

LEVEL OF EXPERIENCE

- A. Two plus years experience
- B. One – two years experience
- C. Intermittent experience
- D. Theory, no practice



SELF ASSESSMENT SKILLS CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA)

Name: _____

Date: _____

Instructions: Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Following the scale above, choose A for Two-plus years of experience through D for Theory only, no practice.

SKILL	A	B	C	D	SKILL	A	B	C	D
ORTHOPEDIC					ADAPTIVE EQUIPMENT (Cont)				
Arthritis programs					c. Pre-discharge planning				
a. Energy conservation					d. Splinting				
b. Joint protection					Wheelchair				
Hand injury									
Hip fractures					VOCATIONAL TRAINING				
Mobilization techniques					Cognitive assessment				
Therapeutic exercise					Functional capacity evaluation				
Total hip / knee replacement					Job task analysis				
Total joint replacement / upper extremities					Perceptual assessment				
					Work hardening				
NEUROLOGICAL					a. BTE				
CVA					b. Valpar				
Head trauma									
Peripheral nerve injuries					PEDIATRICS				
Spinal cord injury					Developmental testing				
a. Adaptive equipment					Discharge planning (referral & resources)				
b. Functional splinting					Equipment assessment				
c. Wheelchair evaluation					a. Activities of daily living				
Stroke rehabilitation					b. Wheelchair positioning device				
					Neurodevelopmental testing				
PSYCHIATRIC					Orthotics				
Acute disorders					Sensory integrative testing				
Chronic disorders					Visual perceptual skill testing				
Community re-entry									
Crisis intervention					MODALTIES				
Group treatment					Biofeedback				
Standardized assessment tools					Edema massage				
Substance abuse					Feeding techniques				
					Fluid therapy				
PROSTHETICS/ORTHOTICS/FUNCTIONAL TRAINING					Muscle stimulation				
Above knee prosthetics					Oral motor facilities				
Below knee prosthetics					Paraffin bath				
Dynamic splints					Therapeutic pool				
Myofascial release (MFR)									
Orthoplast									
Serial / inhibitory casting									
Static splints									
Upper extremity prosthetics									
ADAPTIVE EQUIPMENT									
Assessment									
Fabrication									
Functional activities									
a. ADL's									
b. Home environment									

Additional Skills & Comments _____

Signature _____ Date _____

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SELF ASSESSMENT SKILLS OCCUPATIONAL THERAPIST (OTR)

SKILL	A	B	C	D					
AGE SPECIFIC PRACTICE CRITERIA									
A. Newborn/Neonate (birth – 30 days)									
B. Infant (30 days – 1 year)									
C. Toddler (1 – 3 years)									
D. Preschooler (3 – 5 years)									
E. School age children (5 – 12 years)									
F. Adolescents (12 – 18 years)									
G. Young adults (18 – 39 years)									
H. Middle adults (39 – 64 years)									
I. Older adults (64+)									
USING AGE CATEGORIES ABOVE, CIRCLE ALL THAT APPLY									
Able to ensure a safe environment for specific needs of various age groups	A	B	C	D	E	F	G	H	I
Able to communicate and/or educate patients based on their age, maturity, and level of comprehension	A	B	C	D	E	F	G	H	I
Able to evaluate age-appropriate behavior, motor skills, and physiological norms and abnorms	A	B	C	D	E	F	G	H	I

Additional Skills & Comments _____

Signature _____ Date _____