

Wise Medical Staffing, Inc.

Clinical Skills Checklist
(Physical Therapy)
Levels of Proficiency

A = Perform Well (at least one year experience within the last two years)
 B = Limited Experience (6 months to one year within the last two years)

C = Perform Infrequently (less than three months within the last two years)
 D = No Experience

| Work Areas | A | B | C | D | PEDIATRICS | A | B | C | D |
|------------------------------|---|---|---|---|----------------------------|---|---|---|---|
| General Acute Care | | | | | Activities of Daily Living | | | | |
| Rehabilitation Hosp. | | | | | Adaptive | | | | |
| Rehabilitation Clinic | | | | | Developmental Disability | | | | |
| Children's Hospital | | | | | Sequencing Testing | | | | |
| Home Health Care | | | | | Equipment Assessment | | | | |
| Skilled Care Facility | | | | | Neurodevelopmental Test | | | | |
| School Setting | | | | | Orthotics | | | | |
| | | | | | | | | | |
| Sports Medicine | | | | | Neurologic | | | | |
| Biodex | | | | | Adaptive Equipment | | | | |
| Bracing/Joint | | | | | Functional Splinting | | | | |
| Cybox | | | | | Head Trauma | | | | |
| Immobilization | | | | | Spinal Cord Injury | | | | |
| Lido | | | | | Stroke Rehabilitation | | | | |
| Nautilus/Eagle | | | | | | | | | |
| Orthotron/Kinetron | | | | | Modalities | | | | |
| Taping/Strapping | | | | | Edema Massage | | | | |
| | | | | | Feeding techniques | | | | |
| Orthopedics | | | | | Fluidotherapy | | | | |
| Arthritis Programs | | | | | Oral Motor facilities | | | | |
| Back Programs | | | | | Muscle Stimulation | | | | |
| Hand Injury | | | | | Parrifin Bath | | | | |
| Hip Fracture | | | | | TENS | | | | |
| Mobilization Tech. | | | | | Therapeutic Pool | | | | |
| TMJ Dysfunction | | | | | | | | | |
| Total Hip | | | | | Other | | | | |
| Total Knee | | | | | Burn Management | | | | |
| Total Joint Replace. | | | | | Cardiac Rehabilitation | | | | |
| | | | | | Job task Analysis | | | | |
| Prosthetics/Orthotics | | | | | Work Capacity Evaluation | | | | |
| Dynamic Splints | | | | | | | | | |
| Serial Casting | | | | | | | | | |
| Statis Splints | | | | | | | | | |
| UE Prosthetics | | | | | | | | | |
| | | | | | | | | | |

The above information is accurate and true to the best of my knowledge. I authorize Wise Medical Staffing to release this information in regards to my employment.

Applicant Signature: _____

Date: _____