

Name:

**WORK ENVIRONMENTS:**

**0 1 2 3**

Children's Hospital..... mmmm  
 General Acute Care..... mmmm  
 Geriatric..... mmmm  
 Home Health Care..... mmmm  
 Psychiatric Hospital..... mmmm  
 Rehabilitation Hospital..... mmmm  
 Rehabilitation Clinic..... mmmm  
 School Setting..... mmmm  
 Skilled Care Facility..... mmmm

**NEUROLOGIC:**

Adaptive Equipment..... mmmm  
 Functional Splinting..... mmmm  
 Head Trauma..... mmmm  
 Spinal Cord Injury..... mmmm  
 Stroke Rehabilitation..... mmmm  
 Wheelchair Evaluation..... mmmm

**ORTHOPEDICS:**

Arthritis Programs..... mmmm  
 Hand Injury..... mmmm  
 Hip Fracture..... mmmm  
 Mobilization Techniques..... mmmm  
 TMJ Dysfunction..... mmmm  
 Total Hip/Knee..... mmmm  
 Total Joint Replacement/Upper  
 Extremities..... mmmm

**PEDIATRICS:**

Activities of Daily Living..... mmmm  
 Developmental Screening..... mmmm  
 Equipment Assessment..... mmmm  
 Neurodevelopmental Testing..... mmmm  
 Orthotics..... mmmm  
 Sensory Integrative Testing..... mmmm  
 Visual Perceptual Skills Testing..... mmmm  
 Wheelchair Positioning Device..... mmmm

**MODALITIES:**

**0 1 2 3**

Amputee..... mmmm  
 Biofeedback..... mmmm  
 Edema Massage..... mmmm  
 Feeding Techniques..... mmmm  
 Fluidotherapy..... mmmm  
 Laminectomy..... mmmm  
 Muscle Stimulation..... mmmm  
 Oral Motor Facilities..... mmmm  
 Parrifin Bath..... mmmm  
 Therapeutic Pool..... mmmm  
 TENS..... mmmm

**PROSTHETICS/ORTHODICS:**

Dynamic Splints..... mmmm  
 Serial Casting..... mmmm  
 Static Splints..... mmmm  
 UE Prosthetics..... mmmm

**MISCELLANEOUS:**

BTE..... mmmm  
 Burn Management..... mmmm  
 Cardiac Rehabilitation..... mmmm  
 Cognitive Retraining..... mmmm  
 Developmental Disabilities..... mmmm  
 Driving Evaluation..... mmmm  
 Geriatrics..... mmmm  
 Group Dynamics..... mmmm  
 Home Accessabilities..... mmmm  
 Inservice Education..... mmmm  
 Job Task Analysis..... mmmm  
 List Computer Familiarity..... mmmm  
 Therapeutic Media..... mmmm  
 Valpar..... mmmm  
 Work Capacity Evaluation..... mmmm  
 Work Hardening..... mmmm  
 Work Capacity Testing..... mmmm

**Other Skills or Training:**

**Y N**  
 mm OT  
 mm COTA

**SCORING LEGEND:**

0 - No Experience    1 - Limited Experience    2 - Experienced    3 - Proficient