

SKILLS & EXPERIENCE INVENTORY:
PHYSICAL THERAPIST/ PHYSICAL THERAPIST ASSISTANT



Name: _____

Check One:

Supervisor: _____

Hire Date: _____

___ Orientation

Date: _____

Position: _____

___ Annual Review

Additional Training Identified: _____

___ Other

KEY: SELF EVALUATION: 1 2 3 NA (CIRCLE ONE) AS YOU REVIEW THE SKILL / EXPERIENCE LIST IN columns 3 & 4.
 1=VERY EXPERIENCED 2=SOMEWHAT EXPERIENCED 3=NOT EXPERIENCED NA=NOT APPLICABLE

** Core Competency = Proficiency must be demonstrated satisfactorily to be considered competent

NO.	Skill / Experience Inventory	Job Position Physical Therapist	Job Position Physical Therapy Assistant	Initial Competency Demonstrated (Enter Date)	Evaluation Method DO – Direct Observation SIM – Simulation CA – Chart Audit CT – Cognitive Testing	Ongoing Competency Assessment Dates / Eval. Methods
1.	Knowledge of Assessment Process					
	a. Health history, review of systems and physical examination**	1 2 3 NA	XXX			
	b. Development and revision of care plan ** 485	1 2 3 NA	XXX			
	c. Assesses response to treatment **	1 2 3 NA	XXX			
	d. Establishes and revises goals **	1 2 3 NA	XXX			
	e. Conducts complete initial comprehensive assessment **	1 2 3 NA	XXX			

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2.	Documentation Skills (accurate, timely, complete and legible)					
	a. OASIS / SOC (if allowed by law / regulation	1 2 3 NA	XXX			
	b. OASIS Follow-up	1 2 3 NA	XXX			
	c. OASIS Status Change	1 2 3 NA	XXX			
	d. OASIS Discharge	1 2 3 NA	XXX			
	e. Discharge Summary	1 2 3 NA	XXX			
	f. 60 Day Summary	1 2 3 NA	XXX			
	g. Skilled visit notes **	1 2 3 NA	1 2 3 NA			
3.	Adheres to Plan of Care					
	a. Reviews POC prior to care **	1 2 3 NA	1 2 3 NA			
	b. Perform services as ordered **	1 2 3 NA	1 2 3 NA			
	c. Documents according to POC **	1 2 3 NA	1 2 3 NA			
	d. Communicates / Coordinates if appropriate.	1 2 3 NA	1 2 3 NA			
4.	Knowledge of Medical / State Regulations					
	a. Criteria for participation	1 2 3 NA	1 2 3 NA			
	b. Skilled reimbursable visit	1 2 3 NA	1 2 3 NA			

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5.	Effective Case Coordination					
	a. Reports and documents key information to physician, case manager, and supervisor. **	1 2 3 NA	1 2 3 NA			
	b. Team Member (RN, OT, ST, MSW, LPN / LVN, HHA) **	1 2 3 NA	1 2 3 NA			
	c. Attends / participates in case conferences as required **	1 2 3 NA	1 2 3 NA			
6.	Supervision of Ancillary Staff					
	a. PTA **	1 2 3 NA	1 2 3 NA			
	b. HHA	1 2 3 NA	1 2 3 NA			
7.	Infection Control					
	a. Handwashing **	1 2 3 NA	1 2 3 NA			
	b. Proper bag technique **	1 2 3 NA	1 2 3 NA			
	c. Protective equipment **	1 2 3 NA	1 2 3 NA			
	d. Exposure plan **	1 2 3 NA	1 2 3 NA			
	e. Cleaning equipment between patients **	1 2 3 NA	1 2 3 NA			
8.	Patient Vulnerability in Home Safety					
	a. Assess patient for abuse / neglect **	1 2 3 NA	1 2 3 NA			
	b. Perform safety assessment of home **	1 2 3 NA	1 2 3 NA			

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9.	Patient Education					
	a. Determines learning needs **	1 2 3 NA	1 2 3 NA			
	b. Sets objectives **	1 2 3 NA	1 2 3 NA			
	c. Develops / Implements teaching plan **	1 2 3 NA	1 2 3 NA			
	d. Evaluates effectiveness of teaching **	1 2 3 NA	1 2 3 NA			
	e. Revises teaching plan **	1 2 3 NA	1 2 3 NA			
	f. Documents patient response **	1 2 3 NA	1 2 3 NA			
	Clinical Skills (General)					
1.	Vital Signs	1 2 3 NA	1 2 3 NA			
	Assessments and Evaluation					
1.	Cognition / communication	1 2 3 NA	XXX			
2.	Musculoskeletal-skeletal (ROM, posture, deformity)	1 2 3 NA	XXX			
3.	Pain (Location, intensity, relief	1 2 3 NA	XXX			

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4.	Neuro-Muscular Function (Motor control, strength, coordination, tone . Reflexes)	1 2 3 NA	XXX			
5.	Sensation	1 2 3 NA	XXX			
6.	Endurance	1 2 3 NA	XXX			
7.	Functional Findings					
	a. Bed mobility	1 2 3 NA	XXX			
	b. Gait	1 2 3 NA	XXX			
	c. Transfers	1 2 3 NA	XXX			
	d. Equipment management	1 2 3 NA	XXX			
8.	Enviromental Evaluation / Architectural Barriers	1 2 3 NA	XXX			
	Skilled Treatment / Interventions					
1.	Perform therapeutic / Interventions					
	a. Active	1 2 3 NA	1 2 3 NA			
	b. Passive	1 2 3 NA	1 2 3 NA			
	c. Strengthening and endurance	1 2 3 NA	1 2 3 NA			
2.	Transfer Activities	1 2 3 NA	1 2 3 NA			
3.	Mobilization					
	a. Bed mobility	1 2 3 NA	1 2 3 NA			
	b. Gait Training	1 2 3 NA	1 2 3 NA			

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4.	Use of Physical Agents					
	a. Ultrasounds	1 2 3 NA	1 2 3 NA			
	b. Hot / Cold Packs	1 2 3 NA	1 2 3 NA			
	c. TENS / FES	1 2 3 NA	1 2 3 NA			
	d. Massage	1 2 3 NA	1 2 3 NA			
5.	Prosthetic Training					
	a. Care of prosthesis	1 2 3 NA	1 2 3 NA			
	b. Stump conditioning	1 2 3 NA	1 2 3 NA			
	C. Other:	1 2 3 NA	1 2 3 NA			
6.	Assistive Devices					
	a. Fit / adjustment	1 2 3 NA	1 2 3 NA			
	b. Gait training	1 2 3 NA	1 2 3 NA			
	c. Safety	1 2 3 NA	1 2 3 NA			
	c. Strengthening and endurance	1 2 3 NA	1 2 3 NA			
7.	Fabricates orthotic device, instructs in use	1 2 3 NA	1 2 3 NA			
8	Teaches pulmonary exercise / breathing, postural drainage, and energy conversation techniques	1 2 3 NA	1 2 3 NA			

Employee Signature: _____

Supervisor Signature: _____