

Adult

- | | | | | | |
|---|---|---|---|---|---|
| Orthopedic | 1 | 2 | 3 | 4 | 5 |
| Fractures | | | | | |
| Total joint replacement / Upper Eaxtremities | | | | | |
| Back / Neck Injuries | | | | | |
| Hand Injuries / Surgeries | | | | | |
| Temporomandibular Joint Dysfunction – TMJ | | | | | |
| Arthritis Programs | | | | | |
| Neurologic | | | | | |
| Stroke Rehabilitation | | | | | |
| Cognitive disorders | | | | | |
| Central / Peripheral Nervous System Disorders | | | | | |
| Head Trauma | | | | | |
| Spinal Cord Injury | | | | | |
| Functional Splinting | | | | | |
| Adaptive Equipment | | | | | |
| Prosthetic / Orthotics | | | | | |
| Upper extremity prosthetic | | | | | |
| Slings | | | | | |
| Procedures / Treatment Techniques | | | | | |
| Splinting – Wrist / Hand | | | | | |
| Resting Splints | | | | | |
| Dynamic Splints | | | | | |
| Joint Mobilization | | | | | |
| Myofacial Release | | | | | |
| Craniosacral techniques | | | | | |
| Continuous passive motion techniques | | | | | |
| Hydrotherapy | | | | | |
| Whirlpool | | | | | |
| Hubbard | | | | | |
| Therapeutic Pool | | | | | |
| Massage | | | | | |
| Wound Treatment | | | | | |
| Ultrasound | | | | | |
| Biofeedback | | | | | |
| Vision Therapy | | | | | |
| Cognitive Rehab | | | | | |
| Neurodevelopmental Techniques | | | | | |
| Adaptive equipment assessment / training | | | | | |
| Feeding | | | | | |
| Cryotherapy | | | | | |
| Accutherapy | | | | | |
| Home Safety Evaluation | | | | | |
| Community Re-entry | | | | | |
| Group Treatment | | | | | |

OT/COTA Skills checklist

Name: _____

Date: _____

My Experience is primarily in:

- | | | | |
|----------------------------|-----|----------------------|-----|
| General Acute Care | ___ | Sports Medicine | ___ |
| Rehabilitation / Hospitals | ___ | OPT private practice | ___ |
| Skilled nursing facility | ___ | Children's hospital | ___ |
| Orthopedics | ___ | School Systems | ___ |
| Industrial Medical Clinic | ___ | Home Health Care | ___ |

Instructions: Please provide accurate answers so we can correctly match your abilities with the client's request. Please place a check mark in the appropriate column per the following criteria:

Level of Experience:

- 1 = No Experience
- 2 = Intermittent Experience
- 3 = One year Consistent Experience
- 4 = Two to Four years consistent experience
- 5 = Five or more years consistent Experience

Other 1 2 3 4 5

- Burn Management
- Work Hardening
- Work Capacity Evaluation