

Employee Name:

DOCUMENTS REQUIRED: Physical Therapist Assisstant

1. State of Florida License
2. Proof of Liability Insurance
3. CPR Card
4. HIV/AIDS Certificate (ORIGINAL 4 hrs and Update)
5. OSHA Certificate (Update)
6. Domestic Violence Certificate
7. Driver License
8. Auto Insurance
9. Proof of Citizenship/Residency (Voter registration, Resident Card, etc)
10. Social Security Card
11. Physical Examination (less than six (6) months or new request)
12. Criminal Background check (less than 2 years, or 1 money order for \$ 23.00)

**JOB DESCRIPTION**  
**PHYSICAL THERAPIST ASSISTANT**

Employee Name: \_\_\_\_\_

**POSITION SUMMARY:** Services of the Physical Therapist Assistant (PTA) will be furnished under the supervision of a physical therapist. The PTA performs services planned, assigned, delegated and supervised by the physical therapist and functions as an active member of the home health team, providing services in accordance with the physician's orders.

**EDUCATION AND EXPERIENCE REQUIREMENTS:**

1. Is licensed by the Florida Physical Therapist Licensing Board to practice as a Physical Therapy Assistant.
2. Recommend a minimum of one year experience in an acute care facility.

**GENERAL REQUIREMENTS:**

1. Must have genuine interest and concern for all clients with a special desire to work with the elderly client.
2. Must be sufficiently mature and emotionally stable to work well with others.
3. Must possess good physical and mental health.
4. Must have a clean and neat appearance.
5. Must be courteous and kind in manner.
6. Can work harmoniously and skillfully with other staff members, patients and their families.
7. Must be flexible and able to tolerate change or changing demands.
8. Ability to promote the practice of physical therapy to the physicians, community, patients and their families. This includes the ability to verbally articulate and define physical therapy terminology.

**ENVIRONMENT:**

The Physical Therapist Assistant travels to and fro, and performs duties in each patient's home. The climate is not routinely controlled. Occasionally there may be exposure to blood, body tissues and other potentially infectious fluids. There can be exposure to loud and unpleasant noises, unpleasant odors, unclean homes and dust. May be subject to hostile and emotionally upset patients, family members or visitors. Work environment not controlled by employee. Road and weather conditions are variable.

**PHYSICAL REQUIREMENTS:**

1. Able to speak, read and write in English.
2. Able read assignments, follow directions,
3. Able to communicate and respond clearly on telephone and respond to patient's spoken needs.
4. The ability to physically transfer, lift or assist patients whose average weight is 160 pounds with or without the aid of mechanical devices.
5. Able to spend 80% of the work shift standing and/or moving about.
6. Able to walk, climb stairs, stoop, twist, bend and squat to perform essential job functions.

**MENTAL REQUIREMENTS:**

1. Able to concentrate on detail with frequent interruptions.
2. Able to follow, complete and remember daily routines and requirements.
3. Able to comprehend and utilize professional education materials.
4. Able to cope with the mental and emotional stress of the position.

**EQUIPMENT:**

Must be able to use all modalities associated with physical therapy.

**DUTIES AND RESPONSIBILITIES:**

1. Provides direct patient care that has been delegated by the Physical Therapist.
2. Performs active and passive exercises, muscle reeducation, gait and functional training, activities ensuring pain relief and function restoration.
3. Observes, records and reports to the physical therapist and/or the patient's physician the patient's reaction to treatment and any changes in the patient's condition.
4. Instruct patients in the care and use of wheelchairs, braces, crutches, canes, prosthetic and orthotic devices.
5. Prepares clinical notes and medical updates/summary notes in a timely manner.
6. Instructs other health care personnel and family members when appropriate.
7. Participates in inservice education and case conferences.
8. Ensure HIPAA guidelines and procedures are maintained.

I, \_\_\_\_\_, have read the above job description and fully understand the conditions set forth therein, I shall perform these duties to the best of my ability.

