



PHYSICAL THERAPIST JOB DESCRIPTION

1. Evaluate/assess health care needs of the patient and make recommendations for admission into agency services.
2. Admits patients for services in home health, early intervention team and other special programs.
3. Develop and implement the plan of care for each patient, in cooperation with the patient's physician by applying diagnostic and prognostic muscle, nerve, joint, and functional ability tests. Address the patient's specific needs, home situation and family/household unit.
4. Reevaluate and record the patient care needs of the acutely ill and/or chronically ill at each home visit, noting all treatment modalities and frequencies.
5. Communicate with and regularly update the patient regarding his/her plan of care.
6. Provide skilled therapy services, treatment and procedures as appropriate for the patient's care and safety, in compliance with productivity standards.
7. Adhere to minimum productivity requirements as defined by Florida Home Bound MHA, Inc.
8. Provide case management for assigned primary care patients as appropriate.
9. Report observations of the patient's condition to the designated supervisor(s) and/or the patient's physician as appropriate.
10. Treat clients to relieve pain and/or develop or restore function to maintain maximum performance.
11. Provide skilled teaching to the patient and family members regarding the use of prosthetic, orthotic, and assistive devices (i.e., canes, walkers, wheelchairs, etc.).
12. Orient and instruct Physical Therapy Assistants in the provision of care and services.
13. Supervise the Physical Therapy Assistants at least once per month.
14. Collaborate with other service providers to discuss the patient plan of care and frequency of visits.
15. Make arrangements for outpatient services that cannot be given in the home.
16. Participate in providing 24-hour, seven-day a week therapy services as assigned, to meet individual patient/family needs.
17. Plan for client's discharge, prepare discharge summaries and instructions.
18. Drive safely, comply with traffic regulations, and wear seat belt when business travel is required.
19. When appropriate, supervise Home Health Aides.



Employee Name _____ Date _____

PHYSICAL THERAPY COMPETENCY EXAM

1. Patient with R.T.H.R. during gait training patient will follow which of the following:
 - A. R LE walker, L LE leg.
 - B. L LE walker, R LE leg
 - C. Walker, R LE, L) LE.
 - D. Walker, L LE, R) LE.

2. A 67 year old female patient with diagnosis of bursitis in the right shoulder and a history of right mastectomy sec to C.A. which of the following modalities do you recommend?
 - A. U.S. 1.5 units/cm² 10'
 - B. U.S. 0.5 units/cm² 20'
 - C. TENS unit 20'
 - D. Heat packs and exercises

3. Which of the following should be avoided in T.H.R.
 - A. Interval rotation of hip with knee flex
 - B. Adduction of hip and interval rotation
 - C. Hip flexion of 100°
 - D. All of the above
 - E. None o the above

4. If a patient is HIV positive the therapist must:
 - A. Wear gloves
 - B. Wear a mask
 - C. Wash his/her hands after each treatment
 - D. None of the above

5. When transferring a right hemiplegic patient from wheelchair to bed, the correct position of wheelchair and patient is one of the following:
 - A. Wheelchair must be in front of the bed.
 - B. Unaffected side must be close to the bed.
 - C. The affected side must be close to the bed.
 - D. None of the above.

6. In a BKA which of the following is necessary for satisfactory prosthetic ambulations:
 - A. Strengthening exercises to hip extensions
 - B. Strengthening exercises to knee flexors
 - C. Strengthening exercises to knee extensors
 - D. Strength exercises to hip abductors
 - E. All of the above

7. The cane should be held on:
 - A. Opposite hand of the involved leg
 - B. Same hand of involved leg
 - C. On level surfaces the cane and the involved leg are advanced simultaneously

8. The function(s) of a cane is(are):
 - A. To widen the BOS
 - B. To improve balance
 - C. To assist patient in NWB ambulation
 - D. A & B only



- 9. In 2 points gait:
 - A. Affected leg & cane are moved forward simultaneously
 - B. Unaffected leg & cane are moved simultaneously
 - C. None of the above

- 10. Walkers are used to:
 - A. Improve balance
 - B. To relieve W.B.
 - C. Provide the greatest stability
 - D. Increase B.O.S.
 - E. All of the above.

