

Tender Touch  
Assessment of Clinical Competency



**Occupational Therapist (OT)**

Therapist's Name: \_\_\_\_\_

Reviewer's Name: \_\_\_\_\_

Reviewer's Title: \_\_\_\_\_

<b>Occupational Therapist Competency Evaluation</b>	<b>Date</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>	<b>Reviewer's initials</b>	<b>Follow Up date</b>
Therapist has read and is compliant with state practice act						
Therapist holds current state license and/or registration						
<b>EVALUATION:</b> Therapist is competent in performing a comprehensive evaluation of and documenting findings in the following areas						
AROM						
PROM						
AAROM						
MMT						
Balance						
Muscle Tone						
Feeding						
Bed Mobility						
Transfers						
Grooming						
Bathing						
Dressing						
Home Management/Kitchen Activities						
Pain						
Edema						
Cognition						
Coordination						
Positioning						
Need for splinting, adaptive and/or assistive devices						
Therapist can accurately measure blood pressure/heart rate / pulse ox						
Therapist is competent in documenting plan of care based on evaluation findings.						
Therapist is competent in recommending frequency and duration of treatment based on plan of care						
<b>TREATMENT:</b> Therapist can demonstrate competence in safely treating the following areas and can properly document the patients response to treatment						
ROM						
Muscle Strengthening						
Balance						
ADL						
Bed Mobility						
Transfers						