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

# ORIENTATION CHECKLIST: PROFESSIONAL STAFF

Employee Name: \_\_\_\_\_

## I. GENERAL ORIENTATION

- \_\_\_\_\_ AGENCY ORGANIZATIONAL STRUCTURE
- \_\_\_\_\_ PHILOSOPHY, GOAL & OBJECTIVES, MISSION
- \_\_\_\_\_ TOUR OF FACILITY
  - a) LOCATION OF ADMINISTRATIVE OFFICES
  - b) LOCATION OF EMERGENCY LIGHTS/EXITS
  - c) LOCATION OF FIRE EXTINGUISHERS
  - d) LOCATION OF FIRST AIDE BOX
  - e) EMERGENCY EVACUATION ROUTES
- \_\_\_\_\_ INTRODUCTION TO STAFF/CLIENTS
- \_\_\_\_\_ SCOPE OF SERVICES
- \_\_\_\_\_ EMPLOYMENT POLICIES/JOB DESCRIPTION
- \_\_\_\_\_ COMPLAINTS POLICY/GRIEVANCE FORM
- \_\_\_\_\_ PAYROLL
- \_\_\_\_\_ CORPORATE COMPLIANCE PLAN

## II. CLINICAL ORIENTATION

- \_\_\_\_\_ CLIENT RIGHTS AND RESPONSIBILITIES
- \_\_\_\_\_ ADMISSION/DISCHARGE CRITERIA/THERAPY SERVICES
- \_\_\_\_\_ MEDICAL EMERGENCIES
- \_\_\_\_\_ PSYCHIATRIC EMERGENCIES
- \_\_\_\_\_ DOCUMENTATION REQUIREMENTS/TIME FRAMES
- \_\_\_\_\_ CLINICAL RECORDS

## III. CONFIDENTIALITY/HIPAA GUIDELINES

- \_\_\_\_\_ CLIENT/FAMILY/SIGNIFICANT OTHER
- \_\_\_\_\_ PROGRAM/STAFF
- \_\_\_\_\_ INFORMATION

## IV. SAFETY/RISK MANAGEMENT/INFECTION CONTROL

- \_\_\_\_\_ ACCIDENTAL/INCIDENT REPORTING
- \_\_\_\_\_ OSHA
- \_\_\_\_\_ UNIVERSAL PRECAUTION
- \_\_\_\_\_ BIOHAZARDOUS/INFECTION WASTE
- \_\_\_\_\_ HIV UPDATE
- \_\_\_\_\_ TB UPDATE
- \_\_\_\_\_ EMERGENCY PREPAREDNESS
- \_\_\_\_\_ FIRE DRILL
- \_\_\_\_\_ CARE OF ENVIRONMENT

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES OF THE AGENCY AND HAVE HAD THE OPPORTUNITY TO HAVE ALL OF MY QUESTIONS/CONCERNS ADDRESSED TO MY COMPLETE SATISFACTION.

I AGREE TO ABIDE AND UPHOLD ALL POLICIES AND PROCEDURE, AND HAVE BEEN ADVISE THAT FAILURE TO DO SO MAY RESULT IN TERMINATION OF EMPLOYMENT.

I ALSO AGREE THAT AS A CONDITION OF EMPLOYMENT THAT I WILL PROVIDE THE AGENCY WITH A FOURTEEN (14) DAY WRITTEN NOTICE OF INTENT TO TERMINATE EMPLOYMENT.

\_\_\_\_\_  
EMPLOYEE SIGNATURE/TITLE

\_\_\_\_\_  
DATE

**PHYSICAL THERAPY COMPETENCY** (page 1)

Name: \_\_\_\_\_

<b>TASKS/BEHAVIORS COMPLETED</b>	<b>DATE PERFORMED OR COMPETENT</b>	<b>INITIALS OF EMPLOYEE OR CONTRACTOR</b>	<b>COMMENTS</b>
Referral process			
ASSESSMENT OF:			
Level of Function			
Physical Assessment			
Rehab. Program			
Home exercise program			
Patient/Family Education			
Therapeutic Exercises			
Transfer Training			
Gait training			
Balance training			
Pulmonary Physical therapy			
Prosthetic training			
Muscle re-education			
Discharge plan discussed with patient on admission/Review of all Literature			
Communication with PCC/Case Manager			
Timely paperwork submission/review of Regulations			

TASKS/BEHAVIORS COMPLETED	DATE PERFORMED OR COMPETENT	INITIALS OF EMPLOYEE OR CONTRACTOR	COMMENTS
Timely notification for patient visits/use of calendar			
All paperwork due by the last day of the 3 <sup>rd</sup> week by 5pm or by 9:00 am the Monday after the last day of the 3 <sup>rd</sup> week to process billing.			
Review of documentation/revisit			
Review of documentation admission			
Notification of patient of discharge 2 wks prior & document			
Evaluation for additional services			
COMMENTS			

SIGNATURE OF ORIENTEE \_\_\_\_\_

SIGNATURE OF PRECEPTOR \_\_\_\_\_