- 11. A gait pattern with circumduction and external rotation during swing phase could be because:
 - A. Weakness of hip flexors
 - B. Stiff knee
 - C. Weakness of hip adductors and extensors
 - D. A & C
 - E. A & B

- 12. Genu recurvatum is seen when:
 - A. Hip extensors are weak
 - B. Knee flexors are weak
 - C. Knee extensors are weak

- 13. Which of the following are used in P.N.F.?
 - A. Repeated contractions
 - B. Hold-relax active movements
 - C. Rhythmic initiation
 - D. A & B only
 - E. All of the above

- 14. What is the primary goal when treating a patient with chronic pain?
 - A. Restoration of function
 - B. Pain relief
 - C. A only
 - D. None of the above

- 15. Ataxia is usually related with:
 - A. Uncoordination
 - B. Balance deficit
 - C. Static tremor
 - D. A and B
 - E. A, B and C

Signature: _____

Date: _____

Signature – Training and Development

Date: _____

Employee Name:				
Procedure	Self Assessment		Preceptor	
	Experienced	Needs Review	Competent	Re-evaluate
Hand washing				
Bag technique				
Vital signs				
Body Mechanics				
CPR				
Ace bandages application				
THR precautions				
Full-weight bearing				
Non-Wight bearing				
Toe touch weight bearing				
Therapeutic Exercises				
Passive range of motion				
Active assistive exercises				
Progressive resistive exercises				
PNF				
MFR				
Coordination				
Relaxation				
Motor learning strategies				
Postural drainage				
Amputations				
Hemiplegia				
Functional Activities				
Bed mobility techniques				
Rolling				
Getting in and out of bed				
Assuming sitting from supine				
Transfers Training				
Sit to stand and reverse				
W/C to commode and reverse				
Bed to W/C and reverse				
Gait Training				
Gait analysis				
Proper walking technique				
Proper cane/quad cane technique				
Pre-prosthetic training				
Prosthetic training				
Balance				
Sitting - static				
Sitting - dynamic				
Standing - static				
Standing - dynamic				

Employee Name: _____				
Procedure	Self Assessment		Preceptor	
	Experienced	Needs Review	Competent	Re-evaluate
Hot packs				
Cold packs				
Electrical stimulation				
Contraindications of above modalities				

Employee Signature _____ Date _____

Training and Development _____ Date _____

Employee		Date	
Sub-Contracted Agency			
Check One: <input type="checkbox"/> Probationary <input type="checkbox"/> Annual <input type="checkbox"/> Other			Competent
1. Preparation For Visit		Yes	No
	1.1 Uniform dress/ID tag?		
	1.2 Calls patient before visit?		
	1.3 Prioritizing visits?		
	1.5 Knowledge of: Disease Treatment Outcomes		
	1.6 Provider bag content: Supplies adequate? Cleanliness?		
2. Assessment of Skills		Yes	No
	2.1 Vital Signs		
	2.2 Integumentary (if indicated)		
	2.3 Interviews for symptoms related to Physical therapy or terminal diagnosis?		
	2.4 Interviews for compliance to home program		
	2.5 Assessment skills observed (ex: M.M.T.)		
3. Treatment Technique		Yes	No
	3.1 Explanation of task/procedure to patient		
	3.2 Treatment: Specify		
	3.3 Proper draping of patient for privacy		
	3.4 Universal Precautions		
	3.4.1 Gloves worn for potential contact of blood/body fluids		
	3.4.2 Masks, gowns and goggles (mask/shield) worn for actual or potential splashing or aerosolization of blood/body fluids		
	3.4.3 Provider has appropriate personal protective equipment to use when potential for exposure exists.		
	3.4.4 Handwashing is performed as outlined in Infection Control and Safety Management Manual		
	3.5 Follows provider bag technique as outlined in the Infection Control and Safety Management Manual		
	3.6 Selection of treatment modalities appropriate for diagnosis?		
	3.7 Technique		
	3.8 Utilization of hands-on approach		
4. Teaching Technique		Yes	No
	4.1 Instruction of patient/family		
	4.2 Use of written instructions		
	4.3 Return demonstration evaluated		
5. Evidence of Patient/Family Involvement in Plan of Care			
6. Evaluation of Documentation		Yes	No
	6.1 Physical Therapy Clinical Note		
	6.2 Measurable goals		
	6.3 Coordination of care		
	6.4 Communication Log		
	6.5 Patient summary report		
	6.6 Reports changes in patient's condition to Case Manager		

