Physical Therapist

SERIES CONCEPT

Physical Therapists plan and administer physical therapy services upon receipt of medical referrals and perform other related duties as required.

Physical Therapists typically work under the California Physical Therapy Practice Act within guidelines prescribed by a licensed physician, podiatrist or dentist. They perform physical therapy evaluations; establish short and long-term treatment goals and individual and/or group treatment programs of varying degrees of complexity; use a variety of physical therapy modalities such as ultrasound, electrical stimulation, massage, traction, and hydrotherapy; use a variety of exercise techniques; assist patients in balance and gait training; train and assist patients in the use and application of a wide variety of assistive devices; perform or supplement activities of daily living programs; instruct families in home programs for patients; ensure patients’ safety in designated treatment areas; maintain patients' records and charts according to required procedures; supervise technical support personnel who work with patients; explain and/or demonstrate physical therapy procedures to hospital, student and/or community personnel; and may teach specific physical therapy procedures in in-service educational programs to residents, medical students, and other medical personnel.

The Physical Therapist series consists of five levels of responsibility ranging from Physical Therapist I (journey/operational) through Physical Therapist V (management).

The factors used as a basis for classification determination reflect administrative responsibility through managerial/supervisory assignments; clinical expertise through complexity of assignments; and accountability and responsibility for patient care and physical therapy practice.

CLASS CONCEPTS

Physical Therapist V

Under general medical and administrative direction, incumbents plan, organize, and direct a large and complex physical therapy service or department which typically has multi-discipline units and at least 15 physical therapists, physical therapy aides and related support personnel. Incumbents work with the department medical or staff managerial head while exercising full administrative and managerial responsibility for the service. Physical Therapist V's typically formulate department objectives, policies and procedures; develop department revenue and expense budget; organize, administer and control
department expense budget, staff, space and equipment; make final decisions regarding employee recruitment, selection, work assignment, evaluation and disciplining; develop quality assurance standards, including mechanism for meeting the standards and tools for measuring adherence to them; interpret, implement and assure compliance with related governmental and hospital regulations and guidelines as they affect the physical therapy department; and in addition may provide consultation and training regarding department standards for patient care.

**Physical Therapist IV**

Under general direction incumbents plan, organize and direct a physical therapy service which typically has multi-function programs and has fewer than 15 physical therapists, physical therapy aides and related support personnel or act as the assistant to a Physical Therapist V, with major delegated responsibilities related to the overall function of the physical therapy program.

As a program manager at this level, incumbents typically exercise full administrative and supervisory responsibility for the total physical therapy program. Duties are similar to those described above for Physical Therapist V, but are performed in a smaller, less complex service. As an assistant to a Physical Therapist V, Incumbents typically assume major delegated responsibilities, e.g., program development; productivity analysis; collection of statistical information; budget impact analysis; coordination of educational or research programs; and monitoring compliance of physical therapy staff with patient care and service delivery standards. Incumbents may provide consultation and training on difficult and complex physical therapy techniques and procedures.

**Physical Therapist III**

Under direction, incumbents are assigned responsibility for the supervision of all staff assigned to a specific unit or section and for the quality of physical therapy services provided in the unit or section. Incumbents as education coordinators may be assigned primary responsibility for the organization and supervision of training programs for students and staff within the physical therapy department. Typically, at this level, incumbents supervise one or more major units or programs; develop unit protocols, programs and policies; interpret and analyze all records, statistics and charges of their units; identify equipment, space and personnel needs and the resultant impact on the budget; help to coordinate and integrate physical therapy programs with other units, hospital services and other institutional programs and services; directly supervise Physical Therapists II and I and support personnel, and determine staff assignments within the unit; provide major input into employee selection, orientation, work assignment, evaluation and disciplining in consultation with higher level physical therapists; and monitor staff compliance with patient care and service delivery standards.

Typically, as education coordinators, incumbents develop, coordinate, organize, supervise and implement clinical education and staff development programs in the physical therapy department; serve as the department's liaison to hospital and community groups and other institutions for educational matters and implement appropriate action after consultation with higher level physical therapists; and provide input to supervisors regarding staff therapists clinical teaching skills.

**Physical Therapist II**

Under general supervision, incumbents are assigned advanced operational duties as clinical specialists.

Typically, as clinical specialists, incumbents are the designated clinical experts and sources of knowledge in the physical therapy treatment of specific patient problems (e.g., neuro adult and pediatrics,
orthopedic/manual therapy, cardiopulmonary rehab); independently perform difficult and specialized physical therapy patient care evaluations and treatments; serve as consultants to staff in patient evaluations, program planning or treatment requiring specialized physical therapy skills; make recommendations in patient care procedures, protocols or programs related to their specialty skill; give inservice training to therapists and related medical personnel in the theory, application and performance of these specialty skills; and provide input to supervisors regarding staff therapists' level of performance of specialized skills.

Incumbents may in addition organize and direct training programs for student physical therapists assigned to the department for clinical practice.

**Physical Therapist I**

Under supervision, incumbents perform the duties of an operational level physical therapist.

Incumbents typically perform the full range of physical therapy duties as outlined in the Series Concept.

**MINIMUM QUALIFICATIONS**

Licensure as a Physical Therapist with the California State Board of Medical Quality Assurance, and knowledge and abilities essential to the successful performance of the duties assigned to the position.

Note: Specific qualification requirements are approved for positions by the Personnel Manager in accordance with the provisions of Staff Personnel Policies 210.8 and 210.9.