



## PHYSICAL THERAPIST

<b>Date:</b>	<b>Last Revision Date:</b> January 1, 2017		
<b>Facility Name:</b>			
<b>Employee Name:</b>		<b>Reports To:</b>	
<b>Department:</b> Therapy		<b>EEO-1 Category/WC Code:</b> 11 / 8833	
<b>FLSA Status:</b> <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt		<b>Job Grade:</b>	
<b>JOB SUMMARY</b>			
<p>Provides services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. Examines patient's medical history, evaluates their physical abilities, determines their potential to respond to therapy, and develops treatment plans. Integrates the hospital's mission and "Guiding Principles" into daily practice.</p>			
<b>ESSENTIAL FUNCTIONS</b>			
<p>Essential functions are those tasks, duties, and responsibilities that comprise the means of accomplishing the job's purpose and objectives. Essential functions are critical or fundamental to the performance of the job. They are the major functions for which the person in the job is held accountable. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.</p>			
1. Performs patient assessment and establishes plan of care. Identifies and documents goals, anticipated progress, and plans for reevaluation.			
2. Evaluates effectiveness of treatment and modifies as necessary.			
3. Assesses educational and cultural needs of the patient, family, caregiver, or significant other and communicates accordingly to achieve maximum benefit of care.			
4. Prepares plans for discharge.			
5. Applies appropriate application of age specific standards, policies and procedures and guidelines in caring for patients.			
6. Coordinates and supervises staff including interns, students, and volunteers.			
7. Performs other duties as assigned to support overall effectiveness of the department.			
<b>E = Exceptional S = Successful N = Needs Improvement</b>	<b>Total #</b>		

<b>CONTACTS</b>	
<b>Supervises</b>	<input type="checkbox"/> Approx # of direct reports _____ <input checked="" type="checkbox"/> Approx # of indirect reports _____ <input type="checkbox"/> No supervisory responsibilities <input type="checkbox"/> No supervisory responsibilities, but may serve as mentor to others in the dept
<b>Age of Patient Populations Served</b> <i>(check all that apply)</i>	<input type="checkbox"/> Pediatrics <input checked="" type="checkbox"/> Adolescents <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Geriatrics <input type="checkbox"/> No direct patient contact
<b>Internal Contacts</b> <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Providers (i.e., physicians) <input checked="" type="checkbox"/> Staff (i.e., clinical and admin support staff) <input type="checkbox"/> Volunteers <input type="checkbox"/> Others: _____
<b>External Contacts</b> <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Providers <input checked="" type="checkbox"/> Vendors <input checked="" type="checkbox"/> Community agencies and advocates <input checked="" type="checkbox"/> Regulatory agencies <input type="checkbox"/> Others: _____
<b>MINIMUM JOB REQUIREMENTS</b>	
<b>Minimum Education and Experience</b>	<ul style="list-style-type: none"> <li>• Current licensure as a Physical Therapist required.</li> <li>• Basic Life Support/CPR Certification required.</li> <li>• One year of direct patient care experience in a hospital setting preferred.</li> </ul>
<b>Required Knowledge, Skills, and Abilities</b>	<ul style="list-style-type: none"> <li>• Knowledge of clinical operations and procedures.</li> <li>• Demonstrates an understanding of treatment costs and financial support as they relate to quality and efficiency.</li> <li>• Demonstrates competency in the provision of care according to established standards and in a developmentally appropriate manner.</li> <li>• Demonstrates general computer skills including: data entry, word processing, email, and record management.</li> <li>• Leadership skills in delegating, organizing, and educating coworkers and staff.</li> <li>• Effective organizational and time management skills.</li> <li>• Effective written and verbal communication skills.</li> <li>• Ability to maintain proper levels of confidentiality.</li> <li>• Ability to work closely and professionally with others.</li> <li>• Ability to maintain quality, safety, and/or infection control standards.</li> </ul>

## PHYSICAL REQUIREMENTS

Indicate the appropriate physical requirements of this job in the course of a shift.

<b>General Activity</b>	<b>Number of Hours</b>					
		1-2	2-4	4-6	6-8	None
	Stand/Walk			X		
	Sit	X				
Drive					X	
<b>Motion</b>		<u>Up to 1/3 of the time</u>		<u>1/3 or more of the time</u>		
	Bend			X		
	Squat			X		
	Crawl	X				
	Climb	X				
	Reach			X		
	Lift			X		
	Carry			X		
	Push			X		
Pull			X			
<b>Use of Hands/Feet</b>		<u>Gross Motor Function</u>		<u>Precise Motor Function (Fine Manipulation)</u>		
	Right Hand	X		X		
	Left Hand	X		X		
	Right Foot	X				
Left Foot	X					
<b>Weight Lifted/Force Exerted</b> <i>Show how much weight or force and how often by checking the appropriate boxes.</i>		<u>Up to 1/3 of the time</u>		<u>1/3 or more of the time</u>		
	Up to 10 lbs					
	Up to 25 lbs			X		
	Up to 50 lbs					
	Up to 100 lbs	X				
More than 100 lbs						
<b>Body Fluid Exposure</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>List any other physical requirements:</b>	<ul style="list-style-type: none"> <li>• Ability to hear overhead pages</li> <li>• Sufficient manual dexterity to operate equipment and computer keyboard</li> <li>• Close vision and the ability to adjust focus</li> </ul>					

**I have read this job description and understand the information outlined above.**

Employee Name (*Please Print*) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Name and Job Title (*Please Print*) \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>REVISION HISTORY (HR USE ONLY)</b>
10/5/2005, 3/15/2016