

JOB DESCRIPTION:

PHYSICAL THERAPY ASSISTANT

JOB SUMMARY

The physical therapy assistant is a qualified person who provides physical therapy services to patients under the supervision of a licensed physical therapist.

Reports to: Supervising Physical Therapist and Clinical Director

ESSENTIAL JOB FUNCTIONS AND RESPONSIBILITIES

- Assists the physical therapist in evaluations the level of function of the patient.
- Prepares clinical and progress notes
- Helps develop the plan of treatment (revising as necessary).
- Advises and consults with the family and other agency personnel.
- Observes, records, and reports any changes in the patient's condition.
- Educates the patient/family and agency personnel in use of equipment and home therapy programs.
- Assists with the rehabilitation of patients according to the plan of care.
- Participates in case conferences and in-services.
- Communicates effectively with all providing care.
- Ensures quality care.
- Confirms on a weekly basis the scheduling of visits with the physical therapist to coordinate necessary visits with other personnel.
- The physical therapy assistant is responsible for notifying the physical therapist of absences due to illness, emergency leave, normal vacation or professional meetings that may affect service to the client, patient and the physical therapist.

QUALIFICATIONS

- Graduate of physical therapy assistant program with curriculum approved by the American Physical Therapy Association.
- Preferably two years experience as a physical therapy assistant.
- Licensed by the state.

FUNCTIONAL ABILITIES/SPECIAL REQUIREMENTS

- Must be able to read 12 point type or larger.
- Must be able to hear and speak in a manner understood by most people.
- Must be able to stoop and bend.
- Must be able to lift and carry effectively so as to be able to perform the above-listed functions.
- Must be able to travel to prospective patients' residences.
- Must be able to carry equipment weighing up to 10lbs. up and down stairs.
- Must have a car with required insurance coverage and a state issued driver's license.

Employee Name: _____

Employee Signature: _____ Date: _____

