# **Physical Therapy Student Clinical Skills Questionnaire**

Dear Student,

 This questionnaire was designed to assist in tailoring your clinical education at Johns Hopkins Hospital to your specific needs. Please complete and return this form **one month** prior to your clinical affiliation. **Send completed form to Enjeen Lee Woolford, PTA II, SCCE, Johns Hopkins Hospital – Meyer 2-109, 1800 Orleans Street, Baltimore, MD 21287**

## **Exposure Rating - place a vertical line on the Visual Analog Scale**

## **None ----------------------------------------Comfortable performing**

|  |  |  |
| --- | --- | --- |
| **Tests & Measures** | Exposure Rating | Comments |
| Aerobic Capacity & Endurance |  |  |
|  Perceived exertion, dyspnea  | -------------------------------------------- |  |
|  Exercise protocols – 6 minute walk, treadmill | ------------------------------------------- |  |
| Vital signs | -------------------------------------------- |  |
| Breath sounds | -------------------------------------------- |  |
| **Arousal, Attention, and Cognition** |  |  |
| Patient orientation to person, place and time | -------------------------------------------- |  |
| **Sensory/Cranial Nerve Integrity** |  |  |
| Sensory assessment | -------------------------------------------- |  |
| Innervation of cranial nerves | -------------------------------------------- |  |
| Ergonomics and Body Mechanics |  |  |
| Functional capacity | -------------------------------------------- |  |
| Work hardening/work conditioning  | -------------------------------------------- |  |
| **Integumentary Integrity** |  |  |
| Assessment of risk for skin breakdown | -------------------------------------------- |  |
| Wound Assessment | -------------------------------------------- |  |
| **Range of Motion/Joint Integrity & Mobility** |  |  |
| Analysis of functional ROM | -------------------------------------------- |  |
| Goniometry | -------------------------------------------- |  |
| Joint hypermobility, hypomobility | -------------------------------------------- |  |
| Soft tissue assessment | -------------------------------------------- |  |
| **Motor Function/ Muscle Performance** |  |  |
| Gait analysis | -------------------------------------------- |  |
| Analysis of wheelchair management and mobility | ------------------------------------------- |  |
| Posture Analysis | -------------------------------------------- |  |
| Assessment of dexterity, coordination, agility | -------------------------------------------- |  |
| Assessment of postural, equilibrium, and righting reactions | -------------------------------------------- |  |
| Assessment of sensoriomotor integration | -------------------------------------------- |  |
| Manual muscle testing | -------------------------------------------- |  |
| Gross muscle testing | -------------------------------------------- |  |
| **Tests & Measures** | **Rating** | Comments |
| Dynamometry | -------------------------------------------- |  |
| Assessment of muscle tone | -------------------------------------------- |  |
| Assessment of pelvic floor musculature | -------------------------------------------- |  |
| **Pain** |  |  |
| Use of a visual analogue scale | -------------------------------------------- |  |
| **Orhotic, protective and supportive devices** |  |  |
| Prosthetic assessment | -------------------------------------------- |  |
| Orthotic assessment | -------------------------------------------- |  |
| Seating assessment | -------------------------------------------- |  |
| **Reflex Integrity** |  |  |
| Normal reflex assessment | -------------------------------------------- |  |
| Pathological reflex assessment | -------------------------------------------- |  |
| **Ventilation/Respiration/Gas Exchange** |  |  |
| Assessment of the ability to clear the airway | -------------------------------------------- |  |
| Cough efficacy | -------------------------------------------- |  |
| Sputum volume | -------------------------------------------- |  |
| Interpretation of arterial blood gases,oxygen saturation | -------------------------------------------- |  |
| Assessment of pulmonary function tests | -------------------------------------------- |  |
|  |  |  |
| Direct Interventions |  |  |
|  |  |  |
| Therapeutic Exercise |  |  |
| Aerobic endurance activities | -------------------------------------------- |  |
| Balance & coordination training | -------------------------------------------- |  |
| Breathing exercises | -------------------------------------------- |  |
| Gait training | -------------------------------------------- |  |
| Neuromuscular reeducation | -------------------------------------------- |  |
| Sensory training | -------------------------------------------- |  |
| Body mechanics | -------------------------------------------- |  |
| Strengthening exercises | -------------------------------------------- |  |
| Stretching | -------------------------------------------- |  |
| Functional Training |  |  |
| Transfers | -------------------------------------------- |  |
| Bed mobility | -------------------------------------------- |  |
| Manual Therapy Techniques |  |  |
| Connective tissue massage | -------------------------------------------- |  |
| Joint mobilization and manipulation | -------------------------------------------- |  |
| Manual traction | -------------------------------------------- |  |
| Soft tissue mobilization and manipulation | -------------------------------------------- |  |
| Therapeutic massage | -------------------------------------------- |  |
|  |  |  |
| **Direct Interventions** | **Rating** | Comments |
| **Prescription, Application, and Fabrication of Devices & Equipment** |  |  |
| Splinting | -------------------------------------------- |  |
| Serial casting | -------------------------------------------- |  |
| Wheelchairs | -------------------------------------------- |  |
| Ambulatory aides | -------------------------------------------- |  |
| Airway Clearance Techniques |  |  |
| Assistive cough techniques | -------------------------------------------- |  |
| Pursed lip/paced breathing with ADL | -------------------------------------------- |  |
| Suctioning | -------------------------------------------- |  |
| Postural drainage, percussion, vibration | -------------------------------------------- |  |
| TheraPEP/flutter | -------------------------------------------- |  |
| Wound Management |  |  |
| Debridement | -------------------------------------------- |  |
| Pulsatile lavage | -------------------------------------------- |  |
| Dressings/topical agents | -------------------------------------------- |  |
| Electrotherapeutic modalilties | -------------------------------------------- |  |
| Sterile technique | -------------------------------------------- |  |
| Electrotherapeutic Modalities |  |  |
| Biofeedback | -------------------------------------------- |  |
| Electrical stimulation | -------------------------------------------- |  |
| Transcutaneous electrical stimulation | -------------------------------------------- |  |
| **Physical Agents & Mechanical Modalities** |  |  |
| Ultrasound | -------------------------------------------- |  |
| Heat/cold packs | -------------------------------------------- |  |
| Paraffin | -------------------------------------------- |  |
| Vasopneumatic compression | -------------------------------------------- |  |
| Continuous Passive Motion | -------------------------------------------- |  |
| Mechanical Traction | -------------------------------------------- |  |
| **Documentation** |  |  |
| Examination | -------------------------------------------- |  |
| Interventions | -------------------------------------------- |  |
| Discharge note  | -------------------------------------------- |  |
| SOAP note format | -------------------------------------------- |  |
| Functional Outcome Report note format | -------------------------------------------- |  |

Please provide us with a brief description of your previous clinical affiliation and /or volunteer experiences.

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