DUTY STATEMENT

CDCR INSTITUTION OR DEPARTMENT California Correctional Health Care Services	POSITION NUMBER (Agency – Unit – Class – Serial)				
UNIT NAME AND CITY LOCATED Medical Services - Physical Therapy	CLASSIFICATION TITLE Physical Therapist I, Correctional Facility				
	WORKING TITLE				
	COI Yes ☐ No ☐	WORK WEEK GROUP	CBID	TENURE	TIME BASE
SCHEDULE (Telework may be available): _____ AM to _____ PM. (Approximate only for FLSA exempt classifications)	SPECIFIC LOCATION ASSIGNED TO				
INCUMBENT (If known)	EFFECTIVE DATE				

California Department of Corrections and Rehabilitation (CDCR)/ California Correctional Health Care Services (CCHCS) values all team members. We work cooperatively to provide the highest level of health care possible to a diverse correctional population, which includes medical, dental, nursing, mental health, and pharmacy. We encourage creativity and ingenuity while treating others fairly, honestly, and with respect, all of which are critical to the success of the CDCR/CCHCS mission.

PRIMARY DOMAIN:

Under the clinical direction of the Chief Medical Executive and the direct administrative supervision of the Chief Support Executive or Correctional Health Services Administrator I/II, Correctional Facility (CF), the Physical Therapist I, CF administers physical therapy treatments and active, passive, restorative, and resistive therapeutic treatment to patients in a correctional facility. Interprets to patients the significance of physical therapy services. Complies with all the applicable State and federal laws and regulations and departmental policies and procedures pertaining to the physical therapy program. The Physical Therapist I, CF maintains order and supervises the conduct of the incarcerated and maintains the safety of persons and property and the security of working areas and work materials.

% of time performing duties	Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first. *(Use addition sheet if necessary)*
	ESSENTIAL FUNCTIONS
55%	Administers physical treatments to include hydrotherapy treatments and various types of electrical therapy, including infrared, diathermy, and ultrasound. Provides general massage, muscle training and corrective exercises, and coordination therapy to patients as assigned. Conducts evaluations and notes all comments in the patient's medical file. Observes the physical conditions and patient reaction to therapy and reports unusual occurrences to physician managers or other health care team supervisors. Makes appropriate and timely entries in medical records to document clinical progress. Initiates formal assessments of patients and prepares appropriate treatment plans. Carries out instructions of the physician in charge of the rehabilitation program.
20%	Instructs patients in activities of daily living. Instructs mobility-impaired patients on therapies to improve functional abilities; assists in coordinating wheelchair and prosthetic clinics to achieve maximum patient functions; evaluates prosthetic and wheelchair modification and training needs to improve patient's ability to function. Assists in scheduling clinics and patient training. Establishes and advances "home" exercise programs, as needed, to facilitate independence with activities of daily living and mobility.

20%	Cares for equipment and notes necessary repair or need for new equipment. Maintains physical therapy equipment, and arranges for equipment repairs or purchases with the treatment team and the authorization of the Correctional Health Services Administrator I/II, CF. Attends meetings and participates in training and education classes as needed. Demonstrates understanding of local and system policies and procedures.
5%	Performs other duties as required.
	KNOWLEDGE AND ABILITIES *Knowledge of:* Principles and methods of physical therapy; operations of therapeutic machines, including ultraviolet, infrared, diathermy, and inductothermy, and the physical effects resulting from such treatment; and skeletal anatomy and the basic pathology involved in diseases or injuries resulting in physical and mental disabilities. *Ability to:* Administer various types of physical therapy; teach the disabled the fundamentals of self-care and other suitable activities; interpret physical therapy treatments to nurses, attendants, and patients, and teach others the treatment which must be continued after hospitalization; prepare reports and keep records and case histories; and analyze situations accurately and take effective action. **OTHER DOMAINS** **SPECIAL REQUIREMENTS OR CONTINUING EDUCATION REQUIREMENT** • CCHCS does not recognize hostages for bargaining purposes. CCHCS and CDCR have a "NO HOSTAGE" policy and all incarcerated patients, visitors, nonemployees, and employees shall be made aware of this. **SPECIAL PHYSICAL CHARACTERISTICS** strength, agility, and endurance to perform during stressful (physical, mental, and emotional) situations encountered on the job without compromising their health and well-being or that of their fellow employees or that of the incarcerated. Assignments may include sole responsibility for the supervision of the incarcerated and/or the protection of personal and real property. **SPECIAL PERSONAL CHARACTERISTICS** • Influence change and strengthen the community. Set an example each day through positive and pro-social role modeling, utilizing dynamic security concepts. • Willingness to play a significant role in the collaborative efforts toward rehabilitation and public safety enhancement. • Ability to facilitate conversations as a coach and mentor, engaging in a respectful and understanding manner. • Ability to build trust, improve communication, and assist with the transformation of correctional culture. • Empathetic understanding of patients of a State correctional facility. • Willingness to work in a State correctional facility; patience; alertness; keenness of observation; tact; and emotional stability

SUPERVISOR'S STATEMENT: ***I HAVE DISCUSSED THE DUTIES OF THE POSITION WITH THE EMPLOYEE***		
SUPERVISOR'S NAME (Print)	SUPERVISOR'S SIGNATURE	DATE
EMPLOYEE'S STATEMENT: ***I HAVE DISCUSSED WITH MY SUPERVISOR THE DUTIES OF THE POSITION AND HAVE RECEIVED A COPY OF THE DUTY STATEMENT***		
The statements contained in this duty statement reflect general details as necessary to describe the principal functions of this job. It should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned, including work in other functional areas to cover absence of relief, to equalize peak work periods or otherwise balance the workload.		
EMPLOYEE'S NAME (Print)	EMPLOYEE'S SIGNATURE	DATE