

Competency Check-Off

Physical Therapist Assistant Program



INDIANHILLS
COMMUNITY COLLEGE

Life. Changing.

Name: _____

Instructions: The student’s clinical supervisor is to initial and date in each of the designated areas when the student has competently completed that task. The student should be able to give a basic explanation of the specific intervention, the expected response to the intervention and the basic rationale for the use of the intervention. If the student has proven competent in performing a task, it may not be necessary to check off “observed” or “assisted.”

The student is to return the completed Competency Check-off to the ACCE at Indian Hills Community College.

INTERVENTION	OBSERVED (Initials & Date)	ASSISTED (Initials & Date)	PERFORMED (Initials & Date)
Measure Standard Vital Signs (pulse, respiration, blood pressure)			
Perform Standard Measurements (leg length, and/or girth)			
Posture Analysis			
a. palpate anatomical landmarks			
b. identify postural deviations			
Body Mechanics			
a. appropriate body mechanics during patient care			
b. instruction of proper body mechanics			
Patient Positioning (appropriate)			
a. supine			
b. prone			
c. side lying			
d. sitting			
Activities of Daily Living			
a. educate use of adaptive equipment (reachers, tub bench, leg lifter, etc)			

INTERVENTION	OBSERVED (Initials & Date)	ASSISTED (Initials & Date)	PERFORMED (Initials & Date)
Gait			
a. abnormal components of gait			
b. appropriate assistive device			
c. proper fitting of assistive device			
1. cane			
2. crutches			
3. walker			
d. gait training			
1. 2-point gait			
2. 3-point gait			
3. 4-point gait			
e. gait training on non-level surfaces			
1. walker			
2. cane			
3. crutches			
f. gait training through doorway			
Wheelchairs			
a. appropriate use of wheelchair features			
b. wheelchair training			
1. ramp			
2. curb			
3. doorway			
Range of Motion			
a. passive			
b. active-assistive			
c. active			

INTERVENTION	OBSERVED (Initials & Date)	ASSISTED (Initials & Date)	PERFORMED (Initials & Date)
<p>Goniometry</p> <p>a. lower extremity _____</p> <p>b. lower extremity _____</p> <p>c. lower extremity _____</p> <p>d. upper extremity _____</p> <p>e. upper extremity _____</p> <p>f. upper extremity _____</p> <p>g. spine _____</p> <p>h. spine _____</p>			
<p>Transfers/Transitions</p> <p>a. bed <-> stand</p> <p>b. sit <-> stand</p> <p>c. supine <-> sit</p> <p>d. wheelchair <-> mat/bed</p>			
<p>Documentation</p> <p>Contains Components of Adequate Documentation for Each Type</p> <p>a. treatment note</p> <p>b. progress note</p> <p>c. terminal visit note (gather information for discharge on final patient visit)</p>			
<p>The following proficiencies are not introduced in the PTA curriculum until after the first clinical experience.</p> <p>Superficial/Deep Thermal Agents</p> <p>a. hot packs</p> <p>b. paraffin</p> <p>c. ultrasound</p>			

INTERVENTION	OBSERVED (Initials & Date)	ASSISTED (Initials & Date)	PERFORMED (Initials & Date)
Cryotherapy a. ice packs			
b. ice massage			
Hydrotherapy a. whirlpool			
Electrotherapeutic Agents a. biofeedback			
b. functional electric stimulation			
c. iontophoresis			
d. interferential			
e. TENS			
Traction (Mechanical) a. cervical			
b. pelvic			
Therapeutic Exercise a. stretching			
b. strengthening			
c. endurance			
Soft-tissue Mobilization			
Manual Muscle Testing a. upper extremity _____ (name of muscle)			
b. upper extremity _____ (name of muscle)			
c. upper extremity _____ (name of muscle)			
d. trunk _____ (name of muscle)			
e. trunk _____ (name of muscle)			

INTERVENTION	OBSERVED (Initials & Date)	ASSISTED (Initials & Date)	PERFORMED (Initials & Date)
f. lower extremity _____ (name of muscle)			
g. lower extremity _____ (name of muscle)			
h. lower extremity _____ (name of muscle)			
<p>The following proficiencies are introduced in the PTA curriculum during or after the second clinical experience.</p> <p>Wound Care: (list type)</p>			
<p>Patient Care Experience in Orthopedics (clinical instructors each initial and list number of clinical experience: I-IVB)</p>			
<p>Patient Care Experience in Neuromuscular (clinical instructors each initial and list number of clinical experience: I-IVB)</p>			
<p>Patient Care Experience in Cardiopulmonary (clinical instructors each initial and list number of clinical experience: I-IVB)</p>			
<p>Patient Care Experience in Geriatrics (clinical instructors each initial and list number of clinical experience: I-IVB)</p>			
<p>Patient Care Experience in Pediatrics (clinical instructors each initial and list number of clinical experience: I-IVB)</p>			
<p>Participation as a member of the PT/PTA team (clinical instructors each initial and list number of clinical experience: I-IVB)</p>			
<p>Interdisciplinary collaboration/list discipline: OT, SP, Nursing, etc. (clinical instructors each initial and list number of clinical experience: I-IVB)</p>			
<p>Other (optional additional experiences)</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p>			

