

## Occupational Therapy Skills Checklist

<b>Occupational Therapy Skills Checklist</b>									
NAME		Last		First		Initial		License:	
Evaluator:					Date:				
<b>INSTRUCTIONS:</b> Use the following answer key to indicate the extent of your "previous experience." (1) NEED INSTRUCTIONS & SUPERVISION    (2) NEED REVIEW    (3) FEEL COMPETENT TO PERFORM WITHOUT SUPERVISOR    (4) FEEL COMPETENT TO ORIENT OTHERS									
Procedures	Previous experience	Competency Verbal/Demo Date/Initial	Comments	Procedures	Previous experience	Competency Verbal/Demo Date/Initial	Comments		
<b>EVALUATION</b>					<b>FUNCTIONAL PERFORMANCE TRAINING (con't)</b>				
Muscle Test				Energy Management Training					
Goniometry				Instruct in Breathing Technique with Functional Activity					
Neurological Evaluation				Instruct in Body Mechanic with Functional Activity					
Joint Integrity Evaluation				Instruct in Relaxation Techniques					
Effective of Exercise/Activity on Cardiopulmonary Function				Instruct in Stress Management					
Functional Performance Evaluation									
<b>USE OF THERAPEUTIC MODALITIES</b>					<b>JOINT PROTECTION</b>				
Active, Active Assistive, Resistive, Passive Exercise				Instruct in Joint Protect/Positioning					
Exercise Using Facilitation-Inhibition Techniques				Fabrication of Splints					
Graded Activity				Modification of Splints					
Sensory-Motor Treatment				Instruct in Use of Slings, Splints					
Perceptual-motor Treatment				Joint Mobilization					
Fine Motor Coordination				<b>CORRECT FITTING AND TRAINING IN USE OF</b>					
<b>FUNCTIONAL PERFORMANCE TRAINING</b>					UE Prosthesis				
Bed Mobility Training				UE Orthotics					
Transfer Training				Wheelchair					
ADL Training				Transfer Aides					
					<b>TREATMENT FOR</b>				
					Pulmonary Disease				