



**THERAPIST:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE ENCIRCLE ABILITY IN PERFORMING THE FOLLOWING:**

**DATA COLLECTION AND INTERVENTION:**

**1.0 Assessment Process**

1.1	Health History & Physical Exam	0	1	2	3	N/A
1.2	Development of Problem List	0	1	2	3	N/A
1.3	Development & revision of care plan	0	1	2	3	N/A
1.4	Assessing response to treatment	0	1	2	3	N/A
1.5	Establishing & revising goals	0	1	2	3	N/A
1.6	Discharge planning	0	1	2	3	N/A
1.7	Conducting complete initial evaluation	0	1	2	3	N/A

**2.0 Assessment of:**

2.1	Musculoskeletal System	0	1	2	3	N/A
2.2	Head and Neck	0	1	2	3	N/A
2.3	Neurological System	0	1	2	3	N/A
2.4	Cardiorespiratory System	0	1	2	3	N/A

**3.0 Adherence to Plan of Care (POC)**

		0	1	2	3	N/A
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**4.0 Educating Patient on Goals and Treatment Plans**

		0	1	2	3	N/A
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**5.0 Obtaining Vital Signs**

		0	1	2	3	N/A
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**6.0 Practicing Infection Control**

6.1	Hand washing	0	1	2	3	N/A
6.2	Personel Protective Equipment	0	1	2	3	N/A
6.3	Exposure control planning	0	1	2	3	N/A
6.4	Equipment care	0	1	2	3	N/A

**7.0 Body Mechanics / Ergonomics**

		0	1	2	3	N/A
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**8.0 CPR**

		0	1	2	3	N/A
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**9.0 Wound Management**

		0	1	2	3	N/A
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**10.0 Amputation / Prosthetic Management**

		0	1	2	3	N/A
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**11.0 Environmental Barriers**

		0	1	2	3	N/A
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**SKILLS:**

**12.0 Physical Agents:**

11.1	Ultrasound	0	1	2	3	N/A
11.2	Hot/Cold Packs	0	1	2	3	N/A
11.3	TENS / FES	0	1	2	3	N/A
11.4	Iontophoresis	0	1	2	3	N/A

**13.0 Manual Therapy**

12.1	Connective Tissue Massage	0	1	2	3	N/A
12.2	Manual Traction	0	1	2	3	N/A
12.3	Therapeutic Massage	0	1	2	3	N/A
12.4	Soft Tissue Mobilization	0	1	2	3	N/A

**14.0 Hoyer Lift**

		0	1	2	3	N/A
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**15.0 Functional Training (ADL)**

15.1	Bed Mobility & Transfer	0	1	2	3	N/A
15.2	Wheelchair Mobility	0	1	2	3	N/A
15.3	Cooking	0	1	2	3	N/A
15.4	Use of Public Transport	0	1	2	3	N/A
15.5	Driving	0	1	2	3	N/A
15.6	Simulated Environment / Task Training	0	1	2	3	N/A
15.7	Assistive / Adaptive Device Training	0	1	2	3	N/A
15.8	Equipment Training	0	1	2	3	N/A
15.9	Other Skills: a)	0	1	2	3	N/A
	b)	0	1	2	3	N/A
	c)	0	1	2	3	N/A

**PLEASE ENCIRCLE ABILITY IN TREATING PATIENT WITH:**

16.0	Catheter	0	1	2	3	N/A
17.0	Infusion Pumps	0	1	2	3	N/A
18.0	AIDS	0	1	2	3	N/A
19.0	Pacemaker	0	1	2	3	N/A
20.0	Gastrostomy Tube	0	1	2	3	N/A
21.0	Ostomies	0	1	2	3	N/A
22.0	Burns	0	1	2	3	N/A
23.0	Tracheotomy	0	1	2	3	N/A
24.0	Ventilator Dependent	0	1	2	3	N/A
25.0	Total Knee Replacement	0	1	2	3	N/A
26.0	Total Hip Replacement	0	1	2	3	N/A
27.0	Hip ORIF	0	1	2	3	N/A
28.0	Spinal cord injury	0	1	2	3	N/A
29.0	CVA	0	1	2	3	N/A
30.0	TIA	0	1	2	3	N/A
31.0	Traumatic Brain Injury	0	1	2	3	N/A
32.0	Alzheimer's	0	1	2	3	N/A
33.0	Scoliosis	0	1	2	3	N/A
34.0	Lumbar/Sacral Dysfunction	0	1	2	3	N/A
35.0	Degenerative Disc Disease	0	1	2	3	N/A
36.0	Multiple Sclerosis	0	1	2	3	N/A
37.0	Muscular Dystrophy	0	1	2	3	N/A
38.0	Cerebral Palsy	0	1	2	3	N/A
39.0	Parkinsons'	0	1	2	3	N/A
40.0	Developmental Delay	0	1	2	3	N/A

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Signature