



## **DIVISION SCOPE OF SERVICE**

**Division: FAR WEST**

**Classification: PHYSICAL THERAPIST**

**Applicant Name:**

**Physical Therapist:**

The Physical Therapist must have equivalent qualifications and competence as employed individuals performing the same or similar services at the facility.

**Definition of Care or Service:**

The Physical Therapist evaluates and treats patients recovering from injury or disease. Scope of Service may include:

- 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
- Demonstrates Clinical and Service excellence behaviors to include code of HCA 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
  - Indirect supervision by licensed physical therapist and Federation of State Boards of Physical Therapy (FSBPT)

**Evaluator:** Physical Therapy department director or designee

**Tier Level: 2**

**eSAF Access Required: YES**

**Qualifications:**

- Completion of an accredited physical therapy program
- Licensed as a Physical Therapist
- Certified by the American Board of Physical Therapy Specialists (ABPTS) preferred
- American Heart Association health care provider BLS Certification

**NOTE:** Where education may not be defined in qualifications area of the Scope, HCA requires the highest level of education completed (not training or courses) confirmed on your background check.

**State Requirements:**

- N/A

**Experience:**

1 yr experience as a Physical Therapist

**Competencies:**

The Physical Therapist will demonstrate:

- Safe and effective operation of physical therapy equipment
  - Consistently obtains quality diagnostic outputs
  - Maintains equipment in good working order
  - Demonstrates effective infection control practices related to equipment operation
- Accurate patient information review and evaluation



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- 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
- 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
  - Accesses the patient medical record appropriately
  - Documents in the medical record according to the facility standard/policy
- 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 findings to the physician
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE)
  - Required immunizations per Division requirements
  - Complies with Isolation precautions
  - Maintains sterile field

### **References:**

References:

Federation of State Boards of Physical Therapy Standards of Competence; adopted 2000, revised 2006;  
[www.fsbpt.org/download/StandardsofCompetence2006\\_10.pdf](http://www.fsbpt.org/download/StandardsofCompetence2006_10.pdf)

United States Department of Labor – Bureau of Labor Statics; Occupational Outlook Handbook, 2010-11 edition;  
Retrieved from <http://www.bls.gov/oco/ocos080.htm>

**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:** \_\_\_\_\_