

Student _____
Dates of Rotation _____

Rehabilitation Rotation Task Sheet

OBJECTIVES

OBSERVED/ASSISTED

- | | |
|--|---------------|
| 1. Orientation to Rehabilitation services | _____ / _____ |
| 2. Patient evaluation/assessment | |
| a. musculoskeletal/neurological | _____ / _____ |
| b. mobility/ambulation/range of motion | _____ / _____ |
| c. patient teaching | _____ / _____ |
| 3. Physical Therapy Treatment Modalities | |
| a. traction | _____ / _____ |
| b. hot packs/cryotherapy | _____ / _____ |
| c. ultrasound | _____ / _____ |
| d. massage | _____ / _____ |
| e. electrical stimulation | _____ / _____ |
| f. hydrotherapy | _____ / _____ |
| 4. Occupational Therapy Treatment Modalities | |
| a. paraffin bath | _____ / _____ |
| b. TENS | _____ / _____ |
| c. splinting | _____ / _____ |
| d. infant stimulation | _____ / _____ |
| 5. Gait Training crutches/walker/cane | _____ / _____ |
| 6. Therapeutic Exercises | |
| a. strengthening/coordination | _____ / _____ |
| b. ADL | _____ / _____ |
| c. endurance/coordination | _____ / _____ |
| d. stretching | _____ / _____ |

Mentor Signature

Date