

## COMPETENCY ASSESSMENT SKILLS CHECKLIST PHYSICAL THERAPIST

Name: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

\_\_\_\_\_ Initial      \_\_\_\_\_ Annual

**Key for Evaluation Method:**

*Verbal Test = V; Written Test = W; Observation = O; Demonstration = D; Special Training = ST*

Self-Assessment				Competency for the Physical Therapist	Evaluation Method (To be completed by Supervisor)
Do you have experience with this skill?		Are you competent performing the following?			
Yes	No	Yes	No		
<b>Demonstrates ability to process paperwork and associated functions necessary to facilitate:</b>					
<b>Knowledge of Assessment Process:</b>					
				Health history and physical exam	
				Development of problem list	
				Development and revision of care plan	
				Assesses response to treatment	
				Establishes and revises goals	
				Discharge planning	
				Conducts complete initial evaluation	
<b>Documentation Skills: (accurate, timely, complete, and legible)</b>					
				485, 486, 487	
				Progress notes, flow sheets	
				Summary reports	
				Incident reporting	
<b>Adheres to Plan of Care (POC):</b>					
				Reviews POC prior to care	
				Performs services as ordered	
				Documents according to POC	
				Communicates/coordinates as appropriate	
<b>Knowledge of Medicare/State Guidelines:</b>					
				Criteria for participation	
				Skilled reimbursable visit	
				Reports and documents key information to Physician, Discharge Planner, Other Clinicians, Pharmacist, Supervisor	
				Participates as team member	
				Submits written summary reports as indicated	
				Attends/participates in case conferences as required	
<b>Supervision of Ancillary Personnel:</b>					
				PTA	
				HHA	
				Supply/HME requisition and management	

Self-Assessment				Competency for the Physical Therapist	Evaluation Method (To be completed by Supervisor)
Do you have experience with this skill?		Are you competent performing the following?			
Yes	No	Yes	No		
<b>Infection Control Practices:</b>					
				Hand washing	
				Personal protective equipment	
				Exposure control plan	
				Equipment care, as appropriate	
<b>Patient Education:</b>					
				Determines learning needs	
				Sets objectives	
				Develops/implements teaching plan	
				Evaluates effectiveness of teaching	
				Revises teaching plan	
				Documents patient response	
<b>Assessment and Evaluation:</b>					
				Mental Status/Cognition (judgment, memory judgment, orientation, sequencing, following directions, problem solving)	
				Musculoskeletal-Skeletal (ROM, posture, deformity)	
				Pain (location, intensity, relief)	
				Neuro-Muscular Function (motor control, strength, coordination, tone, reflexes)	
				Endurance	
				Functional Findings: Bed Mobility	
				Functional Findings: Gait	
				Functional Findings: Transfers	
				Functional Findings: Equipment management	
<b>Skilled Treatments/Interventions:</b>					
				Perform Therapeutic Exercises: Active	
				Perform Therapeutic Exercises: Passive	
				Perform Therapeutic Exercises: Strengthening and endurance	
				Mobilization: Bed mobility	
				Mobilization: Gait training	
				Use of Physical Agents: Ultrasound	
				Use of Physical Agents: Hot/cold packs	
				Use of Physical Agents: TENS\FES	
				Use of Physical Agents: Massage	
				Use of Physical Agents: Prosthetic Training:	
				Care of prosthesis	
				Stump conditioning	
				Assistive Devices Fit/adjustment	
				Assistive Devices Gait training	
				Assistive Devices Safety	

Self-Assessment				Competency for the Physical Therapist	Evaluation Method (To be completed by Supervisor)
Do you have experience with this skill?		Are you competent performing the following?			
Yes	No	Yes	No		
<b>Other Categories:</b>					
				Patient home safety	
				Clinical Skills – General Vital Signs	
				Environmental eval/Architectural barriers	
				Transfer Activities	
				Fabricates orthotic device, instructs in use	
				Management and evaluation of the patients care plan	

I have been instructed and have knowledge and ability in the physical therapy areas indicated on this form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor/ Supervisor Signature

\_\_\_\_\_  
Date