



# 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 professional.

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

Work Settings	Frequency				Experience			
Adult/adult ICU	1	2	3	4	1	2	3	4
Children's hospital	1	2	3	4	1	2	3	4
General acute care	1	2	3	4	1	2	3	4
Home health care	1	2	3	4	1	2	3	4
Outpatient neuro	1	2	3	4	1	2	3	4
Outpatient ortho	1	2	3	4	1	2	3	4
Pediatrics/PICU	1	2	3	4	1	2	3	4
Psychiatric hospital	1	2	3	4	1	2	3	4
Rehabilitation hospital	1	2	3	4	1	2	3	4
School setting	1	2	3	4	1	2	3	4
Early intervention	1	2	3	4	1	2	3	4
Skilled care facility	1	2	3	4	1	2	3	4
Subacute	1	2	3	4	1	2	3	4

Orthopedics	Frequency				Experience			
Upper extremities	1	2	3	4	1	2	3	4
Arthritis programs	1	2	3	4	1	2	3	4
Back syndrome	1	2	3	4	1	2	3	4
Cervical injuries	1	2	3	4	1	2	3	4
Chronic fatigue syndrome	1	2	3	4	1	2	3	4
Fibromyalgia	1	2	3	4	1	2	3	4
Halo traction	1	2	3	4	1	2	3	4
Hand injury	1	2	3	4	1	2	3	4
Hip fracture	1	2	3	4	1	2	3	4
Kyphoplasty	1	2	3	4	1	2	3	4



Initials \_\_\_\_\_

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Orthopedics - cont.	Frequency				Experience			
Manual therapy	1	2	3	4	1	2	3	4
Mobilization techniques	1	2	3	4	1	2	3	4
Pelvic fracture	1	2	3	4	1	2	3	4
Postpolio syndrome	1	2	3	4	1	2	3	4
Shoulder injuries	1	2	3	4	1	2	3	4
TMJ dysfunction	1	2	3	4	1	2	3	4
Total hip/total knee	1	2	3	4	1	2	3	4
Total joint replacement	1	2	3	4	1	2	3	4
Total shoulder/CPM	1	2	3	4	1	2	3	4

Neurologic	Frequency				Experience			
ALS	1	2	3	4	1	2	3	4
Brain tumors	1	2	3	4	1	2	3	4
Cerebral palsy	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
Polio/post polio syndrome	1	2	3	4	1	2	3	4
Spinal cord injury	1	2	3	4	1	2	3	4
Adaptive equipment	1	2	3	4	1	2	3	4
Functional splinting	1	2	3	4	1	2	3	4
Neurodevelopmental testing (NDT)	1	2	3	4	1	2	3	4
Head trauma	1	2	3	4	1	2	3	4
Glasgow coma scale	1	2	3	4	1	2	3	4
Stroke rehabilitation	1	2	3	4	1	2	3	4
Wheelchair prescription	1	2	3	4	1	2	3	4

Pediatrics	Frequency				Experience			
Activities of daily living	1	2	3	4	1	2	3	4
Adaptive	1	2	3	4	1	2	3	4
Developmental disability	1	2	3	4	1	2	3	4
Equipment assessment	1	2	3	4	1	2	3	4
Individualized education programs	1	2	3	4	1	2	3	4
Neurodevelopmental testing (NDT)	1	2	3	4	1	2	3	4
Orthotics	1	2	3	4	1	2	3	4
Sequencing testing	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
Bracing/joint	1	2	3	4	1	2	3	4
Cybox	1	2	3	4	1	2	3	4
Immobilization	1	2	3	4	1	2	3	4
Lido	1	2	3	4	1	2	3	4
Medical expenses (Norwegian)	1	2	3	4	1	2	3	4
Nautilus/eagle	1	2	3	4	1	2	3	4
Orthotron/kinetron	1	2	3	4	1	2	3	4
Stabilization techniques	1	2	3	4	1	2	3	4
Swiss ball	1	2	3	4	1	2	3	4
Taping/strapping	1	2	3	4	1	2	3	4

