

COTA Skills Checklist

Instructions

- 1 - No Experience (Instruction only, no hands on experience.)
- 2 - Minimal Experience (Have experience but has performed procedure infrequently. Minimal assistance needed.)
- 3 - Experienced (Competent to perform the procedure, task, or skill independently.)
- 4 - Proficient (Able to demonstrate, perform the task or skill proficiently without any assistance.)

Assessment & Care Of Patient With Or Requiring	Experience
Orthopedic	Experience
Hand Injury	① ② ③ ④
Arthritis Programs	① ② ③ ④
Total Joint Replacement/Upper Extremities	① ② ③ ④
Total Hip/Knee Replacement	① ② ③ ④
Hip Fractures	① ② ③ ④
Mobilization Techniques	① ② ③ ④
Neurological	Experience
Stroke Rehabilitation	① ② ③ ④
Head Trauma	① ② ③ ④
Spinal Cord Injury	Experience
Functional Splinting	① ② ③ ④
Adaptive Equipment	① ② ③ ④
Wheelchair Evaluation	① ② ③ ④
Psychiatric	Experience
Standardized Assessment Tools	① ② ③ ④
Group Treatment	① ② ③ ④
Substance Abuse	① ② ③ ④
Crisis Intervention	① ② ③ ④
Acute Disorders	① ② ③ ④
Chronic Disorders	① ② ③ ④
Community Re-entry	① ② ③ ④
Depression	① ② ③ ④
Prosthetics/Orthotics/Functional Training	Experience
Above Knee Prosthetics	① ② ③ ④
Below Knee Prosthetics	① ② ③ ④
Upper Extremity Prosthetics	① ② ③ ④
Orthoplast	① ② ③ ④
Static Splints	① ② ③ ④
Dyamic Splints	① ② ③ ④

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Prosthetics/Orthotics/Functional Training	Experience
Serial/Inhibitory Casting	① ② ③ ④
Adaptive Equipment	Experience
Assessment	① ② ③ ④
Fabrication	① ② ③ ④
Wheelchair	① ② ③ ④
Functional Activities	Experience
Home Environment	① ② ③ ④
A.D.L.s	① ② ③ ④
Pre-discharge Planning	① ② ③ ④
Splinting	① ② ③ ④
Pediatrics	Experience
Neurodevelopmental Testing	① ② ③ ④
Developmental Testing	① ② ③ ④
Sensory Integrative Testing	① ② ③ ④
Visual Perceptual Skills Testing	① ② ③ ④
Orthotics	① ② ③ ④
Equipment Assessment	Experience
Wheelchair Positioning Device	① ② ③ ④
Activities of Daily Living	① ② ③ ④
Modalities	Experience
Biofeedback	① ② ③ ④
Muscle Stimulation	① ② ③ ④
Fluid Therapy	① ② ③ ④
Paraffin Bath	① ② ③ ④
Edema Massage	① ② ③ ④
Feeding Techniques	① ② ③ ④
Oral Motor Facilities	① ② ③ ④
Therapeutic Pool	① ② ③ ④
TENS	① ② ③ ④
Other	Experience
Work Capacity Evaluation	① ② ③ ④

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Work Hardening		Experience
BTE		① ② ③ ④
Valpar		① ② ③ ④
Job Task Analysis		① ② ③ ④
Cardiac Rehabilitation		① ② ③ ④
Burn Management		① ② ③ ④
Back Injuries		① ② ③ ④
Equipment And Procedures		Experience
Developmental Disabilities		① ② ③ ④
Home Accessibility		① ② ③ ④
Driving Evaluation		① ② ③ ④
Group Dynamics		① ② ③ ④
Therapeutic Media		① ② ③ ④
Cognitive Retraining		① ② ③ ④
In-service Education		① ② ③ ④
Vocational Training		Experience
Perceptual Assessment		① ② ③ ④
Cognitive Assessment		① ② ③ ④
Work Hardening		① ② ③ ④
Functional Capacity Evaluation		① ② ③ ④
JCAHO		Experience
JCAHO National Safety Goals		<input type="checkbox"/>
JCAHO Prohibited Abbreviations		<input type="checkbox"/>