



Competency/Skills Self-Appraisal: Occupational Therapist

Name _____ Date _____

Please check the column that applies to your skill level:
 3= Very Competent > 1yr Exp. 2=Some Help needed <1 yr. Exp. 1=Need Direction <6 months Exp. 0=Never Done

SKILLS	3	2	1	0	SKILLS	3	2	1	0
▪ BCLS Expires: _____					▪ Caregiver Education				
▪ CPR Expires: _____					5. ORTHODEPIC:				
▪ Modality Certification (type) _____					▪ Arthritis programs				
▪ Other Certification (specify): _____					▪ Energy conservation				
▪ Computerized Charting System (specify) _____					▪ Joint protection				
1. AGE SPECIFIC PRACTICE CRITERIA:					▪ Hand injury				
▪ Newborn/Neonate (birth to 30 days)					▪ Hip fractures				
▪ Infant (30 days to 1 year)					▪ Mobilization techniques				
▪ Toddler (1 -3 years)					▪ Therapeutic exercise				
▪ Preschooler (3-5 years)					▪ Total hip replacement				
▪ School Age Children (5-12 years)					▪ Total knee replacement				
▪ Adolescent (12-18 years)					▪ Total joint replacement				
▪ Young Adults (18-39 years)					▪ Upper extremities				
▪ Middle Adults (39-64 years)					6. NEUROLOGICAL:				
▪ Geriatric (64 +)					▪ CVA				
2. EXPERIENCE WITH AGE GROUPS:					▪ Head trauma				
▪ Able to adapt care to incorporate normal growth and development					▪ Peripheral nerve injuries				
▪ Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level					▪ Spinal cord injury				
▪ Ensures safe environment reflecting specific needs of various age groups					▪ Use of adaptive equipment				
3. EXPERIENCE IN SETTINGS:					▪ Functional splinting				
▪ Acute care hospital					▪ Wheelchair evaluation				
▪ Outpatient					▪ Stroke rehabilitation				
▪ Home Care					7. PSYCHIATRIC:				
▪ Long term care facility					▪ Acute disorders				
▪ Nursing Home					▪ Chronic disorders				
▪ Rehab facility					▪ Community re-entry				
▪ School System					▪ Crisis intervention				
▪ Pediatrics					▪ Group treatment				
▪ Adult					▪ Standardized assessment tools				
4. GENERAL SKILLS:					▪ Substance abuse				
▪ Charting/Documentation/Consents/Care Plans					8. PROSTHETICS/ORTHOTICS/FUNCTIONAL TRAINING:				
▪ Confidentiality of Information/HIPAA					▪ Above knee prosthetics				
▪ Ordering Supplies					▪ Below knee prosthetics				
▪ Universal Precautions/Infection Control Procedures					▪ Dynamic splints				
▪ Advance Directives					▪ Myofascial release (MFR)				
▪ JCAHO – National Patient Safety Guidelines					▪ Orthoplast				
▪ Use of transfer/lift devices					▪ Serial/inhibitory casting				
▪ Pain management					▪ Static splints				

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SKILLS	3	2	1	0	SKILLS	3	2	1	0
8. PROSTHETICS/ORTHOTICS/FUNCTIONAL TRAINING CONTINUED:									
▪ Upper extremity prosthetics									
9. ADAPTIVE EQUIPMENT:									
▪ Assessment									
▪ Fabrication									
▪ Functional activities									
▪ ADLs									
▪ Home environment									
▪ Pre-discharge planning									
▪ Splinting									
▪ Wheelchair									
10. VOCATIONAL TRAINING:									
▪ Cognitive assessment									
▪ Functional capacity evaluation									
▪ Job task analysis									
▪ Perceptual assessment									
▪ Work hardening									
▪ BTE									
▪ Valpar									
11. PEDIATRICS:									
Developmental testing									
▪ Discharge planning									
▪ Referral									
▪ Pediatric resources									
▪ Equipment assessment									
▪ ADLs									
▪ Wheelchair positioning device									
▪ Neurodevelopmental testing									
▪ Orthotics									
▪ Sensory integrative testing									
▪ Visual perceptual skills testing									
12. MODALITIES:									
▪ Biofeedback									
▪ Edema massage									
▪ Feeding techniques									
▪ Fluidotherapy									
▪ Muscle stimulation									
▪ Oral motor facilities									
▪ Paraffin bath									
▪ Therapeutic pool									