## **Physical Abilities Requirements**



## **Occupational Therapy Assistant Program**

## R-Regularly O-Occasionally

Abilities:	R	0	Measurable Descriptor:
Vision (Corrected/Normal)	Х		Ability to Read Documentation, Gauges and Instructions
Color Vision	Х		Assessment of Skin, Drainage, Color of Blood
Hearing		Х	Auscultation of Lungs and Heart
Sense of Touch	Х		Assessment of Tissue Texture
Sense of Smell	Х		Assessment of Patient, Drainage, Skin and Body Odors
Finger Dexterity	Х		Manipulation of Equipment
Temperature Discrimination		Х	Assessment of Temperature
Intelligible Oral Communication	Х		Reports, Collaboration with Instructor, Patient Teaching
Pushing	Х		100lbs - Equipment, Beds, Repositioning Patients
Pulling	Х		50lbs - Equipment, Beds, Reposition Patients
Lifting	Х		50lbs - 3 Man Lift of Patient
Floor to Waist		Х	50lbs - 3 Man Lift
12" to Waist		Х	50lbs – 3 Man Lift
Waist to Shoulder	Х		30lbs - Equipment and Supplies
Shoulder to Overhead	Х		10lbs - Equipment and Supplies
Reaching Overhead	Х		Overhead Equipment
Reaching Forward	Х		Use of equipment, Patient care activities
Carrying	Х		Equipment and Supplies
Standing	Х		Patient Care Activities
Sitting			Patient Care Activities
Squatting			Patient Care Activities
Stooping			Patient Care Activities
Kneeling		Χ	Patient Care Activities
Walking	Х		Patient Care Activities
Running		Х	Patient Care Activities
Crawling		Х	Patient Care Activities
Climbing	Х		Patient Care Activities
Stairs (Ascending/Descending)	Х		Patient Care Activities
Turning (Head/Neck)	Х		Patient Care Activities
Repetitive Leg/Arm Movements	Х		Patient Care Activities, Use of Equipment
Use of Foot and Hand Controls	Х		Patient Care Activities, Use of Equipment

I have read, understand and accept the above working conditions expected student:	of an Occupational Therapy Assistant			
$\ \square$ I do not need accommodations to perform the physical duties				
$\square$ I feel the following accommodations are needed to perform the physical duties:				
Name:				
Signature:	Date:			