

Occupational Therapy Skills Checklist

NAME	Last	First	Initial	License:
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Evaluator:	Date:
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INSTRUCTIONS: Use the following answer key to indicate the extent of your "previous experience."
 (1) NEED INSTRUCTIONS & SUPERVISION (2) NEED REVIEW (3) FEEL COMPETENT TO PERFORM WITHOUT SUPERVISOR (4) FEEL COMPETENT TO ORIENT OTHERS

Procedures	Previous experience	Competency Verbal/Demo	Comments	Procedures	Previous experience	Competency Verbal/Demo Date/Initial	Comments
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EVALUATION	FUNCTIONAL PERFORMANCE TRAINING (con't)
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Muscle Test				Energy Management Training			
Goniometry				Instruct in Breathing Technique with Functional Activity			
Neurological Evaluation				Instruct in Body Mechanic with Functional Activity			
Joint Integrity Evaluation				Instruct in Relaxation Techniques			
Effective of Exercise/Activity on Cardiopulmonary Function				Instruct in Stress Management			
Functional Performance Evaluation							

USE OF THERAPEUTIC MODALITIES	JOINT PROTECTION
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Active, Active Assistive, Resistive, Passive Exercise				Instruct in Joint Protect/Positioning			
Exercise Using Facilitation-Inhibition Techniques				Fabrication of Splints			
Graded Activity				Modification of Splints			
Sensory-Motor Treatment				Instruct in Use of Slings, Splints			
Perceptual-motor Treatment				Joint Mobilization			

FINE MOTOR COORDINATION	CORRECT FITTING AND TRAINING IN USE OF
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				UE Prosthesis			
Bed Mobility Training				UE Orthotics			
Transfer Training				Wheelchair			
ADL Training				Transfer Aides			

TREATMENT FOR

Terminal care: ability to cope w/death at home, active grieving process				Pulmonary Disease			
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