

**PHYSICAL THERAPY ASSISTANT (PTA) SKILLS CHECKLIST**

Clinical I: \_\_\_\_\_ (Name of Facility)     
 Clinical II: \_\_\_\_\_ (Name of Facility)     
 Clinical III: \_\_\_\_\_ (Name of Facility)

| Mark completed skills                       | Clinical |    |     |
|---|----------|----|-----|
|   | I        | II | III |
| <b>ADULT</b>                                |          |    |     |
| <b>Orthopedic</b>                           |          |    |     |
| Neck Injuries/Surgeries                     |          |    |     |
| Back Injuries/Surgeries                     |          |    |     |
| Hip Fractures/Injuries                      |          |    |     |
| Total Hip Replacement                       |          |    |     |
| Knee Injuries                               |          |    |     |
| Total Knee Replacement                      |          |    |     |
| Shoulder Injuries                           |          |    |     |
| Degen. Joint Disease/Arthritis              |          |    |     |
| Post-Operative Care                         |          |    |     |
| Amputations                                 |          |    |     |
| <b>Neurologic</b>                           |          |    |     |
| Stroke Rehabilitation                       |          |    |     |
| Cognitive Disorders                         |          |    |     |
| Head Trauma                                 |          |    |     |
| Spinal Cord Injury                          |          |    |     |
| Adaptive Equipment-Wheelchair               |          |    |     |
| Neuromuscular Diseases                      |          |    |     |
| <b>ADULT</b>                                |          |    |     |
| <b>Prosthetics/Orthotics/Braces/Splints</b> |          |    |     |
| Upper Extremity Prosthetics                 |          |    |     |
| Above Knee Prosthetics                      |          |    |     |
| Below Knee Prosthetics                      |          |    |     |
| Ankle/Foot Orthosis                         |          |    |     |
| Slings                                      |          |    |     |
| Splints-Wrist/Hand                          |          |    |     |
| <b>Procedures/Treatments</b>                |          |    |     |
| CPM Machine                                 |          |    |     |
| Whirlpool                                   |          |    |     |
| Therapeutic Pool                            |          |    |     |
| Electrical Stimulation                      |          |    |     |
| Ultrasound                                  |          |    |     |
| Cryotherapy                                 |          |    |     |
| Rom   |          |    |     |
| Massage                                     |          |    |     |
| Diathermy                                   |          |    |     |
| Myofacial Release/Soft Tissue               |          |    |     |
| Cervical Traction                           |          |    |     |
| Lumbar Traction                             |          |    |     |
| Activities of Daily Living                  |          |    |     |
| Transfers                                   |          |    |     |
| Isokinetic exercise                         |          |    |     |
| Taping                                      |          |    |     |

| Mark completed skills                  | Clinical |    |     |
|--|----------|----|-----|
|  | I        | II | III |
| <b>ADULT</b>                           |          |    |     |
| <b>Other</b>                           |          |    |     |
| Chest PT                               |          |    |     |
| Cardiac Rehab                          |          |    |     |
| ICU Procedures                         |          |    |     |
| Burn Management                        |          |    |     |
| Work Hardening-Work Site Evaluation    |          |    |     |
| Work Capacity Evaluation               |          |    |     |
| Functional Capacity Evaluation         |          |    |     |
| Muscle Energy Techniques               |          |    |     |
| Universal Precautions                  |          |    |     |
| Isolation Procedures                   |          |    |     |
| <b>Assessments</b>                     |          |    |     |
| MMT                                    |          |    |     |
| Manual Sensation Muscle Testing        |          |    |     |
| Goniometry                             |          |    |     |
| Skin                                   |          |    |     |
| Pain                                   |          |    |     |
| <b>PEDIATRIC</b>                       |          |    |     |
| <b>Orthopedic</b>                      |          |    |     |
| Fractures                              |          |    |     |
| Birth Defects                          |          |    |     |
| Developmental Diseases of Bone         |          |    |     |
| <b>Neurologic</b>                      |          |    |     |
| Head Injury                            |          |    |     |
| Spinal Cord Injury                     |          |    |     |
| Sensory Integrative Deficits           |          |    |     |
| Visual Perceptual Disorders            |          |    |     |
| <b>Neurodevelopmental Techniques</b>   |          |    |     |
| Muscular Dystrophy                     |          |    |     |
| Cerebral Palsy                         |          |    |     |
| Spina Bifida                           |          |    |     |
| Autism Spectrum Disorders              |          |    |     |
| Down Syndrome                          |          |    |     |
| Other Diagnoses                        |          |    |     |
|  |          |    |     |
|  |          |    |     |
| <b>Prosthetics/Orthotics</b>           |          |    |     |
| Bracing                                |          |    |     |
| Orthotics                              |          |    |     |
| <b>Procedures/Treatment Techniques</b> |          |    |     |
| Adaptive Equipment Training            |          |    |     |
| Postural Balance Training              |          |    |     |
| Mobility Training                      |          |    |     |
|  |          |    |     |

**Age-Appropriate Care:** Ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment – reflecting specific needs of the client and various age groups.

| AGE                       | 1 | 2 | 3 |
|---------------------------|---|---|---|
| Newborn (birth-30 days)   |   |   |   |
| Infant (30 days – 1 year) |   |   |   |
| Toddler ( 1 – 3 years)    |   |   |   |
| Preschooler (3 – 5 years) |   |   |   |
| School Age (5 – 12 years) |   |   |   |

| AGE                            | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Adolescents (12 – 18 years)    |   |   |   |
| Young Adults (18 – 39)         |   |   |   |
| Middle Adults ( 39 – 64 years) |   |   |   |
| Older Adults ( 64+ years)      |   |   |   |
|                                |   |   |   |

*The information I have given is true and accurate to the best of my knowledge.*

**First Clinical:**

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Facility Name

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Clinical Instructor's Signature Date

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Clinical Instructor's Name and Title (PLEASE PRINT)

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Student's Signature Date

**Second Clinical:**

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Facility Name

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Clinical Instructor's Signature Date

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Clinical Instructor's Name and Title (PLEASE PRINT)

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Student's Signature Date

**Third Clinical:**

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Facility Name

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Clinical Instructor's Signature Date

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Clinical Instructor's Name and Title (PLEASE PRINT)

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Student's Signature Date