Summary

An Occupational Therapist (PT) provides occupational therapy to patients on an intermittent basis in their place of residence. This is performed in accordance with physician orders and plan of care under the direction and supervision of the Clinical Manager/Clinical Supervisor.

Qualifications

1. A person who:
	1. is licensed or otherwise regulated, if applicable, by the State in whichpracticing, unless licensure does not apply
	2. Graduated after successful completion of an Occupational Therapist education program approved Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE; and
	3. Is eligible to take, or has successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

On or before December 31, 2009—

1. is licensed or otherwise regulated, if applicable, by the State in whichpracticing; or
2. When licensure or other regulation does not apply –
	1. Graduated after successful completion of an Occupational Therapist education program approved Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE; and
	2. Is eligible to take, or has successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

On or before January 1, 2008—

1. Graduated from a physical therapy curriculum approved by one of the following:
2. Graduated after successful completion of an occupational therapy program accredited jointly by the committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; or
3. Is eligible for the National Registration Examination of the American Occupational Therapy Association or the National Board for Certification in Occupational Therapy

On or before December 31, 1977 was licensed or qualified as a Physical Therapist and meets both of the following:

1. Had 2 years of appropriate experience as an Occupational Therapist; and
2. Has achieved a satisfactory grade on an Occupational Therapist proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

If educated outside the United States, must meet all of the following requirements:

1. Graduated after successful completion of an Occupational Therapist education program accredited as substantially equivalent to Occupational Therapist entry level education in the United States by one of the following:
	* 1. The Accreditation Council for Occupational Therapy Education (ACOTE).
		2. Successor organizations of ACOTE.
		3. The World Federation of Occupational Therapists.
		4. A credentialing body approved by the American Occupational Therapy Association.
2. Successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).
3. (3) On or before December 31, 2009, is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the State in which practicing.
4. Two years of appropriate experience as an occupational therapist. Community/home health experience is preferred.
5. Current CPR certification and valid driver’s license.
6. Acceptance of philosophy and goals of the Agency.
7. Excellent observation, verbal and written communication skills, problem solving skills, basic math skills; therapy skills per competency checklist.

Essential Job Functions/Responsibilities

1. The Occupational Therapist assumes responsibility for, but is not restricted to:
	1. Ongoing interdisciplinary assessment of the patient
	2. Development and evaluation of the plan of care in partnership with the patient, representative (if any), and caregiver(s)
	3. Providing services that are ordered by the physician as indicated in the plan of care
	4. Patient, caregiver, and family counseling
	5. Patient and caregiver education
	6. Preparing clinical notes
	7. Communication with all physicians involved in the plan of care and other health care practitioners (as appropriate) related to the current plan of care
	8. Participation in the Agency’s QAPI program
	9. Participation in agency-directed in-service training
	10. Supervision of Physical Therapist Assistants and home health aide services, if indicated.
2. Assesses and evaluates patient’s status by:
	1. Writing and initiating plan of care
	2. Regularly re-evaluating patient and family/caregiver needs
	3. Participating in revising the plan of care as necessary
3. Initiates the plan of care and makes necessary revisions as patient status and needs change.
4. Develops a care plan that establishes goals, based on diagnoses and incorporates occupational therapy actions. Includes the patient and the family in the planning process.
5. Initiates occupational therapy program and instructs other personnel and/or family/caregiver in certain phases of occupational therapy with which they may work with a patient, as well as instructing them as to the goals of the occupational therapy program for the patient.
6. Implements current occupational therapy practice following the plan of care.
7. Provides accurate and timely documentation of patient services to reflect the plan of care.
8. Provide patient and family/caregiver education and information pertinent to diagnosis and plan of care.
9. Identifies patient and family/caregiver needs for other home health services and refers
as necessary.
10. Prepares and submits clinical and progress summaries based on the attainment of goals.
11. Participates in coordination of Agency services, appropriately reporting the identified needs to the care team.
12. Uses equipment and supplies effectively.
13. Provides appropriate pain/symptom management. Evaluates and documents patient’s response to treatments/interventions.
14. Participates in personal, professional growth and development.

