

Self-Assessment Rating Scale

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



SELF ASSESSMENT SKILLS

PHYSICAL THERAPIST (PT)

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					Paraffin				
Back syndromes					Hot / Cold Packs				
Hip Fractures					Vasopneumatic Devices				
Total Joint Replacement					Myofascial Release Techniques				
a) Upper Extremities					Craniosacral Therapy				
Total Hip/Knee Replacement					Strain / Counter Strain Techniques				
Hand Injury					Extremity Mobilization				
Transmandibular Joint Dysfunction					Spinal Mobilization				
Arthritis Programs					Muscle Energy Techniques				
Mobilization Techniques					Therapeutic Exercise / Home Programs				
Neck Injuries					PROSTHETICS / ORTHOTICS				
NEUROLOGIC					Gait Analysis				
Stroke Rehabilitation					Above Knee Prosthetics				
Head Trauma					Below Knee Prosthetics				
Spinal Cord Injury					Orthoplast / Aquaplast				
a) Functional Splinting					Resting Splints				
b) Adaptive Equipment					Dynamic Splints				
Neurosurgery					Static Splints				
SPORTS MEDICINE					Ankle Foot Orthosis				
Biodex					Serial / Inhibitory Casing				
Cybox					PEDIATRICS				
Orthotron					Early Intervention				
LIDO					Neurodevelopmental Treatment NDT				
Nautilus / Eagle					Gross Motor Assessment Tools				
Bracing / Joint Immobilization					Orthotics				
Taping / Strapping					Equipment Assessment				
Strength and Endurance Training					a) Adaptive				
MODALITIES / MANUAL SKILLS					b) Activities of Daily Living				
Continuous Passive Motion Machine					Mental Retardation				
Hydrotherapy					Cerebral Palsy				
a) Whirlpool					Learning Disabled				
b) Hubbard Tank					Spina Bifida				
c) Therapeutic Pool					COMPUTERIZED TESTING				
Biofeedback					Fatigue - Characteristics				
TENS					Fiber – Type				
Muscle Stimulation					Functional Strength				
Ultrasound					Net Muscular – Torque				
Diathermy					ROM				
Cryotherapy					Work - Capacity				
Electro-Acupuncture									
Acuscope									
Neuro Probe									
Traction									
a) Cervical									
b) Lumbar									
Massage									
Wound Dressing									
Fluid therapy									

Additional Skills & Comments _____

Signature _____ Date _____

