



# Physical Therapy Self Assessment

### Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professionals.

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

Print Name

SS#

Date

General Skills	Frequency	Experience
Patient/Family teaching	1 2 3 4	1 2 3 4
Patients in Isolation	1 2 3 4	1 2 3 4
Patients in Restraints	1 2 3 4	1 2 3 4
Electronic Documentation	1 2 3 4	1 2 3 4

Work Settings	Frequency	Experience
General Acute Care	1 2 3 4	1 2 3 4
Adult/Adult ICU	1 2 3 4	1 2 3 4
Pediatrics/ PICU	1 2 3 4	1 2 3 4
Rehabilitation Hospital	1 2 3 4	1 2 3 4
Rehabilitation Clinic	1 2 3 4	1 2 3 4
Children's Hospital	1 2 3 4	1 2 3 4
Home Health Care	1 2 3 4	1 2 3 4
Skilled Care Facility	1 2 3 4	1 2 3 4



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Orthopedics	Frequency				Experience			
Total Joint Replacement/Upper Extremities	1	2	3	4	1	2	3	4
Back Syndrome	1	2	3	4	1	2	3	4
Pelvic Fracture	1	2	3	4	1	2	3	4
Hip Fracture	1	2	3	4	1	2	3	4
Total Hip/Total Knee	1	2	3	4	1	2	3	4
Hand Injury	1	2	3	4	1	2	3	4
TMJ Dysfunction	1	2	3	4	1	2	3	4
Arthritis Programs	1	2	3	4	1	2	3	4
Mobilization Techniques	1	2	3	4	1	2	3	4
Manual Therapy	1	2	3	4	1	2	3	4
Fibromyalgia	1	2	3	4	1	2	3	4
Postpolio Syndrome	1	2	3	4	1	2	3	4
Chronic Fatigue Syndrome	1	2	3	4	1	2	3	4
Shoulder Injuries	1	2	3	4	1	2	3	4
Cervical Injuries	1	2	3	4	1	2	3	4
Halo Traction	1	2	3	4	1	2	3	4
Kyphoplasty	1	2	3	4	1	2	3	4

Neurologic	Frequency				Experience			
Glasgow Coma Scale	1	2	3	4	1	2	3	4
Rancho Los Amigos Scale	1	2	3	4	1	2	3	4
Stroke Rehabilitation	1	2	3	4	1	2	3	4
Head Trauma	1	2	3	4	1	2	3	4
Spinal Cord Injury	1	2	3	4	1	2	3	4
Functional Splinting	1	2	3	4	1	2	3	4
Adaptive Equipment	1	2	3	4	1	2	3	4
WC Prescription	1	2	3	4	1	2	3	4
Multiple Sclerosis	1	2	3	4	1	2	3	4
Muscular Dystrophy	1	2	3	4	1	2	3	4
Cerebral Palsy	1	2	3	4	1	2	3	4
ALS	1	2	3	4	1	2	3	4
NDT	1	2	3	4	1	2	3	4

Pediatrics	Frequency				Experience			
Neurodevelopmental Testing	1	2	3	4	1	2	3	4
Developmental Disability Sequencing Testing	1	2	3	4	1	2	3	4
Orthotics	1	2	3	4	1	2	3	4
Equipment Assessment	1	2	3	4	1	2	3	4
Adaptive	1	2	3	4	1	2	3	4
Activities of Daily Living	1	2	3	4	1	2	3	4
IEP's Individualized Education Programs	1	2	3	4	1	2	3	4



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Sports Medicine	Frequency	Experience
Biodex	1 2 3 4	1 2 3 4
Cybex	1 2 3 4	1 2 3 4
Orthotron/Kinetron	1 2 3 4	1 2 3 4
Taping/Strapping	1 2 3 4	1 2 3 4
Nautilus/Eagle	1 2 3 4	1 2 3 4
Lido	1 2 3 4	1 2 3 4
Bracing/Joint	1 2 3 4	1 2 3 4
Immobilization	1 2 3 4	1 2 3 4
Swiss Ball/ Stabilization Techniques	1 2 3 4	1 2 3 4
Medical Expenses (Norwegian)	1 2 3 4	1 2 3 4

Prosthetics/Orthotics	Frequency	Experience
UE Prosthetics	1 2 3 4	1 2 3 4
Statis Splints	1 2 3 4	1 2 3 4
Dynamic Splints	1 2 3 4	1 2 3 4
Serial Casting	1 2 3 4	1 2 3 4
Protonics	1 2 3 4	1 2 3 4
LE Prosthetics	1 2 3 4	1 2 3 4
Removable Rigid Dressings	1 2 3 4	1 2 3 4

Modalities	Frequency	Experience
Biofeedback	1 2 3 4	1 2 3 4
Muscle Stimulation	1 2 3 4	1 2 3 4
Fluidotherapy	1 2 3 4	1 2 3 4
Paraffin Bath	1 2 3 4	1 2 3 4
Edema Massage	1 2 3 4	1 2 3 4
Therapeutic Pool	1 2 3 4	1 2 3 4
TENS	1 2 3 4	1 2 3 4
Ultrasound	1 2 3 4	1 2 3 4
Iontophoresis	1 2 3 4	1 2 3 4
Phonophoresis	1 2 3 4	1 2 3 4
JOBST Compression Pump	1 2 3 4	1 2 3 4
Anodyne	1 2 3 4	1 2 3 4



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Other	Frequency	Experience
Tone Management/Spasticity	1 2 3 4	1 2 3 4
Work Capacity Evaluation	1 2 3 4	1 2 3 4
Work Hardening	1 2 3 4	1 2 3 4
BTE	1 2 3 4	1 2 3 4
Valpar	1 2 3 4	1 2 3 4
Job Task Analysis	1 2 3 4	1 2 3 4
Cardiac Rehabilitation	1 2 3 4	1 2 3 4
Burn Management	1 2 3 4	1 2 3 4
Chest Physical Therapy	1 2 3 4	1 2 3 4
Wound Care	1 2 3 4	1 2 3 4
Lymphedema Management	1 2 3 4	1 2 3 4
Obstetrics in Physical Therapy	1 2 3 4	1 2 3 4
OASIS assessment for Home Care	1 2 3 4	1 2 3 4
DME Ordering	1 2 3 4	1 2 3 4
WC Ordering for SCI patients	1 2 3 4	1 2 3 4

Please list any additional skills:	
1.	2.
3.	4.
Additional Training:	
1.	2.
3.	4.
Additional Equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.	
Signature	Date