The above statements are intended to be a representative summary of the major duties and responsibilities performed by incumbents of this job. The incumbents may be requested to perform job-related tasks other than those stated in this description.

job relationships

1. Supervised by: Clinical Supervisor/Clinical Manager

2. Employees Supervised: None

RISK EXPOSURE High risk

PHYSICAL REQUIREMENTS

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this position without compromising patient care.

**PHYSICAL DEMANDS WORK ENVIRONMENT**

On-the-job time is spent in the following physical activities. Show This job requires exposure to the following environmental conditions.

the amount of time by checking the appropriate boxes below. Show the amount of time by checking the appropriate boxes below.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | None | Up to 1/3 | 1/3 to ½ | 1/3 and more |  |  | None | Up to 1/3 | 1/3 to 1/2 | 2/3 and more |
| Stand |  |  |  | √ |  | Wet, humid conditions (non-weather) | √ |  |  |  |
| Walk |  |  | √ |  |  | Work near moving mechanical parts | √ |  |  |  |
| Sit |  |  | √ |  |  | Fumes or airborne particles | √ |  |  |  |
| Talk or hear |  |  |  | √ |  | Toxic or caustic chemicals | √ |  |  |  |
| Use hands to finger, handle or feel |  |  | √ |  |  | Outdoor weather conditions |  |  | √ |  |
| Push/pull |  | √ |  |  |  | Extreme cold (non-weather) | √ |  |  |  |
| Stoop, kneel, crouch or crawl |  | √ |  |  |  | Extreme heat (non-weather) | √ |  |  |  |
| Reach with hands and arms |  |  | √ |  |  | Risk of electrical shock | √ |  |  |  |
| Taste or smell |  | √ |  |  |  | Work with explosives | √ |  |  |  |
|  |  |  |  |  |  | Risk of radiation | √ |  |  |  |
|  |  |  |  |  |  | Vibration  | √ |  |  |  |
| This job requires that weight be lifted or force be exerted. Show how much & how often by checking the appropriate boxes below |  |  |  |  |  |  |
|  | None | Up to 1/3 | 1/3 to ½ | 2/3 and more |  | The typical noise level for the environment for the work environment is: (Check all that apply) |
| Up to 10 pounds |  |  |  | √ |  | 🞏 Very Quiet 🞏 Loud Noise 🞏 Quiet⮽ Moderate Noise 🞏 Very Loud NoiseHearing:⮽ Ability to hear alarms on equipment⮽ Ability to hear patient call⮽ Ability to hear instructions from staff |
| Up to 25 pounds |  |  |  | √ |  |
| Up to 50 pounds |  |  | √ |  |  |
| Up to 100 pounds |  | √ |  |  |  |
| More than 100 pounds |  | √ |  |  |  |

**REPETITIVE MOTION ACTIONS**

* **Number of Hours -**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **This job has special vision requirements; check all that apply** | **Repetitive use of Foot Control** | 0 | 1-2 | 3-4 | 5-6 | 7+ |
| 🞏 Close vision (clear vision at 20 inches or less) | Right only |  |  |  |  |  |
| 🞏 Distance Vision (clear vision at 20 feet or more) | Left only |  |  |  |  |  |
| 🞏 Color Vision (ability to identify and distinguish colors) | Both  |  | **√** |  |  |  |
| 🞏 Peripheral Vision | **Repetitive use of Hands** |  |  |  |  |  |
| 🞏 Depth Perception | Right only |  |  |  |  |  |
| 🞏 Ability to Adjust Focus | Left only |  |  |  |  |  |
| ⮽ No Special Vision Requirements | Both |  |  | **√** |  |  |
|  | **Grasping: simple/light** |  |  |  |  |  |
| **Special demands not listed:**  **Note:** Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position | Right only |  |  |  |  |  |
| Left only |  |  |  |  |  |
| Both  |  |  | **√** |  |  |
| **Grasping: firm/heavy** |  |  |  |  |  |
| Right only |  |  |  |  |  |
| Left only |  |  |  |  |  |
| Both  |  |  | **√** |  |  |
| **Fine Dexterity** |  |  |  |  |  |
| Right only |  |  |  |  |  |
| Left only |  |  |  |  |  |
| Both  |  |  |  | **√** |  |

I have read the above job description and fully understand the conditions set forth therein and will perform these duties to the best of my knowledge and ability.

*Signature Date*