



## DIVISION SCOPE OF SERVICE

<b>Division:</b> CENTRAL/WEST TEXAS
<b>DHP Classification:</b> PHYSICAL THERAPY ASSISTANT
<b>Name of Dependent Healthcare Professional (DHP):</b>

  

<p><b>Physical Therapy Assistant:</b> The Physical Therapy Assistant must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p> <p><b>Definition of Care or Service:</b> The Physical Therapy Assistant serves as a member of the physical therapy team by assisting the Physical Therapist. Scope of Service may include:</p> <ul style="list-style-type: none"> <li>• Delivers patient treatments as directed by Physical Therapist</li> <li>• Documents treatment outcomes in the medical record</li> <li>• Participates in discharge planning</li> <li>• Delivers patient/family/caregiver education</li> <li>• Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers and physician practices</li> <li>• Patient care areas, all settings</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Direct supervision by department director, site manager or designee <ul style="list-style-type: none"> <li>◦ Indirect supervision by licensed physical therapist</li> </ul> </li> </ul> <p><b>Evaluator:</b> Physical Therapy department director or designee</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Completion of an accredited physical therapy assistant program</li> <li>• Licensed by State Board of Physical Therapy Examiners</li> </ul>
<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>Experience:</b> The Physical Therapist Assistant provides documentation that they have 1 year clinical experience in the field of physical therapy within the last 12 months</p>
<p><b>Competencies:</b> The Physical Therapy Assistant will demonstrate:</p> <ul style="list-style-type: none"> <li>• Safe and effective operation of physical therapy equipment <ul style="list-style-type: none"> <li>◦ Consistently obtains quality diagnostic outputs</li> <li>◦ Maintains equipment in good working order</li> <li>◦ Demonstrates effective infection control practices related to equipment operation</li> </ul> </li> <li>• Accurate patient information review and evaluation <ul style="list-style-type: none"> <li>◦ Uses at least two ways to identify patients before treating or performing a procedure</li> <li>◦ Verifies that the requested procedure correlates with the patient's clinical history, presentation and physician order</li> <li>◦ Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible</li> <li>◦ Accesses the patient medical record appropriately</li> <li>◦ Documents in the medical record according to the facility standard / policy</li> </ul> </li> </ul>



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- Appropriate Diagnostic Examination Results
  - Performs physical therapy plan to comply with applicable protocols and treatment guidelines
  - Utilizes outcome measures to assess the results of interventions administered to patients
  - Notifies the appropriate health provider when immediate treatment is necessary, based on procedural findings and patient condition
  - Provides a written or oral summary of preliminary finding to licensed Physical Therapist
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE)
  - Required immunizations per DHP Division requirements
  - Complies with Isolation precautions

**References:**

American Physical Therapy Association (2011). Position Statement, HODP 06-01-18-19. Retrieved from [www.APTA.org](http://www.APTA.org)

**DHP Printed Name:** \_\_\_\_\_ **DHP Signature:** \_\_\_\_\_

**Company/Vendor:** \_\_\_\_\_ **Date:** \_\_\_\_\_