

# Physical Therapist Required Skills Checklist

(✓ check as appropriate - A = THEORY, NO PRACTICE, B = ONE-TWO YEARS EXPERIENCE C = TWO PLUS YEARS EXPERIENCE)

Name/Client:	Date:
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A	B	C	Comments
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## Modalities

Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Muscle Stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fluidotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paraffin Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Edema Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Feeding Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Oral Motor Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Therapeutic Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

## Neurologic

Spinal Cord Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Functional Splinting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Adaptive Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stroke Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

## Orthopedics

Arthritis Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Back Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hand Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hip Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mobilization Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TMJ Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total Hip/Total Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total Joint Replacement/Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

