Skills Test – Therapeutic Modalities
Clinical Proficiency 1B1.1 – 1B1.19
Application of Therapeutic Modalities

Name________________________________________Date_____________________________________

Modality / Proficiency #_____________________________________

Demonstrates ability to describe the physiological effects the modality is expected to have on the patient’s condition. YES NO N/A

Recognizes indications, contraindications, and precautions related to the patient and modality. YES NO N/A

Addresses potential safety hazards involving the equipment and/or treatment area. YES NO N/A

Provides patient education about modality YES NO N/A

Correctly positions and prepares the patient for the modality. YES NO N/A

Correctly sets up the modality according to the given parameters. YES NO N/A

Applies / uses modality correctly YES NO N/A

Applies / uses modality safely YES NO N/A

Applies / uses modality effectively YES NO N/A

Discontinues treatment correctly YES NO N/A

Correctly documents the treatment. YES NO N/A

Using the scale below, please rate this student’s overall skill level on this clinical proficiency (circle one):

2  1  0

Please use the space below for comments: __________________________________________

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ACI’s Signature __________________________________________Date_____________

Student’s Signature________________________________________Date_____________

This form is to be kept in the student’s clinical rotation folder
Skills Test – Therapeutic Modalities
Clinical Proficiency 1B1.20 – 1B1.28
Selection and Application of Therapeutic Modalities

Name________________________________________Date_____________________________

Scenario/ Proficiency #______________________________

Selects appropriate modalities to achieve the therapeutic goal. YES NO N/A

Demonstrates ability to describe the physiological effects the modality is expected to have on the patient's condition. YES NO N/A

Recognizes indications, contraindications, and precautions related to the patient and modality. YES NO N/A

Addresses potential safety hazards involving the equipment and/or treatment area. YES NO N/A

Provides patient education about modality YES NO N/A

Correctly positions and prepares the patient for the modality. YES NO N/A

Selects appropriate parameters using evidence-based guidelines YES NO N/A

Applies / uses modality correctly YES NO N/A

Applies / uses modality safely YES NO N/A

Applies / uses modality effectively YES NO N/A

Discontinues treatment correctly YES NO N/A

Correctly documents the treatment. YES NO N/A

Using the scale below, please rate this student’s overall skill level on this clinical proficiency (circle one): 2 1 0

Please use the space below for comments: __________________________________________
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ACI’s Signature ________________________________________________Date________________

Student’s Signature______________________________________________Date________________

This form is to be kept in the student’s clinical rotation folder
Skills Test – Therapeutic Modalities
Clinical Proficiency 1B1.30 – 1B1.35
Treating a Patient

Name________________________________________Date_____________________________

Scenario/Proficiency #_____________________________________

Obtains appropriate history of injury YES NO N/A

Inspects/observes body part for inflammation

and other common signs and symptoms YES NO N/A

Selects appropriate modalities to address signs and symptoms

and achieve the therapeutic goal(s) YES NO N/A

Demonstrates ability to describe the physiological effects

the modality is expected to have on the patient’s condition. YES NO N/A

Recognizes indications, contraindications, and

precautions related to the patient and modality. YES NO N/A

Addresses potential safety hazards involving the equipment

and/or treatment area. YES NO N/A

Provides patient education about modality YES NO N/A

Correctly positions and prepares the patient for the modality. YES NO N/A

Selects appropriate parameters using evidence-based guidelines YES NO N/A

Applies/uses modality correctly YES NO N/A

Applies/uses modality safely YES NO N/A

Applies/uses modality effectively YES NO N/A

Discontinues treatment correctly YES NO N/A

Advises patient on follow-up actions/treatments YES NO N/A

Correctly documents the treatment. YES NO N/A

Using the scale below, please rate this student’s overall skill

level on this clinical proficiency (circle one): 2 1 0

Please use the space below for comments: __________________________________________

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ACI’s Signature __________________________________________Date_____________

Student’s Signature________________________________________Date_____________

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