



**Rancho Los Amigos National Rehabilitation Center  
PHYSICAL THERAPY DEPARTMENT  
POLICY AND PROCEDURE**

**PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT SUPERVISORY/ROLE GUIDELINES**

**Policy No.: 124  
Revised: June 2021  
Supersedes: June 2018  
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**POLICY:** The Physical Therapist Assistants roles, duties and responsibilities will be defined in accordance with Chapter 5 Physical Therapy, Article 4.5 of the Physical Therapy Practice Act and the California Physical Therapy Regulations California Code of Regulations Title 16 Division 13.2 Article 4. Physical Therapy Assistant 1398.44.

**GUIDELINES:** The following are examples of application of the Practice Act at Rancho Los Amigos National Rehabilitation Center:

<b>Activity</b>	<b>Level of Staffing Required</b>	<b>Comment</b>
Documentation	PTA	PTA will identify PT of record in daily documentation.
	PT	PT will always be the first contact to evaluate and determine plan of care.
<b>Supervision</b>	<b>PT</b>	<b>PT will establish daily with PTA the PT of Record</b>
Home Visits	PT preferred	Specific recommendations to family/patient regarding necessary home modifications and feasibility of the home as a discharge destination are addressed.
	PTA	Only when the purpose/goal of visit is strictly measurement, data collection, and family training and will not include interventions that require interpretation of findings to formulate a treatment plan.
Team Conference/ New Patient Rounds	PT only	Program determination, evaluation of findings, and goal setting are addressed.
Family Conference	PT only	Prognosis issues, determination and/or modification of treatment program are addressed.

<b>Activity</b>	<b>Level of Staffing Required</b>	<b>Comment</b>
Aquatics Class	PTA	Aquatics program and goals must be clearly defined prior to starting class with report back to primary therapist on a weekly basis stating progress towards these goals.
Family Training	PTA	When included in program plan.
Serial Casting	PT only	Only with MD order.
Data Collection	PT or PTA	<ol style="list-style-type: none"><li data-bbox="670 789 1406 961">I. Manual Muscle Testing, ROM measurement, Vital Capacity, assessment of transfer skills, gait deviations, measurement of hip width, seat depth, back height and other patient measurements.</li><li data-bbox="670 961 1406 1104">II. Physiologic responses to exercise and activity (but only within defined parameters pre-specified by PT that include how much the patient can be safely challenged)</li></ol>



**Director, Physical Therapy Department**

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