Employee _____

7. Ability to Perform New Procedure/Technique		Yes	No
	7.1 Demonstrates new procedure/technique appropriately		
	7.2 Demonstrates use of equipment		
	7.2.1 Safely		
	7.2.2 Appropriately		
8. Evaluation of Safety/Environment		Yes	No
	8.1 Home		
	8.1.1 Floors		
	8.1.2 Electrical		
	8.1.3 Phone		
	8.1.4 Bathroom		
	8.1.5 Stairs		
9. Evaluation of Waste Management		Yes	No
	9.1 Safely		
	9.2 Appropriately		

10. Comments

Skill Identified	Improvement Plan	Projected Completion	Actual Completion

Employee Signature _____ Date _____

Evaluator's Signature _____ Date _____

Florida Home Bound MHA, Inc. Physical Therapist Performance Evaluation

Employee Name: _____

Performance Responsibilities	Below	Meets	Exceeds
Complies with ethical and professional standards of conduct as set forth by the American Physical Therapy Association.			
Assists the Physician in evaluating clients by applying diagnostic and prognostic muscle, nerve, joint, and functional ability tests and participates in the Physician's Plan of Care.			
Develops, documents, implements, and re-evaluates a specific Plan of Care noting all treatment modalities and frequencies.			
Treats clients to relieve pain and/or develop or restore function to maintain maximum performance.			
Makes arrangements for outpatient services which cannot be given in the home.			
Reports to the Physician the client's reaction to treatment and/or any changes in the client's condition.			
Records clinical/progress notes in the client's clinical record weekly.			
Instructs the family in the client's total physical therapy program and evaluates the home environment.			
Instructs other involved agency personnel in the care of clients receiving physical therapy.			
Attends appropriate case conferences and in-service presentations.			
Plans for client's discharge, prepares discharge summaries and instructions.			
Participates in staff and agency development activities.			
Supervises the Physical Therapy Assistant at least once a month.			
When appropriate, supervises Home Health Aides.			
Documents all client-related activities in a timely manner.			
Reacts to change productively and performs other job-related tasks and duties as assigned.			

Signature _____

Date _____

Training and Development _____

Date _____



INTEROFFICE MEMORANDUM

TO: ALL FIELD SPEECH, OCCUPATIONAL AND PHYSICAL THERAPISTS
FROM: JOY OWENS, DIRECTOR, CQI
SUBJECT: 10 VISITS
DATE: FEBRUARY 15, 2010

When a case is assessed, please make sure that there is sufficient time in the Certification Period to provide a **minimum of ten (10) visits**, that is, increase visits to 3x weekly instead of the 2x weekly to ensure client receives minimum skilled therapy intervention to improve safety.

I HAVE READ THE ABOVE MEMO REGARDING 10 VISITS, AND WILL ADHERE TO THIS.

SIGNATURE

DATE



INTEROFFICE MEMORANDUM

TO: PT and OT FIELD STAFF
FROM: JOY OWENS, NURSE CONSULTANT
SUBJECT: INITIAL EVALUATION ORDERS
DATE: NOVEMBER 10, 2004

It will be greatly appreciated if you would please fax the initial evaluation orders within 48 hours of evaluating patient. This will help us complete the therapy schedule in a reasonable time.

Thank you for your cooperation.

I HAVE READ AND UNDERSTAND THE ABOVE MEMO:

SIGNATURE

DATE



INTEROFFICE MEMORANDUM

TO: ALL PHYSICAL THERAPISTS
FROM: JOY OWENS, NURSE CONSULTANT
SUBJECT: PATIENTS DISCHARGED FROM HOSPITAL
DATE: FEBRUARY 14, 2005

When patient is discharged from the hospital, and the reason for the hospitalization was other than musculoskeletal, the Therapist must do the following:

1. Write a new Order with new frequency
2. Write a Skill Physical Therapy note
3. Write a Case Conference indicating medical necessity.

If patient was in the hospital more than 2 weeks, then:

1. Reassess patient
2. Write Order
3. Write Case Conference

I HAVE READ AND UNDERSTAND THE ABOVE MEMO

SIGNATURE

DATE