Prosthetics/Orthotics	Frequency				Experience			
Dynamic splints	1	2	3	4	1	2	3	4
LE prosthetics	1	2	3	4	1	2	3	4
Protonics	1	2	3	4	1	2	3	4
Removeable rigid dressings	1	2	3	4	1	2	3	4
Serial casting	1	2	3	4	1	2	3	4
Static splints	1	2	3	4	1	2	3	4
UE prosthetics	1	2	3	4	1	2	3	4

Modalities	Frequency				Experience			
Anodyne	1	2	3	4	1	2	3	4
Biofeedback	1	2	3	4	1	2	3	4
Edema massage	1	2	3	4	1	2	3	4
Fluidotherapy	1	2	3	4	1	2	3	4
Iontophoresis	1	2	3	4	1	2	3	4
JOBST compression pump	1	2	3	4	1	2	3	4
Muscle stimulation	1	2	3	4	1	2	3	4
Paraffin bath	1	2	3	4	1	2	3	4
Phonophoresis	1	2	3	4	1	2	3	4
TENS	1	2	3	4	1	2	3	4
Therapeutic pool	1	2	3	4	1	2	3	4
Ultrasound	1	2	3	4	1	2	3	4



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Other	Frequency				Experience			
Burn management	1	2	3	4	1	2	3	4
Cardiac rehabilitation	1	2	3	4	1	2	3	4
Chest physical therapy	1	2	3	4	1	2	3	4
DME ordering	1	2	3	4	1	2	3	4
FIM scoring	1	2	3	4	1	2	3	4
Job task analysis	1	2	3	4	1	2	3	4
Lymphedema management	1	2	3	4	1	2	3	4
OASIS assessment for home care	1	2	3	4	1	2	3	4
Obstetrics in physical therapy	1	2	3	4	1	2	3	4
Tone management/spasticity	1	2	3	4	1	2	3	4
Wheelchair ordering for SCI patients	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
Wound care	1	2	3	4	1	2	3	4
<b>Knowledge of payment sources</b>								
Medicare	1	2	3	4	1	2	3	4
Medicaid	1	2	3	4	1	2	3	4
MDS	1	2	3	4	1	2	3	4

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
Initial evaluation	1	2	3	4	1	2	3	4
Lift/transfer devices	1	2	3	4	1	2	3	4
Specialty beds	1	2	3	4	1	2	3	4
End of life care/palliative care	1	2	3	4	1	2	3	4
<b>Computerized Charting</b>								
Cerner	1	2	3	4	1	2	3	4
EPIC	1	2	3	4	1	2	3	4
McKesson	1	2	3	4	1	2	3	4
Meditech	1	2	3	4	1	2	3	4
<b>National Patient Safety Goals</b>								
Accurate patient identification	1	2	3	4	1	2	3	4
Effective communication	1	2	3	4	1	2	3	4



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General Skills - cont.	Frequency				Experience			
Pain assessment & management	1	2	3	4	1	2	3	4
Infection control	1	2	3	4	1	2	3	4
Universal precautions	1	2	3	4	1	2	3	4
Care of patients in isolation	1	2	3	4	1	2	3	4
Minimize risk of falls	1	2	3	4	1	2	3	4
Prevention of pressure ulcers	1	2	3	4	1	2	3	4

Age Specific Competencies	Frequency				Experience			
Infant (birth to 1 year)	1	2	3	4	1	2	3	4
Toddler (ages 1-3 years)	1	2	3	4	1	2	3	4
Preschooler (ages 3-5 years)	1	2	3	4	1	2	3	4
Childhood (ages 6-12 years)	1	2	3	4	1	2	3	4
Adolescents (ages 12-21 years)	1	2	3	4	1	2	3	4
Young Adults (ages 21-39 years)	1	2	3	4	1	2	3	4
Adults (ages 40-64 years)	1	2	3	4	1	2	3	4
Older Adults (ages 65-79 years)	1	2	3	4	1	2	3	4
Elderly (ages 80+ years)	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