



DIVISION SCOPE OF SERVICE

Division: SAN ANTONIO
Classification: PHYSICAL THERAPIST
Applicant Name:
<p>Physical Therapist: The Physical Therapist 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>Definition of Care or Service: The Physical Therapist evaluates and treats patients recovering from injury or disease. Scope of Service may include:</p> <ul style="list-style-type: none"> • Plans, implements and modifies treatment programs • Participates in discharge planning • Delivers patient/family caregiver education • Restores function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities • Examines patient’s medical history • Test and measures patient’s strength, range of motion, balance, coordination, posture, muscle performance and motor function • Administers topical and aerosol medications based on a physician’s order or prescription • Performs wound debridement under a physician’s order • Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.
<p>Setting(s):</p> <ul style="list-style-type: none"> • Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers and physician practices • Patient care areas, all settings
<p>Supervision:</p> <ul style="list-style-type: none"> • Direct supervision by department director, site manager or designee <ul style="list-style-type: none"> ○ Indirect supervision by Federation of State Boards of Physical Therapy (FSBPT) <p>Evaluator: Physical Therapy department director or designee</p> <p>Tier Level: 2</p> <p>eSAF Access Required: Yes</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • Bachelor’s of Science or higher in Physical Therapy • Licensed as a Physical Therapist • American Heart Association or Red Cross health care provider BLS Certification <p>NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p>State Requirements:</p> <ul style="list-style-type: none"> • Current Physical Therapy License issued by The Executive Council of Physical Therapy and Occupational Therapy (ECPTOTE) Texas State Board



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Experience:

- At least one year experience as a Physical Therapist in a hospital setting

Competencies:

The Physical Therapist will demonstrate:

- Safe and effective operation of physical therapy equipment
 - Consistently obtains quality assessment and treatment data
 - Maintains equipment in good working order
 - Demonstrates effective infection control practices related to equipment operation
- Accurate patient information review and evaluation
 - Uses at least two ways to identify patients before treating or performing a procedure
 - Verifies that the requested treatment correlates with the patient’s clinical history, presentation and physician order
 - Accesses the patient medical record appropriately
 - Documents in the medical record according to the facility standard/policy
- Appropriate Treatment of Patients
 - Establishes and 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 findings to the physician
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE) when required
 - Required immunizations per Division requirements
 - Complies with Isolation precautions
 - Maintains sterile field

References:

Physical Therapy Verification ECPTOTE <https://www.ptot.texas.gov/page/ot-license-search>

Document Control:

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Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

Applicant Printed Name: _____

Signature: _____

Date: _____