

INITIAL COMPETENCY ASSESSMENT SKILLS CHECKLIST— PHYSICAL THERAPIST

Name: _____

Date of Employment: _____ Date Completed: _____

Self Assessment				Competency for the Physical Therapist	Proficiency Required	Evaluation Method	Competency Validation Indicated by Preceptors Initials and Date
Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				VITAL SIGNS/BP & PULSE			
				a. Demonstration of BP & Pulse testing			
				b. Verbalization of alternate measure placements			
				c. Pulse Ox reading			
				d. Indications for taking vital signs			
				COMPREHENSIVE ASSESSMENT			
				a. Heart Sounds			
				b. Lung Sounds			
				c. Bowel Sounds			
				ROM/GONIOMETRY			
				a. Demonstration of using goniometer at selected joints			
				b. Demonstration of checking functional ROM (recognizing pain limitations)			
				c. Demonstrate assessment of end feel/joint integrity			
				d. Verbalize contraindications for ROM testing			
				MMT/STRENGTH			
				a. Demonstration of testing muscle strength at selected joints			
				b. Verbalization of testing functional strength			
				c. Verbalization contraindications for MMT testing			
				BALANCE			
				a. Examples of testing balance (e.g. TUG, Timed, Functional Reach)			
				b. Verbalization and examples of functional progressive balance exercises			
				COORDINATION			
				a. Examples of coordination/gross motor function tests (finger to nose, heel to shin, heel to toes, alternating rapid movement, cross body movement)			
				SENSATION/PROPRIOCEPTION			

Physical Therapy Chart Audit Checklist

Robert J. Hickok



Physical Therapy Chart Audit Checklist:

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