

**PHYSICAL THERAPIST COMPETENCIES**

**CLINICAL COMPETENCIES**

Employee:				GENERAL COMPETENCIES	Mentor Section:								
ORIENT	Self Rating Adequacy/Frequency 123/ABC			Competency Standard	Learning Options (1-5)			Evaluation Mechanism (1-4)			Levels of Competency C/P/E (Date and Intials)		
				Date:									
				Initiation of Service									
/	/	/	/	Initiates response to physician's referral or request for service including recommendations for other examinations or services when appropriate and consistent with polices & procedures guidelines.	1 2 3 4	1 2 3 4	1 2 3 4	2 3 4	2 3 4	2 3 4			
				Evaluatons									
				Demonstrates ability to obtain data through the evaluation process using appropriate assessment tools:									
/	/	/	/	Neurological status	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Functional mobility	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Strength	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Range of motion	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Flexibility	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Posture	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Balance	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Pain	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Orthotics/Prosthetics	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Endurance (Cardio/pulmonary)	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Skin integrity	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Learning style/Mental Status	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
/	/	/	/	Home/Social environment	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			

**Self Rating**

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 A= Frequently during the past year  
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**Mentor Scale**

- Learning Options:**  
 1= Review Policy and Procedure  
 2= Video Review  
 3= Review/Practice with Mentor  
 4= Self Study  
 5= Review Manual

- Evaluation Mechanism:**  
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				Date:									
				<b>Treatment Planning</b>									
	/	/	/	Identifies and prioritizes patient problems and develops treatment plan with measurable functional goals in collaboration with patient/caregiver/family.	3 4 5	3 4 5	3 4 5	3 4	3 4	3 4			
	/	/	/	Collaborates and communicates treatment plan with patient, caregiver/family, and interdisciplinary care team.	3 4 5	3 4 5	3 4 5	3 4	3 4	3 4			
	/	/	/	Demonstrates knowledge of policies and procedures and reimbursement issues.	3 4 5	3 4 5	3 4 5	3 4	3 4	3 4			
				<b>Provision of Service</b>									
	/	/	/	Demonstrates ability to utilize clinical reasoning to identify resources available for treatments regarding precautions and contraindications, medical risk factors, specialty equipment basic treatment planning and care delivery while maintaining cultural sensitivity	3 4 5	3 4 5	3 4 5	3 4	3 4	3 4			
	/	/	/	Demonstrates ability to reassess and adjust intervention according to patient response to achieve maximal treatment effectiveness.	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			

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				Date:									
				Provision of Service (Continued)									
				Selects and implements treatment activities that develop, improve and/or retain functional skills utilizing:									
	/	/	/	Proper body mechanics	3 4 5	3 4 5	3 4 5	2 3 4	2 3 4	2 3 4			
	/	/	/	Therapeutic exercise	3 4 5	3 4 5	3 4 5	2 3 4	2 3 4	2 3 4			
	/	/	/	Functional mobility skills training	3 4 5	3 4 5	3 4 5	2 3 4	2 3 4	2 3 4			
	/	/	/	Modalities	3 4 5	3 4 5	3 4 5	2 3 4	2 3 4	2 3 4			
	/	/	/	Soft tissue and joint techniques	3 4 5	3 4 5	3 4 5	2 3 4	2 3 4	2 3 4			
	/	/	/	Integumentary status	3 4 5	3 4 5	3 4 5	2 3 4	2 3 4	2 3 4			
	/	/	/	Teaches compensation for dysfunction.	3 4 5	3 4 5	3 4 5	2 3 4	2 3 4	2 3 4			
				Documentation									
	/	/	/	Completes documentation for care and charges according to policies and procedures.	1 3 5	1 3 5	1 3 5	3 4	3 4	3 4			
	/	/	/	Demonstrates understanding of medical terminology and accepted abbreviations.	4 5	4 5	4 5	3 4	3 4	3 4			

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				Date:									
			AGE RELATED										
			GENERAL PEDIATRICS (1-17 years)										
	/	/	Uses age appropriate tasks and equipment for patient's development level, size and mobility.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3				
	/	/	Makes an allowance for patient's level of education when providing education materials	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3				
	/	/	Structures treatment sessions to maximize patient participation and cooperation depending upon interest due to age.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3				
	/	/	Does not inappropriately leave a patient unattended due to age related supervision needs.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3				
	/	/	Speaks in appropriate tone of voice and uses age appropriate language.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3				
			INFANT (0-2)										
	/	/	Understands need to follow restraint protocol by obtaining parental consent.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3				

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				Date:									
				AGE RELATED (continued)									
				TODDLERS (2-5 Years)									
	/	/	/	Recognizes toilet-trained toddlers frequent bathroom breaks as appropriate.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			
	/	/	/	Recognizes toddler's short attention span and that toddlers function "in the present" allowing "choices" when possible.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			
				CHILDREN (5-9 Years)									
	/	/	/	Understands the need to allow child to ask questions as appropriate and plans for multiple activities in advance.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			
				ADOLESCENT (10-17 Years)									
	/	/	/	Encourages interactions which involve adolescent in decision making as appropriate.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			
	/	/	/	Understands that the adolescent is able to handle hypothetical "why" situations or thoughts.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			
	/	/	/	Understands identity may be threatened by hospitalization, assists them to maintain control.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			

