POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Physical Therapist

Supervised by: Rehabilitation Services Director

Prepared by: ____________________________ Approved by: ____________________________

Date: _________________________________ Date: _________________________________

Job Summary: Responsible for evaluation, planning, directing and administering physical therapy modalities of treatment as prescribed by a licensed physician. Coordinates, delegates and supervises responsibilities assigned to supportive staff (RCNA, PTA, PTLA, etc.). Participates in operational aspects of the department, maintains performance improvement activities within the department and participates in CQI activities. Provides input in formulating budget, assists in evaluating department performance versus budget controls and takes appropriate action to remain in budget guidelines.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance 2 = Expected Performance 1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Knowledge of physical medicine, physical therapy modalities, anatomy and physiology. 3 2 1

Knowledge of physical therapy machine operation, maintenance and repairs of same. 3 2 1

Responsible for direction of the Physical Therapy Department certified staff, including Physical Therapy Assistants and Physical Therapy Aides and Restorative CNAs. 3 2 1

Able to evaluate a patient’s condition and devise an individualized physical rehabilitation and treatment plan to enhance strength, flexibility, range of motion, motor control, and reduce any pain, discomfort and swelling the patient is experiencing. 3 2 1

Ability to observe and evaluate treatment effect, recommends change to physician as needed. 3 2 1

Ability to perform an appropriate assessment on all patients as related to the therapy requested and provided and reassessments as per policy. This includes neonate, pediatric, adolescent, geriatric patients and the general patient population. 3 2 1

Able to assess patient pain interfering with optimal level of function or participation in rehabilitation; makes appropriate physician contact for intervention. 3 2 1

Administers treatments and physical agents as prescribed by a referring physician in an effort to restore function and prevent disability following injury, disease or physical disability. 3 2 1

Assists patients to reach their maximum performance and level of functioning, while learning to live within the limits of their capabilities. 3 2 1

Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors. 3 2 1

Supports and maintains a culture of safety and quality. 3 2 1

Formulates a teaching plan based upon identified learning needs and evaluates effectiveness of learning, family is included in teaching as appropriate. 3 2 1

Demonstrates knowledge of physical therapy modalities. 3 2 1
SCOPE OF SERVICE:

- __________ Hospital shall provide quality and culturally sensitive rehabilitation services to inpatients and outpatients.

  - Physical Therapy:
    - Physical therapy is a profession which develops, coordinates and utilizes select knowledge and skills in planning, organizing and implementing programs for the care of individuals whose ability to function is impaired or threatened by disease and/or injury.
    - Physical therapy’s primary focus is on those individuals with neuromuscular, skeletal, pulmonary and cardiovascular disorders and evaluating the level of function related to these disorders. This leads to the selection and implementation of appropriate therapeutic procedures to maintain, improve or restore these functions.
    - Physical therapy incorporates a broad spectrum of activities, such as direct patient care, multidisciplinary interchange, supervision, teaching, administration, research and community service. It also accepts responsibility for education at many levels, recruitment of staff, and ethical standards of practice for the welfare of patients and its own members.
    - The physical therapy staff consists of a licensed Physical Therapist (PT), and may contain a licensed Physical Therapy Assistant (PTA). The clinician is qualified as a PT or PTA if that person has been licensed by the state he/she is practicing in, has graduated respectively from an accredited PT or PTA program, and has passed a national examination approved by the state.
    - Services provided shall include, but are not limited to:
      - Physical therapy evaluation
      - Strength, endurance, and flexibility training
      - Lower extremity kinetic activities
POLICY:

The transcutaneous electrical nerve stimulator shall be used safely.

DEFINITIONS:

- **High Rate (Conventional) TENS** - applied during acute phase of chronic pain
- **Acupuncture-like (Strong low rate) TENS** - applied during chronic phase of pain
- **Brief intense TENS** - applied for short-term, rapid onset of pain relief during painful procedures
- **Burst mode (Pulse trains) TENS** - pain relief
- **Hyperstimulation (Point stimulation) TENS** - uses a small probe to locate and noxiously stimulate acupuncture or trigger points

PROCEDURE:

- Check the physician’s order for specific limitations in the application.
- Determine the unit to be used.
- Check the unit carefully; ensure the batteries are fully charged and the unit has no obvious deficiencies.
- Identify the patient using two (2) patient identifiers.
- Explain the procedure to the patient.
- Check the area to be treated for rashes, blisters or unusual skin damage.
- Remove all metal and question patient on presence of metal prosthesis in treatment areas.
POLICY:

____________________ Hospital shall assure patient safety by ensuring the use of uncontaminated ultrasound gel products.

PROCEDURE:

- Prior to using ultrasound gel, the need for sterile or nonsterile gel shall be determined and the proper gel shall be selected.

- Once a container of sterile or nonsterile ultrasound gel is opened, it is no longer sterile and contamination during ongoing use is possible.

- Open containers of ultrasound gel may be used promptly for low-risk procedures on intact skin and for low-risk patients.

- **Sterile Gel:**
  - The only ultrasound gel that is sterile is unopened ultrasound gel containers/packets labeled as sterile. Ultrasound gel products that are labeled as nonsterile or that are not labeled at all with respect to sterility are **NOT** sterile.
  
  - Sterile gel shall be used for all invasive procedures in which a device is passed through tissue (e.g., needle aspiration, needle localization, tissue biopsy), for all procedures involving a sterile environment or non-intact skin, and for all procedures on neonates.
  
  - Sterile gel shall be used in patients with immunodeficiencies or on immunosuppressive therapy.
  
  - Sterile gel shall be used for procedures with mucosal contact where biopsy is not planned but any possible added bioburden would be undesirable or mucosal trauma is likely (e.g., transesophageal echocardiography (TEE) procedures, transvaginal ultrasound procedures without biopsy, transrectal ultrasound procedures without biopsy).
  
  - Aseptic technique shall be used when using sterile gel.
DEFINITION:

The Modified Barium Swallow Study (MBSS), also known as video-fluoroscopic swallow study, is a procedure for the assessment of dysphagia (difficulty swallowing) in patients.

PURPOSE:

Identify oropharyngeal dysphagia, and to examine a patient’s response to treatment strategies

CONTRAINDICATIONS: (not all inclusive)

- Patient who is unstable, lethargic, agitated or uncooperative
- Patient who cannot be positioned correctly
- Patient with an allergy to barium

POLICY:

- The Speech-Language Pathologist shall work in collaboration with the Radiologist to determine if oral intake is safe for patients who have dysphagia.
- The Speech-Language Pathologist shall direct the order and sequence of food or liquid trials given during the study, as well as any treatment techniques or behavioral/postural changes with the approval of the Radiologist.
- The Radiologist shall operate the fluoroscopy equipment and verify the presence or absence of aspiration.
- The Radiologist shall terminate the exam at any time if the patient demonstrates a gross amount of aspiration, or if the patient clearly has no reflexive swallow or visible response to oral stimulation with food.