

## **A & D HOME HEALTH CARE**

### **JOB DESCRIPTION**

## **PHYSICAL THERAPY ASSISTANT**

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#### **Job Summary:**

Responsible for providing Physical Therapy treatment in an effort toward preventing disability, relieving pain, developing, improving and/or restoring muscle function and maintaining maximum performance within the patient's capabilities. These services must be given under the supervision of a qualified Physical Therapist.

#### **Qualifications:**

Licensed as a Physical Therapy Assistant by the State of Texas and has graduated from a two-year college level program approved by the American Physical Therapy Association or the Council of Medical Education and Hospitals of the AMA and a minimum of one year experience as a Physical Therapy Assistant.

#### **Responsibilities:**

1. Performs all Physical Therapy procedures as prescribed by the physician in a patient's place of residence when authorized, instructed and supervised by a qualified Physical Therapist.
2. Consults frequently with the physical Therapist responsible for the patients and has the ability to read and interpret instructions as given by the Physical Therapist.
3. Maintains clinical and progress notes and Patient Care Plans and submits them for the patient's permanent records no less often than once a week. All records submitted by the Physical Therapy Assistant should be reviewed by the qualified Physical Therapist in charge of the patients.
4. Assesses and identifies needs of the patient and participates in care coordination with the Physical Therapist, reporting all identified needs and abnormal signs/symptoms.
5. Able to effectively communicate, perform and prioritize functions or tasks.
6. Able to stand, stoop, bend, squat, kneel and reach freely.
7. Maintains updated CPR certification, TB testing and all other required documents.

#### **Acknowledgement:**

**\*I have reviewed my job description and agree to perform all duties mentioned to the best of my ability; I understand that my job duties may change as the needs of the agency change. I further agree to notify my immediate supervisor if I am unable to complete any of my job duties in a timely manner.**

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**Employee's Signature**

**Date**