Wise Medical Staffing, Inc.

Clinical Skills Checklist
(Occupational Therapy)

Name_____ Date_____

Levels of Proficiency

A = Perform Well (at least one year experience within the last two years)
B = Limited Experience (6 months to one year within the last two years)
C = Perform Infrequently (less than three months within the last two years)
D = No Experience

Work Settings	**A**	**B**	**C**	**D**		**Neurologic**	**A**	**B**	**C**	**D**
General Acute Care						Adaptive Equipment				
Children's Hospital						Head Trauma				
Home Health						Functional Splinting				
Psychiatric Hospital						Spinal Cord Injury				
Rehab Hospital						Stroke Rehabilitation				
Rehab Clinic						Wheelchair Evaluation				
School Setting										
Skilled Care Facility						**Modalities**				
						Biofeedback				
Pediatrics						Edema Message				
Equipment Assessment						Feeding Techniques				
Activities of daily Living						Fluidotherapy				
Developmental Screening						Muscle Stimulation				
Neurodevelopmental Testing						Oral Motor Facilities				
Sensory Integrative Testing						Paraffin Bath				
Orthotics						TENS				
Visual Perceptual Skills						Therapeutic Pool				
Wheelchair Positioning Device										
						Prosthetics/Orthotics				
Orthopedics						Dynamic Splints				
Hand Injury						Serial Casting				
Hip Fractures						Static Splints				
Arthritis Programs						UE Prosthetics				
Mobilization Techniques										
Total Joint Replacement Upper Ext.						**Other**				
Total Hip/Total Knee										