Name _____

Date of Hire _____ Position (Circle one): PT PTA OT COTA SLP SLPA

Therapist Competency Skills Checklist – Please rate (circle, underline, or bold) your knowledge and experience of the following therapy skills (1=No experience 2=Little experience 3= Some experience 4=Good Experience 5=Great Experience NA=Not Applicable)

Skill	PT/OT/SLP	PTA/COTA/SLPA	Initial
Assessment			
History and Exam	1 2 3 4 5 NA		
Develop Problem List	1 2 3 4 5 NA		
Develop Plan of Care	1 2 3 4 5 NA		
Establish Measurable Goals	1 2 3 4 5 NA		
Obtaining Prior Level of Function	1 2 3 4 5 NA		
Understand 30 day Re-Assessment rule	1 2 3 4 5 NA	1 2 3 4 5 NA	
Discharge Planning	1 2 3 4 5 NA		
Assess Response to Treatment	1 2 3 4 5 NA	1 2 3 4 5 NA	
Initial Evaluations	1 2 3 4 5 NA		
Start of cares	1 2 3 4 5 NA		
DME	1 2 3 4 5 NA	1 2 3 4 5 NA	

Skill	PT/OT/SLP	PTA/COTA	Initial
Documentation			
Skilled Reimbursable Visits	1 2 3 4 5 NA	1 2 3 4 5 NA	
Progress/SOAP Notes	1 2 3 4 5 NA	1 2 3 4 5 NA	

Re-Assessment Requirements	1 2 3 4 5 NA		
Discharge Requirements	1 2 3 4 5 NA		
Case Communication Notes	1 2 3 4 5 NA	1 2 3 4 5 NA	
Coordination with other disciplines/ physicians	1 2 3 4 5 NA	1 2 3 4 5 NA	
Adherence to POC	1 2 3 4 5 NA	1 2 3 4 5 NA	
Outcome measures/ Objective measures	1 2 3 4 5 NA	1 2 3 4 5 NA	

Skill	**PT/OT/SLP**	**PTA/COTA/SLPA**	**Initial**
Guidelines			
Understands Homebound Criteria for Participation	1 2 3 4 5 NA	1 2 3 4 5 NA	
Understands all visits must be skilled and reimbursable	1 2 3 4 5 NA	1 2 3 4 5 NA	
Maintenance Therapy	1 2 3 4 5 NA		

Skill	**PT/OT/SLP**	**PTA/COTA/SLPA**	**Initial**
Supervision			
Supervision of PTA/COTA	1 2 3 4 5 NA		

Skill	**PT/0T/SLP**	**PTA/COTA/SLPA**	**Initial**
Evaluation for Treatment and POC			
ROM	1 2 3 4 5 NA		
Strength	1 2 3 4 5 NA		
Coordination	1 2 3 4 5 NA		
Mental Status	1 2 3 4 5 NA		
Posture and Alignment	1 2 3 4 5 NA		
Coordination and Gross Motor Function	1 2 3 4 5 NA		
Muscle Tone	1 2 3 4 5 NA		
Sensation	1 2 3 4 5 NA		
Perceptual Motor Function	1 2 3 4 5 NA		
Ambulation/Mobility	1 2 3 4 5 NA		

Gait Quality and Deficits	1 2 3 4 5 NA		
Wheelchair Mobility	1 2 3 4 5 NA		
Bed Mobility	1 2 3 4 5 NA		
Transfers	1 2 3 4 5 NA		
Balance	1 2 3 4 5 NA		
Orthotics/Prosthetics	1 2 3 4 5 NA		
DME	1 2 3 4 5 NA		
Integumentary	1 2 3 4 5 NA		
Exercise Tolerance and Endurance	1 2 3 4 5 NA		
Edema	1 2 3 4 5 NA		
Respiratory Status	1 2 3 4 5 NA		
Understanding Rehab Potential	1 2 3 4 5 NA		
Wound Care	1 2 3 4 5 NA		
High Risk Factors affecting Client Care	1 2 3 4 5 NA		
Home/Environmental Safety	1 2 3 4 5 NA		
Pain	1 2 3 4 5 NA		

Skill	**PT/OT/SLP**	**PTA/COTA/SLPA**	**Initial**
Skilled Treatment/ Intervention			
Gait Training	1 2 3 4 5 NA	1 2 3 4 5 NA	
Balance Training	1 2 3 4 5 NA	1 2 3 4 5 NA	
Strengthening	1 2 3 4 5 NA	1 2 3 4 5 NA	
Stretching	1 2 3 4 5 NA	1 2 3 4 5 NA	
Endurance Training	1 2 3 4 5 NA	1 2 3 4 5 NA	
Therapeutic Exercise	1 2 3 4 5 NA	1 2 3 4 5 NA	
Neuro-muscular Re-Education	1 2 3 4 5 NA	1 2 3 4 5 NA	
Joint Mobilization/ Manipulation	1 2 3 4 5 NA	1 2 3 4 5 NA	
Manual Therapy	1 2 3 4 5 NA	1 2 3 4 5 NA	
Prosthetic/ Orthotic Training	1 2 3 4 5 NA	1 2 3 4 5 NA	
Development of HEP	1 2 3 4 5 NA	1 2 3 4 5 NA	
Fall Prevention	1 2 3 4 5 NA	1 2 3 4 5 NA	
Patient Education	1 2 3 4 5 NA	1 2 3 4 5 NA	
Proper fitting and instructions for Assistive Devices	1 2 3 4 5 NA	1 2 3 4 5 NA	
Pulmonary Training	1 2 3 4 5 NA	1 2 3 4 5 NA	
Bed Positioning	1 2 3 4 5 NA	1 2 3 4 5 NA	

Wound Care	1 2 3 4 5 NA	1 2 3 4 5 NA	
Wheelchair Mobility	1 2 3 4 5 NA	1 2 3 4 5 NA	
Modalities	1 2 3 4 5 NA	1 2 3 4 5 NA	

Skill	**PT/OT/SLP**	**PTA/COTA/SLPA**	**Initial**
Clinical Skills			
Vitals	1 2 3 4 5 NA	1 2 3 4 5 NA	

Clinician:_____ **Date:_____**

Supervisor:_____ **Date:_____**