

Effective 2.27.23

**NORTHEAST MONTANA HEALTH SERVICES**  
**JOB DESCRIPTION**  
**PHYSICAL THERAPIST ASSISTANT**

NAME: \_\_\_\_\_

**ACCOUNTABLE TO: DIRECTOR OF REHABILITATION**

**PURPOSE OF YOUR JOB POSITION**

The primary purpose of your job position is to administer Physical Therapy Plan of Care for all appropriate, designated patients, under the supervision of the staff Physical Therapist(s), and to adequately document all Physical Therapy care provided.

Every effort has been made to make this as complete as possible. However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical job assignment to the position.

**ESSENTIAL EDUCATIONAL REQUIREMENTS**

Graduation from an accredited Physical Therapist Assistant program with minimum of a 2 year (Associate's) degree, in addition to successful passage of the national licensure exam.

**ESSENTIAL JOB REQUIREMENTS**

1. Must have initiative to carry out assigned tasks without constant supervision.
2. Must be able to read, write, and speak the English language proficiently.
3. Must possess sight/hearing senses or use prosthetics that will enable these senses to function adequately so that the requirements of this position can be fully met.
4. Must be in good general health and demonstrate emotional stability.
5. Demonstrates ability to lift a minimum of 50 pounds, in order to provide occasional physical assistance to patients.
6. Demonstrates ability to work on feet for at least 4 hours at a time, free of physical disability that would impair this function.

7. Must possess the ability to make independent decisions when circumstance warrant such action.
8. Must possess the ability to deal tactfully with personnel, resident/patients, family members, and visitors.
9. Must possess the willingness to work interdependently with professional and non-professional personnel.
10. Must have the ability to understand and follow the policies and procedures of Physical Therapy.

### **DUTIES AND RESPONSIBILITIES**

1. Carries forth the treatment plan of care as outlined by the supervising Physical Therapist.
2. Observes and evaluates treatment effects, and provides alterations/modifications as necessary to improve efficacy and patient tolerance.
3. Communicates significant changes to patient status/progress to the supervising Physical Therapist.
4. Creates and maintains a professional, courteous, and compassionate patient/clinician relationship, as well as a safe and calm environment for therapy.
5. Provide recommendations for home alterations to improve safety/function/independence.
6. Remains alert to the patient's response to therapy and notifies appropriate nursing staff if person needs further medical assessment during or after therapy (Acute/Swing care and Outpatient Nursing Home services only).
7. Meets current documentation standards and policies.
8. Maintains the requirements of a valid PTA license in the state of Montana at all times.
9. Manages and operates equipment safely and correctly. Maintains department cleanliness and safety.
10. Communicates appropriately and clearly to physicians, staff and administrative team.

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11. Ensures that treatment charges are accurately captured and submitted on a timely basis.
12. Demonstrates an ability to be flexible, organized and function under stressful situations.
13. Participates in educational staff performance improvement in-services.
14. Performs periodic QA on proper charting techniques in outpatient and inpatient settings for all PT staff.
15. Completes other department projects as assigned.
16. Takes action based on constructive performance evaluations.
17. Maintains a good working relationship both within the department and with other departments.
18. Functions independently, with flexibility, personal integrity, and the ability to work effectively with patients, family members, physicians and co-workers.
19. Operates under the confidentiality guidelines proposed by the most recent HIPAA regulations.
20. Abides by all policies of NEMHS.
  - a) All Corporate Policies (Mission Statement, Values Statement, Vision Statement)
  - b) All Rehabilitation Policies
  - c) All Personnel Policies
  - d) All OSHA Regulations
  - e) All Corporate Compliance
  - f) All HIPAA
  - g) All Hazcom/Blood Borne Pathogens

**KNOWLEDGE**

- Anatomy; physiology; medical terminology; and specialized medical/surgical treatments and procedures.

**CERTIFICATIONS**

- Current Basic Life Support

**ADDITIONAL REQUIRED QUALIFICATIONS**

- Ability to follow written and oral directions
- Computer skills
- Personal and professional accountability and responsibility
- Independent and interdependent function
- Ability to problem solve and apply critical thinking skills
- Ability to maintain confidentiality
- Customer service and communication skills
- Effective communication and coordination of daily work flow to ensure department needs are met
- Dependability and flexibility within the work environment

**WORKING CONDITIONS**

Work area is well lighted and ventilated. Regularly exposed to the risks of blood borne and airborne diseases. Contact with patients in a wide variety of circumstances. Exposed to noise, chemicals, communicable diseases, and hazardous materials. Wears personal protective equipment as required. Subject to sitting, standing, bending, and lifting intermittently during working hours. Subject to frequent interruptions. May be subject to hostile and emotionally upset resident/patients, family members, etc. Subject to involvement with patients/residents, family members, personnel, etc., under all conditions/circumstances.

Dress Code Complies with hospital and departmental dress code. Wears name badge with job title and credentials clearly visible.

Must abide by all policies of NEMHS. Read and review all policies and regulations pertaining to nursing, personnel, OSHA, Corporate Compliance, and HIPAA.

**I have read the job description and hereby agree to perform the above duties and responsibilities to the best of my ability.**

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**Supervisor**

**Date**

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**Employee**

**Date**