

REHAB ACTION, INC.

Home Health Services

www.RehabAction.com

8401 Carolyn Drive, Port Richey, FL 34668

(727) 848-0181 (727) 232-0685 Fax

PHYSICAL THERAPIST JOB DISCRPTION

DESCRIPTION

Treats the patient by use of mechanical means, such as exercise and heat, to return and maintain the patient to his/her optimum level of physical functioning.

QUALIFICATIONS

1. A Graduate of Physical Therapy Curriculum as stated in Medicare Conditions of Participation 484.2 or a Bachelor's degree in Physical Therapy.
2. Licensure as a Physical Therapist in the respective state.
3. Minimum of one (1) years experience of home health care preferred.
4. Background check acceptable to the Agency.
5. Current C.P.R. Certification
6. Valid driver's license and proof of automobile liability insurance.
7. Able to work autonomously with minimum supervision.
8. Demonstrated organizational skills and detail oriented.
9. Demonstrated problem-solving and decision making skills.
10. Demonstrated computer skills.
11. Demonstrated time management skills.
12. Demonstrated interpersonal skills.
13. Demonstrated verbal and written communication skills.
14. Able to communicate English.
15. Able to work as a team member.

PHYSICAL AND MENTAL REQUIREMENTS

1. Must be able to work under stress and in a fast-paced environment.
2. Must be able to work under conditions that require sitting, standing, walking, lifting, bending, reaching, pulling, fingering, grasping, talking, hearing and seeing.
3. Must be able to travel to patients' homes and to agency-sponsored programs and meetings.
4. Reasonable accommodation will be made to accommodate a qualified individual with a disability.

DUTIES AND RESPONSIBILITIES

1. Demonstrate Professional conduct and ethics according to agency policy and procedure.
2. Maintain confidentiality of patient information and all Agency operations.
3. Provide physical therapy services to patient as prescribed by a physician in compliance with agency policies and procedures and federal and state regulations.
4. Assist the physician in assessing patient's level of function and ability to perform activities of daily living.

5. Develop and revise a plan of care, in consultation with the physician and other care-team members, which will enable patient to achieve realistic goals of mobility.
6. Evaluate equipment needs to increase functional level.
7. Record physical therapy treatment provided and observations regarding patient condition in the clinical record and progress notes and submit in a timely manner.
8. Report to the physician and designated agency representative patient's reaction to treatment and any changes in patient's condition.
9. Coordinate services in consultation with home health staff.
10. Evaluate the effectiveness and outcomes of care.
11. Instruct patient and family in care and use of therapy devices.
12. Instruct patient, patient's family and health care team on patient's total physical therapy program.
13. Supervise Physical Therapy Assistants and Home Health Aides as appropriate.
14. Maintain effective communication and working relationships with patients, patients' families, staff, representatives of other departments and community agencies.
15. Participate in staff meetings, patient case conferences and Agency in-services.
16. Provide supervisory and consultative services when requested by DCS, Administrator, or designee.
17. Perform other job duties and responsibilities as assigned by the clinical supervisor.

CLASSIFICATION

Full time / Exempt / Per Diem / Contract

EMPLOYEE ACKNOWLEDGEMENT

I understand and acknowledge that this job description sets forth the basic requirements necessary to perform the job identified and is not a detailed description of all job requirements that may be needed to perform the job. Agency needs may necessitate performance of multiple other tasks duties and responsibilities, including but not limited to, assuming the responsibility of other positions in order to deliver a high quality service.

I further acknowledge and understand that this job description is not all-inclusive and that the Agency reserves the right to change job requirements as needed.

I understand and acknowledge that this job description is not a contract, in whole or in part, and that I am an employee at will.

Employee Name _____ *Date* _____

Employee Signature and Title _____