

ANGELO STATE UNIVERSITY  
College of Nursing and Allied Health – Physical Therapy Program

**STUDENT SELF-ASSESSMENT OF COMPETENCY**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

(print)

**Instructions:** Indicate for each item listed below if you have received instruction about the item during classroom, lab or clinical situations using the following scale:

4 = clinical, classroom and lab

3 = clinical only

2 = classroom and lab

1 = no exposure

Add a (+) or a minus (-) to indicate much or little exposure.

**Competency means to perform the activity accurately, appropriately, skillfully and consistently.** Under the competency column indicate how competent you feel in each area listed using the following scale:

5 = competent with minimal supervision

4 = competent with occasional supervision

3 = competent with supervision

2 = require suggestions and guidance to perform competently

1 = require assistance to be competent

Comment in the space provided as needed.

EXAMINATION SKILLS	EXPOSURE	COMPETENCE
Aerobic capacity and endurance		
Anthropometric characteristics		
Arousal, attention, and cognition		
Assistive and adaptive devices		
Community and work (job/school/play) barriers		
Ergonomics and body mechanics		
Gait, locomotion and balance		
Integumentary integrity		
Joint integrity and mobility		
Motor function (motor control and motor learning)		
Muscle performance (strength, power, endurance)		
Neuromotor development and sensory integration		
Orthotic, protective and supportive devices		
Pain		
Posture		
Prosthetic requirements		
Range of Motion (including muscle length)		
Self-care and home management (ADL and IADL)		
Sensory integrity (including proprioception and kinesthesia)		
Ventilation, respiration (gas exchange) and circulation		



<b>DIRECT INTERVENTIONS:</b>	<b>EXPOSURE</b>	<b>COMPETENCE</b>
Conditioning/Flexibility		

	<b>EXPOSURE</b>	<b>COMPETENCE</b>
Cardiac/Pulmonary Exercise		
Cardiac/Pulmonary Rehab		
Relaxation Exercise		
Pre & Post Partum		
PNF Techniques		
Vascular Exercise (venous/arterial/lymphatic)		
Vascular Rehab		
Aquatics		

<b>DIRECT INTERVENTIONS:</b>	<b>EXPOSURE</b>	<b>COMPETENCE</b>
<b>Other:</b>		
<b>Manual Therapy Techniques</b>		
a. Peripheral Joint Mobilization		
b. Spinal Mobilization		
c. Soft Tissue Mobilization		
d. Muscle Energy Techniques		
e. Massage		
<b>Taping and Wrapping</b>		
<b>Wound Management</b>		
a. Debridement (wound/thermal injury)		
Sharp		
Mechanical		
Chemical		
Autolytic		
b. Wound Dressings		
c. Sterile Technique/Standard Precautions		
<b>Airway Clearance Techniques</b>		
a. Effective cough		
b. Bronchial hygiene		
c. Suctioning		

Student Comments:

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ACCE Comments:

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<b>DIRECT INTERVENTIONS:</b>	<b>EXPOSURE</b>	<b>COMPETENCE</b>
<b>Functional Training Activities:</b>		
Gait Training (including Fall and Recovery)		
a. Crutches		
b. Canes		
c. Walkers		



**GENERIC ABILITIES ASSESSMENT:**

Generic Ability	Level (Beginning, Developing, Entry Level_
1. Commitment to Learning	
2. Interpersonal Skills	
3. Communication Skills	
4. Effective Use of Time and Resources	
5. Use of Constructive Feedback	
6. Problem Solving	
7. Professionalism	
8. Responsibility	
9. Critical Thinking	
10. Stress Management	

**DIAGNOSTIC CATEGORIES:**

Provide a narrative below of the types of patient/clients that you have been exposed to in a clinical environment. In the narrative include information on acute or chronic dysfunction, typical age of patient/clients, inpatient or outpatient experiences, length of time involved in the setting, etc. Indicate your level of competence with the patient/client populations.

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Student Comments:

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ACCE Comments:

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Student Signature

Date

ACCE Signature

Date