



Date: \_\_\_\_\_

*\*This must be submitted at or before your in-person interview at our center.*

## Physical Therapy Experience and Documentation Survey

Name of Candidate: \_\_\_\_\_

**Directions:** Nature's Edge Therapy Center prides itself as a center that embraces providing the best possible treatment with the best possible trained therapy staff. Documentation that our staff provides for each patient proves the effectiveness of the treatment we provide. It is necessary, then, that our documentation be succinct, accurate and articulate that a skilled therapist provided the treatment and documentation.

Please help us by letting us know of your documentation style and previous treatment history. For each category below, please  $\checkmark$  the boxes where you have established/had experience in the field of Physical Therapy. Next, on the line that follows, indicate how much time you have developed/spent in that practice area. Please only indicate areas where you have served for an entire case (evaluation through discharge -or- 1 month of continuous treatment).

### Category 1: Population

- Neonatal (premature babies-up to 3 months old) \_\_\_\_\_
- Infants (birth to 1 year old) \_\_\_\_\_
- Toddlers (1-3 years old) \_\_\_\_\_
- Pre-school aged (3-5 years old) \_\_\_\_\_
- Elementary school aged (5-10 years old) \_\_\_\_\_
- Middle school aged (10-13 years old) \_\_\_\_\_
- High school aged (13-18 years old) \_\_\_\_\_
- Young adults (18-21 years old) \_\_\_\_\_
- Adults (22-35 years old) \_\_\_\_\_
- Mid-life adults (35-45 years old) \_\_\_\_\_
- Pre-retirement adults (45-65 years old) \_\_\_\_\_
- Retired adults (65-75) \_\_\_\_\_
- Seniors (75-85 years old) \_\_\_\_\_
- Seniors plus (85+ years old) \_\_\_\_\_

### Category 2: Diagnoses

- Genetic Disorders (Ex. autosomal recessive inheritance, chromosomal abnormalities) \_\_\_\_\_
- Neoplasms (Ex. tumors, cancers) \_\_\_\_\_
- Infection \_\_\_\_\_
- Trauma \_\_\_\_\_
- Immune Disorders (Ex. allergy, autoimmunity, immunodeficiency) \_\_\_\_\_

- Mental and Emotional Disorders \_\_\_\_\_
- Respiratory Disorders \_\_\_\_\_
- Musculoskeletal Disorders \_\_\_\_\_
- Neurologic Disorders (Ex, brain, spinal cord, peripheral disorders)
- Gastrointestinal Disorders \_\_\_\_\_
- Hepatobiliary Disorders (Ex. diseases of the liver, gallbladder and ducts)
- Renal and Urologic Disorders \_\_\_\_\_
- Endocrine Disorders \_\_\_\_\_
- Metabolic and Nutritional Disorders \_\_\_\_\_
- Obstetric and Gynecologic Disorders \_\_\_\_\_
- Sexual Disorders \_\_\_\_\_
- Hematologic Disorders \_\_\_\_\_
- Cardiovascular Disorders \_\_\_\_\_
- Eye Disorders \_\_\_\_\_
- Ear, Nose and Throat Disorders \_\_\_\_\_
- Sensory Disorders \_\_\_\_\_
- Skin Disorders \_\_\_\_\_

Please list the 5 most frequent (therapy) diagnoses treated in your current or recent practice experience:

- 1.
- 2.
- 3.
- 4.
- 5.

### Category 3: Settings

- Neonatal Intensive Care Unit \_\_\_\_\_
- Intensive Care, pediatric-adolescent,  Intensive Care, adult \_\_\_\_\_
- Birth to Three programming, in-home or public setting \_\_\_\_\_
- Early Education, public or private setting \_\_\_\_\_
- School intervention \_\_\_\_\_
- Nursing Home, Long-term care \_\_\_\_\_
- Assisted Living \_\_\_\_\_
- Home Health Care \_\_\_\_\_
- Rural Hospital,  Swing-bed  Urban Hospital \_\_\_\_\_
- Out-patient orthopedics,  In-patient orthopedics \_\_\_\_\_
- Upper extremity rehabilitation \_\_\_\_\_
- General rehabilitation,  in or  out patient based \_\_\_\_\_
- Specialized rehabilitation \_\_\_\_\_
- Sensory Integration focused \_\_\_\_\_
- Animal-Assisted therapy \_\_\_\_\_
- Hippotherapy \_\_\_\_\_
- Horticulture therapy \_\_\_\_\_
- Splinting,  Static,  Dynamic  custom (other) \_\_\_\_\_
- Mobility services (wheelchairs, power chairs, personal mobility devices) \_\_\_\_\_
- Adaptive devices, including mechanical (lifts) \_\_\_\_\_
- Prosthesis \_\_\_\_\_
- Industry,  Work rehabilitation \_\_\_\_\_



3. Write a goal for each problem area.
  
  
  
  
  
  
  
  
  
  
4. What treatment techniques/modalities would you use?
  
  
  
  
  
  
  
  
  
  
5. Do you need more information? Who would you contact? What would you ask?

**Attachments:** Please attach to this completed document:

- A narrative-style evaluation/assessment report that you composed
- A daily note or treatment summary that you composed
- A discharge report that you composed

\*Please remove all personal identifying information on the above requested documents to assure privacy and confidentiality.

Nature's Edge Therapy Center, Inc.  
Providing Occupational, Speech & Physical Therapy

**Therapy Center Contact Information:**

Center Address: 2523 14 ¾ Avenue, Rice Lake, WI 54868  
Center Phone: 715.859.6670, Fax: 715.859.6669  
Center Website: [www.naturesedgetherapycenter.org](http://www.naturesedgetherapycenter.org)

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