

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		
Demonstrates ability to process paperwork and associated functions necessary to facilitate:					
Knowledge of Assessment Process:					
				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	
Documentation Skills: (accurate, timely, complete, and legible)					
				485, 486, 487	
				Progress notes, flow sheets	
				Summary reports	
				Incident reporting	
Adheres to Plan of Care (POC):					
				Reviews POC prior to care	
				Performs services as ordered	
				Documents according to POC	
				Communicates/coordinates as appropriate	
Knowledge of Medicare/State Guidelines:					
				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	
Supervision of Ancillary Personnel:					
				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		
Infection Control Practices:					
				Hand washing	
				Personal protective equipment	
				Exposure control plan	
				Equipment care, as appropriate	
Patient Education:					
				Determines learning needs	
				Sets objectives	
				Develops/implements teaching plan	
				Evaluates effectiveness of teaching	
				Revises teaching plan	
				Documents patient response	
Assessment and Evaluation:					
				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	
Skilled Treatments/Interventions:					
				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		
Other Categories:					
				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