
Title: Job Description – Occupational Therapist

Reference #: HR-935

Effective Date: 1.2011	Responsible: All Licensed Professional Staff	Next Review Date: 2.2017
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Qualifications: Therapist will possess a degree in occupational therapy and maintain a license in the State of Oregon. The individual will be eligible for admission to the American Occupational Therapy Association.

Supervises: Occupational Therapy Assistants

Reports To: Lead Occupational Therapist, Rehab Services Director, Clinic Director

Physical Requirements: Able bodied with the ability to assist with patient lifting, positioning, and transfer activities as needed. Occasional lifting of 50-100# required for patient transfers and demonstrates proper body mechanics while bending and lifting.

Duties & Responsibilities:

1. Evaluate the patient to determine the type of disorder and implement corrective treatment;
2. Provide rehabilitative services for occupational and daily living disorders to help clients who suffer from mentally, physically, developmentally or emotionally disabling conditions with goal of regaining independence with ADLs and IADLs;
3. Observe, record, and report to the physician the patient's reaction to treatment and any changes in the patient's condition after reporting to the Agency;
4. Instruct other health team personnel and family members in methods of assisting the patient to improve and correct physical disabilities;
5. Prepare clinical, progress, and discharge summary notes;
6. Exchange information with other professional team members. Keep all patient information confidential;
7. Participate in the plan of treatment with the staff and the patient's physician;
8. Participate in staff meetings and case conferences;
9. Give in-service education training;
10. Perform any other duties requested by management; and
11. Provide occupational therapy services for Santiam Memorial Hospital and Silverton Hospital as ordered.

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Agency will make all necessary efforts to ensure this position complies with any applicable federal and state laws.

Form Name & /Number or Attachment Name (If Applicable):

Approvals: PT Northwest Policy Committee

Review History (No Changes): 1.2012, 1.2013, 1.2014, 2.2015, 2.2016

Revision History: 8.2015

Policy, Procedure or Protocol Cross Reference Information:

Source/References: CMS - §482.56(a)(2); TJC – HR.01.02.01, HR.01.02.07, HR.01.06.01, HR.01.07.01, LD.03.06.01, LD.04.01.05