory Casting | 1 | 2 | 3 | 4 |
| Static Splints | 1 | 2 | 3 | 4 |
| Upper Extremity Prosthetics | 1 | 2 | 3 | 4 |

| VOCATIONAL | | | | |
|--------------------------------|---|---|---|---|
| Cognitive Assessment | 1 | 2 | 3 | 4 |
| Functional Capacity Evaluation | 1 | 2 | 3 | 4 |
| Job Task Analysis | 1 | 2 | 3 | 4 |
| Perceptual Assessment | 1 | 2 | 3 | 4 |
| Work Hardening: | | | | |
| BTE | 1 | 2 | 3 | 4 |
| Valpar | 1 | 2 | 3 | 4 |

| REGULATIONS | | | | |
|-----------------------------------|---|---|---|---|
| ACT | 1 | 2 | 3 | 4 |
| FIMS | 1 | 2 | 3 | 4 |
| Omnibus Budget Reconciliation Act | 1 | 2 | 3 | 4 |
| Medicare | 1 | 2 | 3 | 4 |
| Medi-Cal | 1 | 2 | 3 | 4 |
| RUG Levels | 1 | 2 | 3 | 4 |

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|--------------------------|-------|---|---|---|
| EQUIPMENT | | | | |
| Assessment | 1 | 2 | 3 | 4 |
| Fabrication | 1 | 2 | 3 | 4 |
| Functional Activities: | | | | |
| ADLs | 1 | 2 | 3 | 4 |
| Home Environment | 1 | 2 | 3 | 4 |
| Pre - Discharge Planning | 1 | 2 | 3 | 4 |
| Splinting | 1 | 2 | 3 | 4 |
| Wheelchair | 1 | 2 | 3 | 4 |
| Evaluation | 1 | 2 | 3 | 4 |
| Training | 1 | 2 | 3 | 4 |

| EXPERIENCE | |
|------------------------------------|-----|
| Birth to 3 Program | Y N |
| Children's Hospital | Y N |
| Community Hospital | Y N |
| General Acute Care | Y N |
| Hand Therapy | Y N |
| Home Health Care | Y N |
| Long Term Acute Care | Y N |
| Pediatric - Inpatient / Outpatient | Y N |
| Occupational Health | Y N |
| Psychiatric Hospital | Y N |
| Rehabilitation Clinic | Y N |
| Rehabilitation Hospital | Y N |
| Rural Hospital | Y N |
| School Setting | Y N |
| Skilled Care Facility | Y N |
| Sports Medicine Clinic | Y N |
| Teaching Hospital | Y N |
| Trauma Center | Y N |

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| Level |
|---|
| LEGEND KEY FOR AGE SPECIFIC CRITERIA |
| [A] = Newborn (Birth to 30 days) |
| [B] = Infant (30 days to 1 year) |
| [C] = Toddler (1 to 3 years) |
| [D] = Young Children (3 to 6 years) |
| [E] = Older Children (7 to 12 years) |
| [F] = Adolescents (13 to 20 years) |
| [G] = Young Adults (21 to 39 years) |
| [H] = Middle Adults (40 to 60 years) |
| [I] = Older Adults (61+ years) |

| AGE SPECIFIC CRITERIA | |
|--|-------------------|
| Able to adapt care to incorporate normal growth and development | A B C D E F G H I |
| Able to adapt method and terminology of patient instructions to their age comprehension and maturity level | A B C D E F G H I |
| Can ensure a safe environment reflecting specific needs of various age groups | A B C D E F G H I |

| CERTIFICATIONS / COURSES / SKILLS | |
|--|-----|
| BLS | Y N |
| ACLS | Y N |

| COMPUTERIZED DOCUMENTATION | |
|-----------------------------------|---------|
| Computerized Charting | Y N |
| Cerner | 1 2 3 4 |
| EPIC | 1 2 3 4 |
| HealthConnect | 1 2 3 4 |
| McKesson | 1 2 3 4 |
| MEDITECH | 1 2 3 4 |
| Other | 1 2 3 4 |

Initials _____

Print Name _____

Date _____

Signature _____