Physical Abilities Requirements

Physical Therapist Assistant Program

R-Regularly   O-Occasionally

Abilities:	R	O	Measurable Descriptor:
Vision (Corrected/Normal)	X		Ability to read documentation, gauges, and instructions
Color Vision	X		Assessment of skin, drainage, color of blood
Hearing	X		Auscultation of lungs and heart
Sense of Touch	X		Assessment of tissue texture
Sense of Smell	X		Assessment of patient, drainage, skin, and body odors
Finger Dexterity	X		Manipulation of equipment
Temperature Discrimination	X		Assessment of temperature
Intelligible Oral Communication	X		Reports, collaboration with instructor, patient teaching
Pushing	X		100 lbs Equipment, beds with and without patients
Pulling	X		50 lbs Equipment, beds, repositioning patients
Lifting	X		50 lbs Patients, equipment and supplies
Floor to waist		X	50 lbs 3 man lift of patient
12" to waist		X	50 lbs 3 man lift
Waist to Shoulder	X		30 lbs Equipment and supplies
Shoulder to Overhead	X		10 lbs Equipment and supplies
Reaching overhead	X		Overhead equipment
Reaching forward	X		Use of equipment, patient care activities
Carrying	X		Equipment and supplies
Standing	X		Patient care activities
Sitting	X		Patient care activities
Squatting	X		Patient care activities
Stooping	X		Patient care activities
Kneeling		X	Patient care activities
Walking	X		Patient care activities
Running		X	Emergency situations.
Crawling		X	Patient care activities
Climbing	X		Patient care activities
Stairs (Ascending/Descending)	X		Patient care activities
Turning (Head/Neck)	X		Patient care activities
Repetitive Leg/Arm Movement	X		Patient care activities, use of equipment
Use of Foot or Hand Controls	X		Patient care activities, use of equipment

I have read, understand and accept the above working conditions expected of a physical therapist assistant student.

☐ I do not need accommodations to perform the physical duties.

☐ I feel the following accommodations are needed to perform the physical duties.

Name: _____

Signature: _____   Date: _____