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				Date:									
				AGE RELATED (continued)									
				GENERAL ADULT (above 18 years)									
	/	/	/	Involves patient in decision making and planning.		3 4	3 4	1 2 3	1 2 3	1 2 3			
	/	/	/	Provides access to community support.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			
	/	/	/	Recognizes potential care giving responsibilities.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			
				GERIATRIC (Above 65 Years)									
	/	/	/	Appropriately addresses the patient by surname or by preferred name.	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			
	/	/	/	Speaks in appropriate tone of voice and with appropriate terminology	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			
	/	/	/	Demonstrates awareness of possibility of difficulty with sensory systems acuity (i.e. sounds discrimination, visual acuity, thermo-regulators,etc.)	3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			
					3 4	3 4	3 4	1 2 3	1 2 3	1 2 3			

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				Date:									
				Performs evaluation, establishes and delivers treatment plan integrating safety issues and appropriate teaching methods based on the patient's ability to learn for the following level of care or specialty areas.									
				INPATIENT									
	/	/	/	Manages patient who exhibit impulsivity, neglect, lability aggressiveness, or other inappropriate behaviors, and/or cognitive, physical and communication deficits during treatment activities.	3 4 5	3 4 5	3 4 5	2 3	2 3	2 3			
	/	/	/	Utilizes and recommends restraint alternatives appropriately.	2 3 4 5	2 3 4 5	2 3 4 5	1 2 3	1 2 3	1 2 3			
	/	/	/	Demonstrates an awareness of medical risk factors(i.e. orthostatic hypotension, total hip precautions, weight bearing restriction, falls etc.)	3 4 5	3 4 5	3 4 5	2 3	2 3	2 3			
	/	/	/	Reinforcement of swallowing recommendations	3 4 5	3 4 5	3 4 5	2 3	2 3	2 3			
	/	/	/	Manages shoulder subluxation	3 4 5	3 4 5	3 4 5	2 3	2 3	2 3			

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				Date:									
<b>ACUTE REHABILITATION</b>													
	/	/	/	Identifies need for community integration appropriately.	1 3 4	1 3 4	1 3 4	3 4	3 4	3 4			
	/	/	/	Consistently rates functional status using functional assessment tools.	1 3 4	1 3 4	1 3 4	2 3 4	2 3 4	2 3 4			
				Understands the dynamics of the integrated team approach for the delivery of care and the potential affects of life altering aspects of:									
	/	/	/	Brain Injury Program	3 4 5	3 4 5	3 4 5	2 3 4	2 3 4	2 3 4			
				SCI Continuum of Care	3 4 5	3 4 5	3 4 5	2 3 4	2 3 4	2 3 4			
<b>ACUTE MEDICAL</b>													
	/	/	/	Identifies appropriate resources in order to treat patients on telemetry, ventilators and within the ICU.	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			

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<b>SENIOR RENAISSANCE</b>													
	/	/	/	Manages patients who exhibit dementia, depression, delirium and/or other psychiatric disorders in treatment activities within a locked unit and appropriate therapeutic milieu.	3 4	3 4	3 4	2 3	2 3	2 3			
<b>SKILLED LEVEL OF CARE</b>													
	/	/	/	Demonstrates understanding of the nursing home licensing regulations in care delivery including the completion of the care plan process	3 4 5	3 4 5	3 4 5	2 3 4	2 3 4	2 3 4			
<b>SENIOR CARE</b>													
	/	/	/	Demonstrates an understanding of the consultative model in care delivery for frail elderly.	1 3 4	1 3 4	1 3 4	2 3 4	2 3 4	2 3 4			
<b>WOUND CARE</b>													
	/	/	/	Appropriately evaluates wound	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
	/	/	/	Identifies and applies appropriate treatment alternatives and dressing	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
	/	/	/	Demonstrates competency with sharp debridement techniques	2 3 4	2 3 4	2 3 4	2 3 4	2 3 4	2 3 4			

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				Date:									
				OUTPATIENT									
	/	/	/	Orthopedic Therapy	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
	/	/	/	Industrial Rehab	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
	/	/	/	General Neurological/CVA	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
	/	/	/	Brain Injury	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
	/	/	/	SCI	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
	/	/	/	Amputees	3 4	3 4	3 4	2 3 4	2 3 4	2 3 4			
				MODALITIES									
				Safe and proper use of:									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal modalities	1 3 5	1 3 5	1 3 5	2 3 4	2 3 4	2 3 4			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical modalities	1 3 5	1 3 5	1 3 5	2 3 4	2 3 4	2 3 4			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traction	1 3 5	1 3 5	1 3 5	2 3 4	2 3 4	2 3 4			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Iontophoresis	1 3 5	1 3 5	1 3 5	2 3 4	2 3 4	2 3 4			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonophoresis	1 3 5	1 3 5	1 3 5	2 3 4	2 3 4	2 3 4			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gym/ADL Equipment	1 3 5	1 3 5	1 3 5	2 3 4	2 3 4	2 3 4			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercise Equipment	1 3 5	1 3 5	1 3 5	2 3 4	2 3 4	2 3 4			

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File: Therapy Services: PT Competencies

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				Date:											
				<b>PROFESSIONAL DEVELOPMENT</b>											
/	/	/		Demonstrates a commitment to continuing competency by self - monitoring and ongoing education and skill development in evidence-based practice.				3	4	3	4	3	4		
				<b>ADVANCED PRACTICE</b>											
				Skill acquisition plan											

Comments:

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