

Skills Checklist - Occupational Therapy

The purpose of this checklist is to more clearly outline the Occupational Therapist's areas of expertise. Please complete this checklist as accurately as possible.

First and Last Name	
Certifications:	Expiration
	BCLS
	ACLS
	CPR
	OTHER
State OT Licenses	OTHER

Please indicate your level of experience
 A. Theory, No Practice
 B. Intermittent Experience
 C. 1-2 years of Experience
 D. More than 2 years of Experience

A. ORTHOPEDICS

1. Arthritis Program
2. Therapeutic Exercise
 - a. Energy Conservation
 - b. Joint Protection
4. Hip Fractures
5. Mobilization Techniques
6. Hand Injuries
7. Total Hip/ Total Knee Replacement
8. Total Joint Replacement/Upper Extremities

A	B	C	D

B. NEUROLOGIC

1. Head Trauma
2. Spinal Cord Injuries
3. CVA Rehabilitation
4. Stroke Rehabilitation
 - a. Functional Splinting

A	B	C	D