

 OCCUPATIONAL THERAPY

 COMPETENCY SKILLS CHECKLIST

Name: Date of Hire:

Evaluator: Date Completed:

**DIRECTIONS:** Please indicate your level of experience by placing initials in the appropriate box and date observed.

1. No Experience
2. Minimal Experience – Requires supervision/assistance
3. Moderate Experience – Requires initial review and then performs independently
4. Very Experienced – Proficient

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| Infection Control | 1 | 2 | 3 | 4 | Date |
| Bag Technique |  |  |  |  |  |
| Hand Hygiene |  |  |  |  |  |
| Aseptic Technique |  |  |  |  |  |
| Sterile Technique |  |  |  |  |  |

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| Standardized Testing | 1 | 2 | 3 | 4 | Date |
| Barthel Index |  |  |  |  |  |
| FIM |  |  |  |  |  |
| SLUMS |  |  |  |  |  |

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| Assessment | 1 | 2 | 3 | 4 | Date |
| Vital Signs (BP, HR, Temp) |  |  |  |  |  |
| Pulse Ox |  |  |  |  |  |
| Pulse (carotid, dorsal, radial) |  |  |  |  |  |

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| Evaluation | 1 | 2 | 3 | 4 | Date |
| Manual Muscle Testing |  |  |  |  |  |
| Muscle Tone |  |  |  |  |  |
| ROM |  |  |  |  |  |
| Mental Status |  |  |  |  |  |
| Pain |  |  |  |  |  |
| Sensation |  |  |  |  |  |
| Neurologic |  |  |  |  |  |
| FMC / GMC |  |  |  |  |  |
| ADL |  |  |  |  |  |
| Home |  |  |  |  |  |

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| Documentation | 1 | 2 | 3 | 4 | Date |
| Plan of Care Development |  |  |  |  |  |
| Physician Orders |  |  |  |  |  |
| OASIS Completion |  |  |  |  |  |
| Homebound Status |  |  |  |  |  |

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| Intervention | 1 | 2 | 3 | 4 | Date |
| ROM (PROM, AAROM, AROM) |  |  |  |  |  |
| Disease Management (CHF, DM) |  |  |  |  |  |
| Post-Op Precautions/Restrictions |  |  |  |  |  |
| Home Safety |  |  |  |  |  |
| Edema Management |  |  |  |  |  |
| Pressure Ulcer Prevention |  |  |  |  |  |
| Cardiopulmonary |  |  |  |  |  |
| Cognitive |  |  |  |  |  |
| Energy Conservation |  |  |  |  |  |

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| Correct Fitting/Training | 1 | 2 | 3 | 4 | Date |
| UE Prosthetics |  |  |  |  |  |
| Splints |  |  |  |  |  |
| Wheelchair |  |  |  |  |  |

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| Functional Mobility | 1 | 2 | 3 | 4 | Date |
| Transfer |  |  |  |  |  |
| ADL |  |  |  |  |  |
| Posture/Body Mechanics |  |  |  |  |  |