

OROVILLE HOSPITAL
JOB DESCRIPTION

TITLE: PHYSICAL THERAPIST

DEPARTMENT: GOLDEN VALLEY HOME HEALTH

REPORTS TO: DIRECTOR OF GOLDEN VALLEY HOME HEALTH/
PATIENT CARE SERVICES

The physical therapist is a qualified professional person who directs, supervises, evaluates and provides physical therapy services to patients in the home as prescribed by the attending physician.

QUALIFICATIONS

- Meets the Medi-Care conditions of participation and Title 22 for licensure, education and experience.
- Licensed as such by the Physical Therapy Examining Committee of the California Board of Medical Quality Assurance.
- Preference of at least one (1) year of institutional experience.
- Reliable means of transportation.
- A valid California drivers license and a clean Department of Motor Vehicles record.
- Automobile insurance = \$100,000 combined single limit (CSL) underlying auto or \$100,000/\$100,000/\$50,000 split limits.
- Professional Liability and Mal Practice Insurance, when contracted.
- Occasional lifting, not more than 100 pounds with help, and/or carrying objects weighing up to 50 pounds.

OROVILLE HOSPITAL HOME CARE JOB DESCRIPTION
AND EMPLOYEE EVALUATION

NAME _____ DATE OF HIRE _____

DEPARTMENT GV HOME HEALTH POSITION: PHYSICAL THERAPIST

STANDARDS OF PERFORMANCE

(0) DOES NOT MEET STANDARD

(1) MEETS STANDARD

RESPONSIBILITIES

STANDARDS OF PERFORMANCE

	0	1
Providing treatment as ordered by the attending physician, dentist or podiatrist.	—	—
Assists the physician in evaluating patients by applying diagnostic and prognostic muscle, nerve, joint and functional ability tests.	—	—
Treats patients to relieve pain and/or develop or restore function to maintain maximum performance.	—	—
Makes arrangements for out-patient services which cannot be given in the home.	—	—
Records and reports to the physician the patient's reaction to treatment and/or any changes in the patient's condition.	—	—
Instructs patients and their families in the use of prosthetic, orthotic and assistive devices (canes, walker, wheelchair, etc.)	—	—
Advising, consulting and when appropriate, instructing family and other agency personnel, in patient's therapy program.	—	—
Attends when needed staff meetings and inservice presentations.	—	—
Attends case conferences and inservice programs as indicated.	—	—
Supervises the physical therapy assistant, as indicated.	—	—
Participates in staff and department development activities.	—	—

RESPONSIBILITIES

STANDARDS OF PERFORMANCE

	<u>0</u>	<u>1</u>
Prepares an assessment of the patient's condition and periodic evaluations and summaries, develops a plan of care and problem list, and writes clinical/progress notes on the date of the visits and incorporates same in the patient's record no less than weekly.	___	___
Participates in the development and periodic revision of the physician's plan of treatment.	___	___
Demonstrates a high level of initiative with patient care.	___	___
Carries out assignments without direction.	___	___
Demonstrates accuracy thoroughness and orderliness in performing patient care assignments.	___	___
PROFESSIONALISM OF ROLE:		
License and certification current on file.	___	___
Basic CPR current.	___	___
Valid auto license.	___	___
Current auto insurance.	___	___
Safety manual review/passes annual test.	___	___
Age specific competency/passes annual test.	___	___
National driving competency/passes annual test.	___	___
Maintains current education (CE) on file.	___	___
Attends staff meetings 75% or reads minutes.	___	___
Professional liability and malpractice insurance, when contracted.	___	___
Skills check list complete 100%.	___	___
PROFESSIONAL COMMITMENT:		
Follows dress code and inspires confidence in hi/her care by his/her professional appearance and behavior.	___	___
Reports for duty on time 95%	___	___
Attendance: Ill not more than 12 days per year.	___	___
Demonstrates cost effective use of supplies and equipment.	___	___
Demonstrates efficient and cost effective practices.	___	___
Demonstrates cooperative team practices.	___	___
Demonstrates mission statement knowledge and practice.	___	___

EMPLOYEE GOALS AND

COMMENTS: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

CLINICAL SUPERVISOR/CHARGE

NURSE: _____

CLINICAL SUPERVISOR/CHARGE NURSE: _____

DATE: _____