



**PT / PTA Skills Checklist**

Name \_\_\_\_\_

(Last) (First) (Middle Initial)

Profession: \_\_\_\_\_ PT \_\_\_\_\_ PTA APTA ID # \_\_\_\_\_ Exam

Date: \_\_\_\_\_

**Please mark your level of Experience:** ○

① No experience ② Limited experience (assistance needed) ③ Some experience (needs resource for back up)

④ Very experienced (requires no supervision)

1

**Work Settings:**

General Acute Care \_\_\_\_\_ ① ② ③ ④

Home Health \_\_\_\_\_ ① ② ③ ④

Nursing Home \_\_\_\_\_ ① ② ③ ④

Outpatient Clinic \_\_\_\_\_ ① ② ③ ④

Pediatric Rehab \_\_\_\_\_ ① ② ③ ④

Acute Rehab Hospital \_\_\_\_\_ ① ② ③ ④

Rehab Unit in Hospital \_\_\_\_\_ ① ② ③ ④

School System \_\_\_\_\_ ① ② ③ ④

**Modalities:**

Biofeedback \_\_\_\_\_ ① ② ③ ④

Continuous Passive Motion Machine \_\_\_\_\_ ① ② ③ ④

Cryotherapy \_\_\_\_\_ ① ② ③ ④

Ergometer \_\_\_\_\_ ① ② ③ ④

Fluidotherapy \_\_\_\_\_ ① ② ③ ④

Hot/Cold Packs \_\_\_\_\_ ① ② ③ ④

Hubbard Tank \_\_\_\_\_ ① ② ③ ④

Massage Therapy \_\_\_\_\_ ① ② ③ ④

Muscle Stimulation \_\_\_\_\_ ① ② ③ ④

Myofascial Release Technique \_\_\_\_\_ ① ② ③ ④

Neuromuscular Reeducation \_\_\_\_\_ ① ② ③ ④

Paraffin \_\_\_\_\_ ① ② ③ ④

Sterilization Technique \_\_\_\_\_ ① ② ③ ④



- TENS \_\_\_\_\_ ① ② ③ ④
- Traction – Cervical \_\_\_\_\_ ① ② ③ ④
- Traction – Lumbar \_\_\_\_\_ ① ② ③ ④
- Ultrasound \_\_\_\_\_ ① ② ③ ④
- Whirlpool \_\_\_\_\_ ① ② ③ ④
- Wound Dressing / Debridement \_\_\_\_\_ ① ② ③ ④

**Neuro:**

- Cerebral Vascular Accident \_\_\_\_\_ ① ② ③ ④
- Coma Patients \_\_\_\_\_ ① ② ③ ④
- Head Trauma \_\_\_\_\_ ① ② ③ ④
- Spinal Cord Injury \_\_\_\_\_ ① ② ③ ④
- Parkinson’s Disease \_\_\_\_\_ ① ② ③ ④
- Traumatic Brain Injury \_\_\_\_\_ ① ② ③ ④

**Ortho:**

- Arthritis Programs \_\_\_\_\_ ① ② ③ ④
- Back Syndrome \_\_\_\_\_ ① ② ③ ④
- Gait Training \_\_\_\_\_ ① ② ③ ④
- Hand Injury \_\_\_\_\_ ① ② ③ ④
- Hip Fractures \_\_\_\_\_ ① ② ③ ④
- Mobilization Techniques \_\_\_\_\_ ① ② ③ ④
- Neck Injuries \_\_\_\_\_ ① ② ③ ④
- TMJ Dysfunction \_\_\_\_\_ ① ② ③ ④
- Total Hip / Total Knee \_\_\_\_\_ ① ② ③ ④
- Total Joint Replacement \_\_\_\_\_ ① ② ③ ④

**Pediatrics:**

- Adaptive Equipment Assessment \_\_\_\_\_ ① ② ③ ④
- Cerebral Palsy \_\_\_\_\_ ① ② ③ ④
- Developmental Disability Sequencing Test \_\_\_\_\_ ① ② ③ ④
- Early Intervention \_\_\_\_\_ ① ② ③ ④
- Equipment Assessment – Activities of Daily Living \_ ① ② ③ ④
- Equipment Assessment \_\_\_\_\_ ① ② ③ ④



Learning Disabilities \_\_\_\_\_ ① ② ③ ④

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NDT Bobath Testing \_\_\_\_\_ ① ② ③ ④

NICU Treatment \_\_\_\_\_ ① ② ③ ④

Orthotics \_\_\_\_\_ ① ② ③ ④

Spina Bifida \_\_\_\_\_ ① ② ③ ④

Autism \_\_\_\_\_ ① ② ③ ④

**Prosthetics / Orthotics**

AK Prosthetics \_\_\_\_\_ ① ② ③ ④

Amputees \_\_\_\_\_ ① ② ③ ④

Ankle Foot Orthosis \_\_\_\_\_ ① ② ③ ④

BK Prosthetics \_\_\_\_\_ ① ② ③ ④

Bracing / Joint Immobilization \_\_\_\_\_ ① ② ③ ④

Dynamic Splinting \_\_\_\_\_ ① ② ③ ④

Orthoplast \_\_\_\_\_ ① ② ③ ④

Resting Splints \_\_\_\_\_ ① ② ③ ④

Serial / Inhibitor Casting \_\_\_\_\_ ① ② ③ ④

Static Splinting \_\_\_\_\_ ① ② ③ ④

UE Prosthetics \_\_\_\_\_ ① ② ③ ④

**Other Skills / Credentials** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



MEDICAL STAFFING, LLC

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**Sports Medicine**

Biodex \_\_\_\_\_ ① ② ③ ④

Cybex \_\_\_\_\_ ① ② ③ ④

Lido \_\_\_\_\_ ① ② ③ ④

Nautilus / Eagle \_\_\_\_\_ ① ② ③ ④

Orthotrom / Kinetron \_\_\_\_\_ ① ② ③ ④

Strength & Endurance Testing \_\_\_\_\_ ① ② ③ ④

Taping / Strapping \_\_\_\_\_ ① ② ③ ④

**Other**

AIDS Patients \_\_\_\_\_ ① ② ③ ④

Amputees \_\_\_\_\_ ① ② ③ ④

Burn Management \_\_\_\_\_ ① ② ③ ④

Cardiac Rehabilitation \_\_\_\_\_ ① ② ③ ④

Chest Physiotherapy \_\_\_\_\_ ① ② ③ ④

Function Capacity Evaluation \_\_\_\_\_ ① ② ③ ④

Geriatrics \_\_\_\_\_ ① ② ③ ④

Inservice Education \_\_\_\_\_ ① ② ③ ④

Manual Therapy \_\_\_\_\_ ① ② ③ ④

Medicare 'A' Documentation \_\_\_\_\_ ① ② ③ ④

Medicare 'B' Documentation \_\_\_\_\_ ① ② ③ ④

Neonatology \_\_\_\_\_ ① ② ③ ④

Pain Management \_\_\_\_\_ ① ② ③ ④

Physical Capacity \_\_\_\_\_ ① ② ③ ④



Pre-Employment Testing \_\_\_\_\_ ① ② ③ ④

Work Capacity \_\_\_\_\_ ① ② ③ ④

Work Hardening \_\_\_\_\_ ① ② ③ ④

Pulmonary Rehab \_\_\_\_\_ ① ② ③ ④

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Validated by:** \_\_\_\_\_

**Date:** \_\_\_\_\_