Physical Therapist
Job Description

Reports to:
Work Site Supervisor

Revised: 05/2012 ©2012 Supplemental Health Care

General Purpose:
Physical Therapists are licensed professionals who evaluate, plan, direct and administer medically prescribed Physical Therapy programs in outpatient or inpatient facilities to restore function and prevent disability following disease or injury or loss of body part. The Physical Therapist can perform administrative duties; participate in department Performance Improvement, Infection Control and Safety Educational programs. Physical Therapists supervise Physical Therapy Assistants and Physical Therapy Aides in their provision of patient care and duties.

Essential Functions:

• Upon referral, evaluates patient to determine problems and goals of each patient in cooperation with physician.
• Collaborate and support plan of care as determined by the physician and healthcare team; treat patients accordingly as approved by the physician. Performs periodic re-evaluation of the patient as necessary and makes adjustments in the patient's treatment program.
• Responsible for reporting on the condition of patient/client to the appropriate supervisor and other staff members. Coordinate and assist with care as directed.
• Interprets and communicates evaluation findings and treatment program to patients, family, and other team members.
• Supervises Physical Therapy Assistants, Physical Therapy Aides, Rehabilitation Aides and students when concerning patient care.
• Provides/recommends/fabricates adaptive devices, orthotics or prosthetics. Trains patient, family and appropriate staff in the use or application of the above.
• Maintains patient records that reflect patient treatment: (Evaluation, daily treatment record, physician update, patient care plan updates, discharge summaries, telephone orders, billing).
• Clinical knowledge and skill, or ability to develop knowledge and skills required for evaluation and treatment of pediatric, adolescent and geriatric patient populations.
• Ability to travel between facilities or other treatment locations as necessary.
• Responsible for performing tasks that are within the scope of his/her educational preparation, knowledge, and permitted by the policies and procedures of Supplemental Health Care, and other local, state, and federal guidelines; and the policies of the facility requesting the services.
• Certain units and settings, such as home care, require special training, skills and proven competency, in addition to the usual skills of the PT. Only PTs with documentation of the appropriate skills are assigned to these areas.
• Participate in multidisciplinary rounds/meetings and inservices as needed.

Minimum Requirements:

• Education: Bachelor of Science in Physical Therapy from an accredited program, Masters degree preferred.
• Licensing: Current state licensure or license eligible in states where applicable.
• Training and experience: Unless otherwise indicated, one year of current experience within the last three years in a comparable job classification required.
• Successful completion of the National Certification for RPT preferred.
• Maintenance of current Cardio Pulmonary Resuscitation (CPR) for HealthCare Workers or Basic Cardiac Life Support (BCLS) certification for HealthCare workers.
• Educated on and compliant with HIPAA regulations; maintains strict confidentiality of client information.
• Complies with Infection Control, Standard Precautions and OSHA standards for the healthcare professional.
• Able to wear personal protective equipment (e.g., face mask, goggles, latex/non-latex gloves) as needed.
• Ability to work effectively within role independently and with other team members.
• Ability to organize and complete work in a timely manner.
• Ability to read, write and effectively communicate in English.
• Ability to understand medical/surgical terminology.
• Health Requirements- In good health and able to work without restrictions as evidenced by Health Statement.
• Compliance with Supplemental Health Care’s pre-assignment and medical requirements including: current TB
screen, or Chest X-ray and questionnaire if proof of positive TB screen; Measles/Mumps/Rubella immunizations or titers indicating immunity; Hepatitis B Information or Waiver; and any additional state or facility medical requirements.

- Physical Demands-Stooping, turning, bending, squatting, kneeling and the ability to lift up to 50 pounds; constant/repetitive standing; requires normal, correctable vision and hearing, and the ability to accurately discern color as necessary to perform job functions.

The above statements reflect the general details necessary to describe the principal functions of the job as identified, and shall not be considered as a detailed description of all work requirements that may be inherent in the position.

In the following paragraphs, Supplemental Health Care is referred to as the “Company”. The Health Care Professional will receive or have access to information about the “Company’s” customers, referral sources, Health Care Professionals and applicants, as well as information including, but not limited to customer lists, applicant lists, applicant resumes, information pertaining to customer business preferences, computer programs, financial data, contracts, statistics, manuals, files, techniques and procedures, all of which is the “Company’s” confidential property and which shall be considered “Trade Secrets”. The Health Care Professional agrees to keep all Trade Secrets in strictest confidence at all times and acknowledge that these belong to the “Company” or are related to its business. At no time during or after work status will the worker use or disclose to any person any Trade Secrets belonging to the “Company” or the “Company’s” predecessors and successors of interest, or its subsidiaries, licensees, franchisees, used or made available to them in the course of their work status. Immediately upon the termination of work status, or upon request by the “Company”, the Health Care Professional will return to the “Company” all Trade Secrets and other materials or property of the “Company” in their possession, including all copies thereof, in whatever form they exist.

The Health Care Professional will receive or have access to information about patient/client medical records (“Patient Information”), all of which is confidential property. The Health Care Professional agrees to keep all Patient Information in strictest confidence at all times. At no time during or after work status will the Health Care Professional use or disclose to any person any Patient Information made available to them in the course of their work status. Immediately upon the termination of work status, or upon request by the “Company”, the Health Care Professional will return all Patient Information and other materials or property in their possession, including all copies thereof, in whatever form they exist. Violation of confidentiality is cause for disciplinary action, including immediate termination.

Furthermore, the Health Care Professional will read and abide with the policies outlined in the “Orientation Handbook for Health Care Professionals” and is responsible to comply with any revisions that are communicated. The “Orientation Handbook for Health Care Professionals” describes important information about Supplemental Health Care; the Health Care Professional should consult their representative regarding any questions not answered in the handbook.

Health Care Professionals will be required to follow any other job-related instructions and to perform any other job-related duties requested by a supervisor on behalf of the “Company”. All duties and responsibilities contained in this job description are essential job functions.

This document does not alter the “at will” nature of the relationship between the “Company” and Health Care Professional.

Health Care Professional Acknowledgement:
I have reviewed my job description and agree to perform all duties mentioned to the best of my ability. I understand my job duties may change as the needs of the department change. I further agree to notify my immediate supervisor, if I am unable to complete any of my job duties in a timely manner.

__________________________
Name & Title (please print) Date