

DIVISION SCOPE OF SERVICE

Division: SAN ANTONIO

Classification: PHYSICAL THERAPIST ASSISTANT

Applicant Name:

Physical Therapist Assistant:

The Physical Therapist 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.

Definition of Care or Service:

The Physical Therapist Assistant serves as a member of the physical therapy team by assisting the Physical Therapist. Scope of Service may include:

- Delivers patient treatments as directed by Physical Therapist
- Documents treatment outcomes in the medical record
- Participates in discharge planning
- Delivers patient/family/caregiver education
- 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

Setting(s):

- Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers and physician practices
- Patient care areas, all settings

Supervision:

- Direct supervision by department director, site manager or designee
 - o Indirect supervision by licensed physical therapist

Evaluator: Physical Therapy department director or designee

Tier Level: 2

eSAF Access Required: YES

Qualifications:

- Associates of Applied Science in Physical Therapist Assistant from an accredited program
- Licensed as Physical Therapist Assistant
- American Heart Association or Red Cross health care provider BLS Certification

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.

State Requirements:

• Licensed Physical Therapist Assistant issued by The Executive Council of Physical Therapy and Occupational Therapy (ECPTOTE)

Experience:

N/A

Preferred Experience:

 Prefer one or more years of experience in Physical Therapy Setting: Acute, Inpatient Rehab, Pediatrics, Outpatient as appropriate.

Competencies:

The Physical Therapist Assistant will demonstrate:



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- Safe and effective operation of physical therapy equipment
 - o Consistently obtains quality diagnostic outputs
 - o Maintains equipment in good working order
 - o Demonstrates effective infection control practices related to equipment operation
- Accurate patient information review and evaluation
 - o Uses at least two ways to identify patients before treating or performing a procedure
 - Verifies that the requested procedure correlates with the patient's clinical history, presentation and physician order
 - o 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
 - o Accesses the patient medical record appropriately
 - Documents in the medical record according to the facility standard / policy
- Appropriate Diagnostic Examination Results
 - o 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
 - o Provides a written or oral summary of preliminary finding to licensed Physical Therapist
- Infection Prevention
 - o Practices consistent hand hygiene
 - Uses personal protective equipment (PPE) when required
 - o Required immunizations per Division requirements
 - Complies with Isolation precautions
 - Maintains sterile field

References:

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

Document Control:

• Created 3/21/2022

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:	