

# JOB DESCRIPTION - PHYSICAL THERAPIST

A PHYSICAL THERAPIST is a licensed professional.

## MINIMUM QUALIFICATIONS:

1. Individual demonstrates proof of eligibility for employment in the United States of America.
2. Individual is fluent in English language, both written and verbal.
3. Individual has graduated from an accredited physical therapist curriculum, approved by the Commission on Accreditation in Physical Therapy Education.
4. Individual demonstrates proof of current licensure as PHYSICAL THERAPIST in State of Florida.

## RESPONSIBILITIES:

1. Review patient records for current diagnosis, past medical history, precautions and contraindications.
2. Schedule patients/clients in advance for appointments.
3. Adhere to verbal agreement with patients as to appointment time(s). Notify patient of variances of greater than +/- 15 minutes.
4. Establish safe work environment at each session, free from distractions or obstacles.
5. Perform patient evaluation, including all pertinent tests and measurements appropriate for required documentation in a timely manner, and set plan of care based on physician's order's and evaluation findings.
6. Provide therapeutic interventions as specified in plan of care to assigned patients/clients in timely manner and within scope of licensure.
7. Instruct patients and significant others in home exercise programs, transfer training, positioning, safety issues, modification and/or removal of architectural barriers, and use of special devices as necessary for the patient.
8. Obtain patient signature at end of session to verify visit.
9. Document date, time, and therapeutic interventions applied at each session objectively in patient charts, including progression or regression of functional abilities, or any adverse responses noted during session.
10. Communicate, in a timely manner, with other professionals such information as appropriate to update the plan of care for the patient, coordinate services, or to report adverse responses to treatment. Document communication on appropriate form(s).
11. Submit, in a timely manner, paperwork as necessary for maintenance of complete patient chart, billing of services provided, and/or payment for services rendered.
12. Monitor frequency/duration of treatment so it coincides with plan of care filed upon evaluation with physician of record. Modify frequency/duration according to patient progression/regression, compliance with plan of care, or to changes in level of medical necessity.

## ADDITIONAL CONSIDERATIONS:

1. Professional attire and neat appearance including closed shoes at all times. Scrubs or jeans are not considered to be professional attire.
2. Hours are according to mutual convenience of patient and therapist.
3. Must be able to provide self with reliable transportation to/from work assignments.
4. Lifting may be required on a varying basis.

RESPONSIBLE TO: Administrator of Behar Physical Therapy Services, Inc.

Therapist signature \_\_\_\_\_

BEHAR PHYSICAL THERAPY SERVICES, INC.

Print name \_\_\_\_\_

By: \_\_\_\_\_  
EF BEHAR, as president