

This document will serve as a reminder of the physical skills you have gathered. You are to review the skill multiple times on your own and in your group before requesting an instructor check. If your skills sheet does not have a self-check performed first, the instructor will not attempt to mark it off. It is implied you understand all the inner workings of that skills and only need a brief discussion before moving onto the next.

1. Demonstrate the steps for interventions and application of thermal agent’s heat and cold.
2. Demonstrate the performing of PROM and stretching.
3. Demonstrate application of ultrasound in a patient setting.
4. Demonstrate a patient's treatment with the use of electrical current, electromagnetic radiation, lasers and light.
5. Demonstrate a hydrotherapy treatment for a patient.
6. Produce a treatment sequence for a patient with the use of mechanical spinal traction.
7. Implement a treatment with the application of external compression.
8. Demonstrate competency in wound care techniques, application and removal of dressing.
9. Demonstrate and assess therapeutic soft tissue mobilization and myofascial release techniques in patient settings.

Red Flag Performance Criterion (Continuously Assessed)	Self-Check	Instructor Check	Comments
1. Performs in a safe manner that minimizes risk to patient & self.			
2. Conducts self in a responsible manner.			
3. Interacts with others in a respectful manner.			
4. Adheres to ethical standards.			
5. Adheres to legal standards.			

I - Professional Conduct (Continuously Assessed)	Self-Check	Instructor Check	Comments
1. Dress in professional uniform			
2. Correctly acquire appropriate equipment			
3. Identify infection control issues and gather PPE as appropriate			
4. Correctly deploy the equipment from #2			
5. Introduce self as student PTA to the patient			
6. Informed Consent			

II - Vital Sign	Self-Check	Instructor Check	Comments
1. Heart Rate/HR			
2. Blood Pressure/BP			
3. Temperature/TEMP			
4. Respiration rate/RESP			
5. Pain Level/ use pain scale to identify amount of pain			

Physical Therapy Aide Skills Check

Student Name _____

III - Pre-Intervention	Self-Check	Instructor Check	Comments
Positioning: <ul style="list-style-type: none"> - Prone - Supine - Side-lying - Wheelchair 			
Appropriate Draping (Respect the patient's modesty, yet access areas) <ul style="list-style-type: none"> - Prone - Supine - Side-lying 			
Risk for Pressure (Avoiding Skin Ulcerations): <ul style="list-style-type: none"> - Prone - Supine - Side-lying - Sitting 			

Physical Therapy Aide Skills Check

Student Name _____

IV - Assisting & Understanding Range of Motion (ROM)	Self-Check	Instructor Check	Comments
<p>PROM</p> <ul style="list-style-type: none"> - Shoulder <ul style="list-style-type: none"> ○ Flexion ○ Extension ○ Abduction ○ Adduction ○ Internal Rotation ○ External Rotation <hr/> - Elbow <ul style="list-style-type: none"> ○ Flexion ○ Extension <hr/> - Wrist <ul style="list-style-type: none"> ○ Flexion ○ Extension ○ Radial Deviation ○ Ulnar Deviation <hr/> - Hip <ul style="list-style-type: none"> ○ Flexion ○ Extension ○ Abduction ○ Adduction ○ Internal Rotation ○ External Rotation <hr/> - Knee <ul style="list-style-type: none"> ○ Flexion ○ Extension <hr/> - Ankle <ul style="list-style-type: none"> ○ Dorsiflexion ○ Plantarflexion ○ Inversion ○ Eversion 			

Physical Therapy Aide Skills Check

Student Name _____

V - Modalities	Self-Check	Instructor Check	Comments
A – Hot Packs			
○ Cervical spine			
○ Thoracic spine			
○ Lumbar spine			
○ Shoulder			
○ Knee			
B - Ice Pack			
○ Cervical spine			
○ Shoulder			
○ Elbow			
○ Knee			
C - Ice Massage			
○ Forearm			
○ Wrist			
○ Knee			
○ Achilles			
D - Game Ready			
○ Shoulder			
○ Elbow			
○ Knee			
○ Ankle			
○ Hip			

Physical Therapy Aide Skills Check

Student Name _____

E - Ultrasound/Phonophoresis	Self-Check	Instructor Check	Comments
○ TMJ			
○ Cervical spine			
○ Thoracic spine			
○ Lumbar spine			
○ Shoulder			
○ Forearm			
○ Wrist			
○ Hip			
○ ITB Band			
○ Lower quadrant muscle			
○ Achilles			
F - Electrical Stimulation			
○ Muscle Re-education			
• Upper Extremities			
• Lower Extremities			
○ TENS/pain modulation			
• Cervical Spine			
• Thoracic Spine			
• Upper Extremities			
• Lower Extremities			
○ Interferential Edema control			
• Upper Extremities			
• Lower Extremities			
○ Iontophoresis			
• Upper Extremities			
• Lower Extremities			
G - Hydro Therapy			
• Contrast bath			
H - Mechanical Traction (Setup/Preparation ONLY)			
• Cervical			
• Lumbar			
• Positional traction			
• Self-traction/ Home traction unit			Discussion ONLY
I - Electromagnetic radiation	Self-Check	Instructor Check	Comments
• Laser			
• Light			

A passing grade will NOT be issued until this entire document note initials from the student themselves in every self-check and either instructors initials in every instructor check. The entire document must be signed by the student and the instructor, plus any components either find relevant.

STUDENT COMMENTS:

INSTRUCTOR COMMENTS:

AREAS OF STRENGTH:

AREAS TO STRENGTHEN:

STUDENT SIGNATURE: _____

DATE: _____

INSTRUCTOR SIGNATURE: _____

DATE: _____