CLOVER HEALTH SERVICES

SKILLS CHECKLIST

Physical Therapist

Name | Telephone | Who is your recruiter? | Date

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

Proficiency :- 1 = Never Performed 2 = Limited Experience 3 = Comfortable Performing 4 = Proficient
Frequency :- 1 = Never 2 = Sometimes 3 = Often 4 = Always

Provision of Care

Care of patient with :	**Proficiency**	**Frequency**
Amputation	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Arthritis	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Brain Injury	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Fractures	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Joint Replacements	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Neuromuscular Diseases	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Osteoarthritis	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Stroke/CVA	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4

Assessment:	**Proficiency**	**Frequency**
Assess patient's ability to communicate	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Assess need for assistive devices and equipment	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Determine appropriate fit for assistive devices and equipment	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Assess effectiveness of such devices (function and safety during use of device)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Assess patient/caregiver ability to care for such adaptive/assistive equipment	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Assess ADL's (transfers, mobility, bed mobility)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Assess barriers (social, physical, environmental, etc.) that may inhibit patient's ability to function in community	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Assess positioning, postural alignment, body mechanics during self-care, home activities, tasks, etc.	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Assess gait and movement during functional activities with or without use of adaptive equipment	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Assess positioning, postures, or activities that may contribute or produce pressure or trauma to skin	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Assess devices that may contribute to increased pressure/trauma to skin integrity	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4

Assess skin, wound, and scar tissue characteristics such as color, turgor, sensation, temperature, burn degree, depth, pliability, and texture	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Assess motor function, including muscle tone, coordination, agility, and dexterity	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Assess ability to change movement performance with practice	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Assess and perform tests of muscle strength, power, and endurance	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Assess need for protective, supportive, orthotic, and prosthetic devices, including proper fit, ability to apply and remove, clean, safety during use, etc.	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Assess patient's ability to perform skills needed to function independently in community	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Review medical records (e.g., labs, diagnostic tests, specialty reports, narrative, consults, etc.)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Interpret data collected during history, systems review, and testing to determine need for interventions	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Interview patients/clients, caregivers, and family to obtain past and current patient/client history information	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Environment/Safety

General:	**Proficiency**				**Frequency**			
Implement Proper Body Mechanics and Injury Prevention Measures	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Diagnostics

Screening anatomical/physiological status of:	**Proficiency**				**Frequency**			
Cardiovascular/Pulmonary system (e.g., blood pressure, HR, etc.)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Integumentary system (e.g. skin integrity, edema)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Musculoskeletal system (e.g. symmetry, strength, weight, height, range of motion)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Neuromuscular system (e.g. coordinated movements, motor function, locomotion)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Diagnostic Testing :	**Proficiency**				**Frequency**			
Select and perform tests of aerobic capacity, measuring cardiovascular function in response to cardiovascular demand	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Measure pulmonary function in response to oxygen demand	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Measure physiological responses to position changes	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Measure body dimensions (height, weight, etc.)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Select and perform tests to assess Cranial nerve integrity (hearing, taste, facial asymmetry, etc.)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Select and perform tests to assess Peripheral nerve integrity (sensation, strength)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Select and perform tests to assess Spinal nerve integrity (myotome, dermatome)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Select and perform tests of arousal, including orientation to person, place, time and situation	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Select and perform tests of recall (memory and retention)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Select and perform tests of balance with or without the use of adaptive equipment	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Perform tests of joint mobility, stability, range of motion	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Measure active and passive range of motion	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Perform tests of flexibility	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Perform tests of sensorimotor integration and developmental reflexes/reactions (e.g. Babinski reflex, asymmetrical tonic neck reflex)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Goniometry	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Perform tests to deep tendon reflexes and superficial reflexes and reactions.	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Select and perform tests of deep and superficial sensation (proprioception, touch, pain, etc.).	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Education

Training:	**Proficiency**				**Frequency**			
Balance Training	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Gait Training	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Orthotic Training	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Prosthetic Training	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
TENS Training	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Training client on compression therapies (bandaging, garments, taping, etc.).	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Educate and instruct patient and family/caregiver in:	**Proficiency**				**Frequency**			
Endurance conditioning	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Flexibility techniques	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Balance/agility/coordination activities	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Relaxation techniques	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Supervision

General:	**Proficiency**				**Frequency**			
Understand roles and responsibilities of other healthcare professionals and support staff	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Clinical Setting

General:	Proficiency				Frequency			
Acute Care	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Home Health	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Long Term Care	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Outpatient	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Pediatrics	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Rehabilitation	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
School	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Skilled Nursing Facility/Unit	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Industrial Rehabilitation	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Treatment/Therapeutic Modalities

Application Of:	Proficiency				Frequency			
Electrical muscle stimulation (TENS)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Ultrasound procedures	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Hot and cold pack therapies	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Hydrotherapy	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Moist Heat/Paraffin	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Ultrasound	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Compression therapies (bandaging, garments, taping, etc).	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Therapeutic Massage	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Therapeutic Exercise	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Mechanical traction and motion devices (e.g. CPM)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Proprioceptive Neuromuscular Facilitation (PNF) Techniques	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Perform Wound Care:	Proficiency				Frequency			
Debridement	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Measurements	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Staging/Classification	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Dressing changes	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Application of topical medications	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Plan of Care

General:	Proficiency				Frequency			
Develop plan of care based upon data collected in history, systems review and testing	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Develop goals based on functional limitations, impairments, etc.	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Revise plan of care as needed based upon outcomes of treatment	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Communicate evaluation, goals, plan of care with all involved in treatment of patient/client	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Implements Patient Specific Inhabitation/Facilitation Techniques	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4

Documentation

General:	**Proficiency**	**Frequency**
Documentation evaluation, goals, and plan of care developed for patient/client	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4

Age Specific:	**Proficiency**	**Frequency**
Infant (Birth to 1 year)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Toddler (1–3 years)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Pre-school (3–6 years)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
School Age (6–12 years)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Adolescent (12–18 years)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Young Adult (18–30 years)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Mature Adult (30–60 years)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Elderly (>60 years)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4

Work History

Years Experience in Clinical Specialty: _____

Most recent facility worked at: _____

☐ I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.