



Acute Rehab Skills Checklist

Name: _____

Date: _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

1 = No experience; Theory/observed only

2 = Limited competency; < 5 times per year; Needs supervision

3 = Acceptable competency; > 5 times per year

4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Work Settings				
General Acute Care				
Home Health				
Nursing Home				
Outpatient Clinic				
Pediatric Rehab				
Acute Rehab Hospital				
Rehab Unit in Hospital				
Neuro				
Cerebral Vascular Accident				
Coma Patients				
Head Trauma				
Spinal Cord Injury				
Parkinson's Disease				
Traumatic Brain Injury				
Neuromuscular Disease				
Post Craniotomy				
Bowl/Bladder Programs				
Ortho				
Arthritis Programs				
Back Syndrome				
Cervical Traction				
Continuous Passive Motion Machine N/A				
Gait Training				
Hand Injury				
Hip Fractures				
Care of Patient with Halo				
Hot/Cold Packs				
Mobilization Techniques				
Neck Injuries				
TMJ Dysfunction				
Total Hip Replacement				
Total Knee Replacement				

Skill Level	1	2	3	4
Pulmonary				
Assessment of breath sounds				
Chest Physiotherapy				
Oximetry				
Nasal cannula				
Face Mask				
Portable O2 tank				
Nasotracheal Suctioning				
Tracheal Suctioning				
Care of patient w/Mechanical Vent				
COPD				
Pediatrics				
Cerebral Palsy				
Activities of Daily Living				
Learning Disabilities				
Orthotics				
Spina Bifida				
Autism				
AK Prosthetics				
Amputees				
BK Prosthetics				
Bracing/Joint Immobilization				
Resting Splints				
Casts/Check for Circulation				
Upper Extremity Prosthetics				
Nutritional Requirements				
Thickened Liquids				
Minimal				
Thick				
Extra Thick				
Pudding Thick				
NG Tubes				
Peg Tubes				

Restraints				
4pt				
Shoulder Strap				
Hand Mitts				
Wrist				
Ankle				
Pelvic Strap				
EMR				
Epic				
Cerner				
Eclipsys				
McKesson				
Meditech				
Other Computerized System				
Computerized Physician Order Entry				
Bar Coding for Medication Administration				

Other				
Ability to evaluate and assign Functional Independence Score				
AIDS Patients				
Burn Management				
Cardiac Rehabilitation				
Function Capacity Evaluation				
Geriatrics				
Manual Therapy				
Massage Therapy				
Muscle Stimulation				
Pain Management/Giving Meds				
Physical Capacity				
Pulmonary Rehab				
Sterilization Technique				
TENS				
Wound Debridement/Dressing Change				

Please list any areas of expertise below:

I hereby certify that ALL information I have provided to Wellspring Nurse Source on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: _____ Date: _____