# Allied Health Clinical Skills Checklist

## Occupational Therapist / Certified Occupational Therapist Assistant

### Identifying Information
- Last Name: ____________  First name: ____________  Middle name: ____________  Previous Surname: ____________

### Certifications
- NBCOT #: ____________  Expires: ____________  FIM certified: [ ] Yes [ ] No
- BLS expires: ____________  Other: ____________

### Licenses
- Original State License  License Number  Exp. Date  State License  License Number  Exp. Date
- State License  License Number  Exp. Date  State License  License Number  Exp. Date
- State License  License Number  Exp. Date  State License  License Number  Exp. Date

### Based on your last two years experience, please complete the following sections, and where indicated, use the rating scale provided.

#### Populations Worked With
- [ ] Adults  [ ] Pediatrics  [ ] Neonates

### Clinical Skills

#### Treatment Settings
- 1 = No knowledge  2 = Theory only  3 = Experience (occasionally w/in last 2 yrs.)  4 = Highly experienced (frequently w/in last 2 yrs.)

- Acute (critical care; med/surg)
- Subacute (Med/surg; rehab)
- ECF/SNF
- Outpatient treatment clinic
- Home health
- School based – pre-K/elementary
- Middle/Jr. High
- High school

#### Neurological
- 1 = No knowledge  2 = Theory only  3 = Experience (occasionally w/in last 2 yrs.)  4 = Highly experienced (frequently w/in last 2 yrs.)

- Brain injury - Traumatic
- Non-traumatic (CVA/stroke, etc.)
- Spinal cord injury
- Peripheral nerve injury
- Reflex sympathetic dystrophy
- Parkinson’s
- Multiple sclerosis
- Guillain-Barre Syndrome
- ALS
- Coma management
- Alzheimer’s
- Coma/dementia mgmt. scales- Glasgow
- Rancho
- Claudia Allen

#### Assessment/Evaluation (OT only)
- ADL: Independent living/life mgmt skills
- Meaningful occupation
- Cognition
- Visual perception
- Sensory perception
- Home safety
- Therapeutic adaptation
- Durable medical/adaptive equipment (DME/AE)
- Positioning
- Restraint reduction
- Modalities
- Disability adjustment

#### Treatment Techniques
- 1 = No knowledge  2 = Theory only  3 = Experience (occasionally w/in last 2 yrs.)  4 = Highly experienced (frequently w/in last 2 yrs.)

- Post-op client education/precautions
- Positioning
- ADL Transfer training
- ADL retraining/Home management (IADL)
- Work- Simplification/energy conservation
- Rehabilitation and training
- Neuromuscular Requirement-education
- Neuromuscular Requirement-education
- Postural re-education
- Sensory Integration/desensitization and re-education
- Tone/Reflex management
- Contracture management
- Psychosocial integration
- Visual/Perceptual training
- Cognitive training
- Functional mobility retraining
- Orthotic/Prosthetic training
- Assistive technology
- Manual therapy
- Valpar

#### Medical/Surgical
- 1 = No knowledge  2 = Theory only  3 = Experience (occasionally w/in last 2 yrs.)  4 = Highly experienced (frequently w/in last 2 yrs.)

- Post-operative
- Cardiac
- Respiratory
- Oncologic
- Autoimmune (i.e., Arthritis, SLE, etc.)
- Burns
- Lymphedema management

#### Psychosocial
- 1 = No knowledge  2 = Theory only  3 = Experience (occasionally w/in last 2 yrs.)  4 = Highly experienced (frequently w/in last 2 yrs.)

- Acute
- Chronic
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Please list any limitations or comments you may have on a separate sheet.

List any additional certifications currently held:

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I affirm that all information given on this page is true and accurate.  Initials  Date  © CHG Management, Inc. 2009
Page 2 of 2  Revised 2/2009  F APP329