



# Skills/Experience Checklist

## HH Physical Therapist/Physical Therapy Assistant

- This form is a self-assessment of your current skills and abilities.
- This form is also used to document skill demonstration.

EMPLOYEE PROFILE			
Last Name	First Name	Middle Initial	Employee Number
Direct Supervisor (Name)		Date Form Initiated	Check One: <input type="checkbox"/> PT <input type="checkbox"/> PTA
CPR Card Expiration Date:			

The instructions below will guide you in completing this form.  
 Sections designated with to be completed by employee.  
 Sections designated with to be completed by supervisor or preceptor.

Previous Experience (Sections Employee Must Complete)	Instruction, Review, or Skill Demonstration (Sections Supervisor or Preceptor Must Complete)
<p>Place an X in the appropriate column using the key below:</p> <p><b>KEY</b>  <b>A</b> = I am competent to supervise this skill  <b>B</b> = I am competent to perform this skill without supervision  <b>C</b> = I need to review this skill  <b>D</b> = I need additional instruction on this skill  <b>E</b> = I have never performed this skill</p>	<p><b>Supervisor:</b> Indicate whether or not instruction is required then document completion in the appropriate columns. If C or D is selected, review the instruction and possibly the skills demonstration is required prior to assignment to applicable patients.</p> <p><b>Preceptor:</b> Document completion of skills demonstration or indicate NA as applicable. A date and initials in the Skill Demonstration column indicates competency has been achieved. Do not date or initial until competency is achieved. An additional column is provided for repeat demonstrations.</p> <p><b>Complete the signature section at the end of this form.</b>  <b>PT/PTA must demonstrate competencies for items in bold text and marked with an asterisk (*) prior to the first assignment requiring those skill regardless of previous experience.</b></p>

Previous Experience						Instruction, Review, or Skill Demonstration				
<input checked="" type="checkbox"/> Required for all PTs / PTAs	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
<b>Infection Control</b>										
* Bag Technique										
* Hand Hygiene										
*Aseptic Technique										
*Sterile Technique										
<input checked="" type="checkbox"/> Required for all PTs /PTAs	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
<b>Assessment</b>										
* Vital Signs (BP, HR, RR, Temp)										
*Central and Peripheral Pulse (carotid, radial, dorsal pedal, posterior tibial)										
* Borg and Dyspnea RPE Scales										
* Pulse Ox (O <sub>2</sub> Saturation) including orders and parameters										
Other:										
State Specific:										



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Previous Experience						Instruction, Review, or Skill Demonstration				
Assessment (continued)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
Lung Auscultation										
Mental Status										
Pain Assessment Scales										
Goniometric Measurements										
Manual Muscle Testing										
Muscle Tone										
Edema in Extremities										
Skin Integrity										
Sensation										
Home Safety/Hazards										
Protective Sensation (Monofilament Testing)										
Coordination Testing including Finger to Nose, Finger to Thumb, Heel to Knee, and Hand-Thigh Tests										
<b>* Short Physical Performance Battery (SPPB)</b>										
Berg Balance Scale (BBS)										
Modified Clinical Test of Sensory Interaction on Balance (mCTSIB)										
Timed Up and Go (TUG) Test										
Other:										
State Specific:										
Supervisor/Preceptor Comments:										



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Previous Experience						Instruction, Review, or Skill Demonstration				
<input checked="" type="checkbox"/> Required for all PTs Documentation	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date /Initials
* Home Care Consents										
* Plan of Care Development										
*Physician Orders										
* Completion of SOC OASIS										
* OASIS Functional Scoring										
*Assess/document Homebound Status										
* Medication Reconciliation: Documentation, including Drug Names, Route, Dosage, Frequency, Potential Interactions										
*State Specific PTA supervision										
*Therapy Reassessment Expectations/Rules										
Other:										
State Specific:										

Supervisor/Preceptor Comments:

Previous Experience						Instruction, Review, or Skill Demonstration				
<input checked="" type="checkbox"/> Required for all PTs / PTAs Intervention	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date /Initials
Instruction in Pain Management Techniques										
Instruction in Post-Op Precautions/Restrictions										
Instruction in Wheelchair Mobility										
Gait / Transfer Training and Assistive Devices										

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Intervention (continued)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
Activity/Exercise Development/ Instruction/Progression and Resources										
Home Safety Instruction and Modifications										
Case Management										
Instruction in Edema Management										
Disease management: (i.e. CHF, DM, COPD, etc..) and Resources										
Instruction in Pressure Ulcer prevention										
Other:										
State Specific:										
Supervisor/Preceptor Comments:										
 Previous Experience						 Instruction, Review, or Skill Demonstration				
<input checked="" type="checkbox"/> <b>Check the Box to Indicate Additional Required Skills</b>	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
<input type="checkbox"/> Assessment/Treatment of Wounds including post-Surgical										
<input type="checkbox"/> Instruction in Transfer Equipment (i.e. Hoyer Lifts)										
<input type="checkbox"/> Application of Ultrasound										
<input type="checkbox"/> Application of Electrical Stimulation (including TENS, NMES, etc.)										
<input type="checkbox"/> Application/Instruction on Immobilizers and Splints										
<input type="checkbox"/> Instruction on Halo Traction and External Fixators										
<input type="checkbox"/> Application/Instruction on Cervical/Lumbar Orthotics										
<input type="checkbox"/> Instruction in Shoes/Inserts										
<input type="checkbox"/> Application/Instruction on Lower Extremity Prostheses										
Other:										
State Specific:										
Supervisor/Preceptor Comments:										



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👤 Previous Experience						📋 Instruction, Review, or Skill Demonstration				
Complete Only if Allowed by State Specific Practice Act for Physical Therapy										
☑ Check the Box to Indicate Required Skills (Demonstration Required Even If Employee Marks A or B)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
<input type="checkbox"/> * Perform Wound Dressing Change										
<input type="checkbox"/> * Perform Suture Removal										
<input type="checkbox"/> * Perform Staple Removal										
<input type="checkbox"/> * CLIA: Finger Stick PT/INR										
<input type="checkbox"/> * Doppler ABI										
Other:										
Supervisor/Preceptor Comments:										

Initials	Print Name	Signature	Title	Date (m/d/yyyy)