



"Allied Services Division"

Physical Therapy – Self Assessment

Applicant Name _____

Level of Experience
 0 – No Experience
 1 – Limited
 2 – Fair
 3 – More than Average
 4 – Proficient

General Experience

Orthopedic	
1. Arthritis programs	0 1 2 3 4
2. Back syndromes	0 1 2 3 4
3. Hand injury	0 1 2 3 4
4. Hip fractures	0 1 2 3 4
5. Mobilization techniques	0 1 2 3 4
6. Neck injuries	0 1 2 3 4
7. Total hip/knee replacement	0 1 2 3 4
8. Total joint replacement upper extremities	0 1 2 3 4
9. Transmandibular joint dysfunction	0 1 2 3 4

Neurologic	
1. Head trauma	0 1 2 3 4
2. Neurosurgery	0 1 2 3 4
3. Spinal Cord injury	0 1 2 3 4
4. Stroke rehabilitation	
a. Adaptive Equipment	0 1 2 3 4
b. Functional Splinting	0 1 2 3 4

Sports Medicine	
1. Biodex	0 1 2 3 4
2. Bracing/joint immobilization	0 1 2 3 4
3. Cybex	0 1 2 3 4
4. LIDO	0 1 2 3 4
5. Nautilus/Eagle	0 1 2 3 4
6. Orthotron	0 1 2 3 4

Cont. Experience

Modalities/Manual Skills	
1. Acuscope	0 1 2 3 4
2. Biofeedback	0 1 2 3 4
3. Continuous passive motion machine	0 1 2 3 4
4. Craniosacral therapy	0 1 2 3 4
5. Cryotherapy	0 1 2 3 4
6. Diathermy	0 1 2 3 4
7. Electro – acupuncture	0 1 2 3 4
8. Extremity mobilization	0 1 2 3 4
9. Fluidotherapy	0 1 2 3 4
10. Hot/cold packs	0 1 2 3 4
11. Hydrotherapy	
a. Hubbard tank	0 1 2 3 4
b. Therapeutic pool	0 1 2 3 4
c. Whirlpool	0 1 2 3 4
12. Massage	0 1 2 3 4
13. Muscle energy techniques	0 1 2 3 4
14. Muscle stimulation	0 1 2 3 4
15. Myofascial release techniques	0 1 2 3 4
16. Neuro probe	0 1 2 3 4
17. Paraffin	0 1 2 3 4
18. Spinal mobilization	0 1 2 3 4
19. Strain/counter strain techniques	0 1 2 3 4
20. TENS	0 1 2 3 4
21. Therapeutic exercise/home programs	0 1 2 3 4

- 7. Strength and endurance training 0 1 2 3 4
- 8. Taping/strapping 0 1 2 3 4

Prosthetics/Orthotics

- 1. Above knee prosthetics 0 1 2 3 4
- 2. Ankle foot orthosis 0 1 2 3 4
- 3. Below knee prosthetics 0 1 2 3 4
- 4. Dynamic splints 0 1 2 3 4
- 5. Gait analysis 0 1 2 3 4
- 6. Orthoplast/aquaplast 0 1 2 3 4
- 7. Resting splints 0 1 2 3 4
- 8. Serial inhibitory casting 0 1 2 3 4
- 9. Static splints 0 1 2 3 4
- 10. Upper extremity prosthetics 0 1 2 3 4

Pediatrics

- 1. Cerebral palsy 0 1 2 3 4
- 2. Early intervention 0 1 2 3 4
- 3. Equipment assessment
 - a. Activities of daily living 0 1 2 3 4
 - b. Adaptive 0 1 2 3 4
- 4. Gross motor assessment tools 0 1 2 3 4
- 5. Learning disabled 0 1 2 3 4
- 6. Mental retardation 0 1 2 3 4
- 7. Neurodevelopmental treatment 0 1 2 3 4
- 8. Orthotics 0 1 2 3 4
- 9. Spina bifida 0 1 2 3 4

Computerized Testing

- 1. Fatigue – characteristics 0 1 2 3 4
- 2. Fiber – type 0 1 2 3 4
- 3. Functional strength 0 1 2 3 4
- 4. Net muscular torque 0 1 2 3 4
- 5. ROM 0 1 2 3 4
- 6. Work – capacity 0 1 2 3 4

- 22. Traction
 - a. Cervical 0 1 2 3 4
 - b. Lumbar 0 1 2 3 4
- 23. Ultrasound 0 1 2 3 4
- 24. Vasopneumatic devices 0 1 2 3 4
- 25. Wound dressing 0 1 2 3 4

Other

- 1. Burn management 0 1 2 3 4
- 2. Cardiac rehabilitation 0 1 2 3 4
- 3. Chest physiotherapy 0 1 2 3 4
- 4. Functional capacity evaluation 0 1 2 3 4
- 5. Geriatrics 0 1 2 3 4
- 6. Inservice education 0 1 2 3 4
- 7. Wheelchair/equipment assessment 0 1 2 3 4
- 8. Work capacity evaluation 0 1 2 3 4

AGE SPECIFIC PRACTICE CRITERIA

Please circle the age groups below for each area in which you have expertise.

Newborn/Neonate (birth – 30 days)

Infant (30 days – 1 year)

Toddler (1 – 3 years)

Preschooler (3 – 5 years)

School age Children (5 – 12 years)

Adolescents (12 – 18 years)

Young adults (18 – 39 years)

Middle adults (39 – 64)

Older adults (64+)

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you have. If you do not know the exact date, please use the lasts date of the specific months (e.g., 10/31/2001).

BCLS Exp. Date: (/ /)

CPR Exp. Date: (/ /)

Computerized chart system: _____