



## Employee Checklist of Technical Ability For the Orthotic/Prosthetic Clinical Applications Program Applicant

Please summarize your technical experience below.

Units of Fabrication Completed / Units Fitted

**SPINAL ORTHOSES**

Lumbosacral Orthoses \_\_\_\_\_ \ \_\_\_\_\_  
 Thoraco-lumbo-sacral Orthoses \_\_\_\_\_ \ \_\_\_\_\_  
 Corrective Orthoses for Scoliosis \_\_\_\_\_ \ \_\_\_\_\_

**SHOE MODIFICATIONS AND REPAIR**

Build-ups on Shoes \_\_\_\_\_ \ \_\_\_\_\_  
 Miscellaneous shoe modifications \_\_\_\_\_ \ \_\_\_\_\_

**LOWER LIMB ORTHOTICS**

Foot Orthoses \_\_\_\_\_ \ \_\_\_\_\_  
 Ankle-Foot Orthoses, Tracing Layout \_\_\_\_\_ \ \_\_\_\_\_  
 Ankle-Foot Orthoses, Metal \_\_\_\_\_ \ \_\_\_\_\_  
 Ankle-Foot Orthoses, Plastic \_\_\_\_\_ \ \_\_\_\_\_  
 Knee-Ankle-Foot Orthoses, Tracing Layout \_\_\_\_\_ \ \_\_\_\_\_  
 Knee-Ankle-Foot Orthoses, Metal \_\_\_\_\_ \ \_\_\_\_\_  
 Knee-Ankle-Foot Orthoses, Plastic \_\_\_\_\_ \ \_\_\_\_\_

**UPPER EXTREMITY ORTHOTICS**

Hand Orthoses, Metal \_\_\_\_\_ \ \_\_\_\_\_  
 Hand Orthoses, Plastic \_\_\_\_\_ \ \_\_\_\_\_  
 Wrist-Hand Orthoses, Metal \_\_\_\_\_ \ \_\_\_\_\_  
 Wrist-Hand Orthoses, Plastic \_\_\_\_\_ \ \_\_\_\_\_

**LOWER LIMB PROSTHETICS**

Trans-tibial (TT), fabrication \_\_\_\_\_ \ \_\_\_\_\_

Trans-femoral (TF), fabrication \_\_\_\_\_ \ \_\_\_\_\_  
 PTB socket insert, fabrication using Pelite or similar \_\_\_\_\_ \ \_\_\_\_\_  
 Lay-up and laminate for sockets and finish laminations \_\_\_\_\_ \ \_\_\_\_\_  
 Statically align, TT and TF prostheses \_\_\_\_\_ \ \_\_\_\_\_  
 Duplicate TT and TF alignment either horizontal or vertical \_\_\_\_\_ \ \_\_\_\_\_

**UPPER EXTREMITY PROSTHETICS**

Trans-humeral, fabrication \_\_\_\_\_ \ \_\_\_\_\_  
 Trans-radial, fabrication \_\_\_\_\_ \ \_\_\_\_\_

**BROAD TECHNICAL SKILLS**

Interpret information/measurement Charts \_\_\_\_\_ \ \_\_\_\_\_  
 Make plaster of Paris models \_\_\_\_\_ \ \_\_\_\_\_  
 Vacuum form thermo plastic fabrications \_\_\_\_\_ \ \_\_\_\_\_  
 Contour and mount joints \_\_\_\_\_ \ \_\_\_\_\_  
 Safely operate lab equipment and tools \_\_\_\_\_ \ \_\_\_\_\_  
 Identify common orthotic and prosthetic materials \_\_\_\_\_ \ \_\_\_\_\_  
 Identify common orthotic and prosthetic components \_\_\_\_\_ \ \_\_\_\_\_

### Professional Attestation

I, \_\_\_\_\_ attest to \_\_\_\_\_  
(Print Name of Certified Orthotic/Prosthetic Professional) (Print Name of Applicant)

ability to perform all the duties outlined above.

Employment starting date: \_\_\_\_\_ Employment termination date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Certified Orthotic/Prosthetic Professional) (Certification Number) (Date)

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

