

STAFFING SPECIALISTS ORTHOPEDIC TECHNICIAN SKILLS CHECKLIST

This self evaluation is for assessing your experience in specific clinical areas. This self evaluation will not be a determining factor in accepting your application to become an employee of Supplemental Health Care.

1 = No Experience 2 = Limited Experience 3 = Experienced 4 = Highly Skilled

GENERAL SURGERY	1	2	3	4
Minor Case Setup				
Needle Count				
Sponge Count				
Sterile Technique				
Irrigation				
Suction Equipment				
Cervical Fusion				
Cervical Laminectomy				
Crutchfield Tong Insertion				
Halo Traction Application				
Laminectomy				
Lumbar Laminectomy				
Mandibular Fractures				
Maxillary Fractures				
Open Reduction Facial Fractures				
Open Reduction Tripod Fractures				
Orbital / Zygomatic Fractures				
Closed Reduction Facial Fxs / Wiring				
Fractures Jaw, Mandible, Zygoma Bone - Harvest / Transplant				

GENERAL DUTIES	1	2	3	4
Measure Crutches and Canes				
Instruct Crutch and Cane Use				
Skeletal Traction				
Skin Traction				
Measure / Fit Braces				
Measure / Fit Splints				
Apply Casting				
Set-Up Passive Motion Equipment				
Instruct Passive Motion Equipment				
Apply Bone Stimulator				
Remove Sutures				
Remove Staples				
Apply / Change Sterile Dressings				
Setup for Nerve Blocks				
Patient Teaching				
Discharge Instructions				
Manual Documentation				
Electronic Documentation				
Quality Assurance Activities				

ORTHO	1	2	3	4
ACL Repair				
Amputation Arm / Leg				
Arthroscopy - Ankle				
Arthroscopy - Elbow				
Arthroscopy - Knee				
Arthroscopy - Shoulder				
Cast Application				
Closed Fracture Reduction				
External Fixations				
ORIF - Lower Extremity				
ORIF - Upper Extremity				
Foot Procedures / Fractures				
Hand Surgery / Fx Repairs				
Harrington Rod Insertion				
I M Rods				
Nailing Procedures				
Spica Cast Application				
Spinal Fusion				
Total Hip Replacement				
Total Knee Replacement				
Total Shoulder Replacement				

EQUIPMENT	1	2	3	4
Arthroscopy Cameras				
Blood Warmer				
Bovie Electrosurgical Unit				
Cell Saver				
Centrifuge				
Dual Tract Lights				
Drills				
Ethylene Oxide Sterilizer				
Kiddie Pneumatic Tourniquet				
Lasers				
Nerve Stimulator				
Operating Microscope				
Pleur-e-vac Units				
Shavers				
Stapling Instrument				
Vac-pac Positioner				
Ultrasonic Cleaner - AMSCO				
Washer Sterilizer - AMSCO				
Flash Autoclave				
Cidex Sterilization				

TRAUMA	1	2	3	4
Burns				
Blunt Traumatic Injuries				

TRAUMA	1	2	3	4
Multiple Injuries				
Penetrating Traumatic Injuries				

Age-Appropriate Care: Ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

AGE	1	2	3	4
Newborn (birth-30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School Age (5 - 12 years)				

AGE	1	2	3	4
Adolescents (12 - 18 years)				
Young Adults (18 - 39 years)				
Middle Adults (39 - 64 years)				
Older Adults (64+ years)				

The information I have given is true and accurate to the best of my knowledge, and I hereby authorize Supplemental Health Care to release this Skills Checklist to staffing clients of Supplemental Health Care. This skills self evaluation is to be updated annually.

Applicant Signature

Date

Applicant Name & Title (please print)

SHC Representative Signature

Date