

TITLE OF POSITION: OCCUPATIONAL THERAPY ASSISTANT

TITLE OF IMMEDIATE SUPERVISOR: OCCUPATIONAL THERAPIST

RISK OF EXPOSURE TO BLOODBORNE PATHOGENS – HIGH

DUTIES OF POSITION
Provides skilled occupational therapy service on an intermittent basis to patients in their homes under the supervision of the Occupational Therapist.
POSITION RESPONSIBILITIES
1. Under the direction of the Occupational Therapist (OT) provides patient care services which have been delegated by the Occupational Therapist.
2. Under the direction of the OT assists in evaluation and development of the rehabilitative plan of care and in periodic re-evaluation as required.
3. Participates in the preparation of clinical and daily progress notes. All notes are reviewed by the OT and submitted within 72 hours. Also prepares periodic summary reports.
4. Together with the OT, instructs the patient and family, assists in teaching them exercise programs.
5. Guides and instructs the patient in prescribed therapeutic self-care and creative activities that are directed toward improving independence and physical and mental functioning and assists the patient in the use of self-help devices.
6. Identifies possible ineffective drug therapy or adverse reactions, significant side effects, drug allergies, and contra-indicated medication and reports same to the OT.
7. Observes, and records activities and findings in the clinical record and reports to the OT and the physician the patient's reaction to treatment and any changes in the patient's condition.
8. Consults with OT regarding the outcome of home visits and reports physical findings in written form.
9. Under the supervision of the OT, assists in evaluation and development of the rehabilitative plan of care and in periodic re-evaluation as indicated.
10. Instructs other health team personnel including, as appropriate, Home Health Aides, as well as family members with respect to certain phases of occupational therapy, so that they may work with the patient.
11. Writes daily progress notes on patients, and submits same within 72 hours, and prepares periodic summary reports as indicated.
12. Attends rehabilitation department staff meetings and case conferences.
13. Instructs patient in care and use of wheelchairs, braces, splints, and prosthetic and orthotic devices.
14. Participates with staff, patients, and physicians in discharge activities and assists the Occupational Therapist in completing the Occupational Therapy Discharge Summary.
15. Confirms, on a weekly basis, the scheduling of visits with the Supervisor/Director of in order to coordinate Agency visits.
16. Assumes responsibility for self-development by continually striving to improve his/her health care knowledge through educational programs, attendance at workshops and conferences, active participation in professional and related organizations and individual research and reading.
17. Assumes other duties deemed appropriate and necessary by the OT.

JOB CONDITIONS

1. The ability to drive and the ability to access patients' homes which may not be routinely wheelchair accessible are required.
2. Hearing, eyesight and physical dexterity must be sufficient to perform a physical assessment of the patient's condition and to perform patient care.
3. On occasion, may be required to bend, stoop, reach and move patient weight up to 250 pounds; lift and/or carry up to 30 pounds.
4. Must be able to effectively communicate in English.

EQUIPMENT OPERATION

Occupational therapy equipment and other medical equipment will be utilized. Hand washing materials.

COMPANY INFORMATION

Has access to all patient medical records which may be discussed with Director of, the Administrator, the Executive Director, and the Quality Assurance department staff and government agencies.

QUALIFICATIONS

1. Must be a graduate of an approved school giving a course of not less than two years for Occupational Therapy Assistants.
2. Must be licensed or registered by the State.
3. Must have a criminal background check clearance, national sex registry clearance and OIG clearance.
4. Must have current CPR certification.

ACKNOWLEDGMENT**EMPLOYEE NAME****EMPLOYEE SIGNATURE****DATE**