

# ALLIED HEALTH SPECIALTY SHEET

## Physical Therapist

Please list any limitations or comments you may have on a separate sheet.

<b>IDENTIFYING INFORMATION</b>	Last Name	First name	Middle name	Previous Surname		
	Social Security Number					
<b>LICENSES</b> <i>List all states in which you are or have ever been licensed beginning with your original state license</i>	Original State License	License Number	Exp. Date	State License	License Number	Exp. Date
	State License	License Number	Exp. Date	State License	License Number	Exp. Date

<b>CERTIFICATION</b>	FSBPT #: _____	Exam date: _____
----------------------	----------------	------------------

<b>CLINICAL SKILLS</b>	<i>Please rate your skills in the areas below, using the following values: 1 = No experience    2 = Some experience (less than 1 yr.)    3 = Experienced (1 yr. or more)    4 = Highly experienced (2 yrs. or more)</i>									
	<b>Acute</b>	1	2	3	4	<b>Rehabilitation</b>	1	2	3	4
	Gait training					<b>Neurological:</b>				
	General medical					• SCI				
	General surgical					• CVA				
	Orthopedics					• TBI				
	Wound care					• General medicine/deconditioning				
	Cardiac					• Guillane Barre				
	ICU/SICU					• MS				
	Oncology					• MD				
	Geriatrics					Ortho				
	Respiratory					Cardiac/Pulmonary				
	Transplants					Amputee				
	<b>Neurological:</b>	1	2	3	4	Home evaluations				
	• CVA					<b>Outpatient</b>	1	2	3	4
	• SCI					<b>Manual Therapy:</b>				
	• MS					• Spinal				
	• Parkinson's					• Extremity				
	• TBI					<b>Backs:</b>	1	2	3	4
	<b>Work Hardening</b>	1	2	3	4	• McKenzie				
	FCE					• Maitland				
	Work site evaluation					• Other:				
	Work hardening					<b>Necks:</b>	1	2	3	4
	<b>Chronic Pain</b>					• McKenzie				
	<b>NDT</b>					• Maitland				
	<b>Aquatics</b>					• Other:				
	<b>Home Care</b>					<b>Knees:</b>	1	2	3	4
	Oasis paperwork					• ACL rehab				
	<b>Extended Care</b>	1	2	3	4	• Arthroscopic surgery				
	Free standing					• Patello-Femoral Disorders				
	Hospital based					Soft tissue trauma				
	MDS					Wound care				
	RUGS Levels					Arthritis				
	<b>Pediatrics</b>	1	2	3	4	Progressive strengthening				
	Acute					Orthotics prescription				
	Rehabilitation					Prosthetics fitting & training				
	School based					Sports Medicine				
	Positioning aids					<b>Modalities:</b>	1	2	3	4
	Wheelchair fitting					• US/phono				
	Neonatal					• Traction				
	Outpatient					• Heat/Cold				
	Oral motor					• Myofascial release				
	Assisted tech/classroom adaptation					• Electrical stimulation				
						• Whirlpool				

<b>Outpatient (Cont.)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Documentation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Modalities (cont.):</b>					700 & 701 Forms				
• Iontophoresis					MDS Form				
• EMG/NCV									
• Biofeedback									
• TENS									
<b>Isokinetics:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>					
• BTE									
• Cybex Biodex									
• KinCom									
• Lido									