

Physical Therapy Services (please submit policies for the items outlined on check sheet below)

Agency Name:

City:

Date:

Policies & Procedure Review	
Physical Therapy 10A NCAC 13J .1103	
	Scope of Services Service Availability
	Initial Assessment/Evaluation Re-Assessment Plan of Care Plan of Care Review/Revision Changes in Patient Condition Guidelines for Notifying MD Guidelines for Documentation Guidelines for Patient & Family Education
	Patient Referrals Patient Discharges
	Competency verification, skills validation of Physical Therapists Credentialing Supervision
	Physician Orders
	Basic Treatment
	<ul style="list-style-type: none"> • Gait Training • Range of Motion Exercises • Therapeutic Exercises • Passive Modalities



Personnel Record Review

Personnel		Physical Therapist	Physical Therapist	Physical Therapist Assistant
	Employee Name			
	Job Title			
	Signed Job Description			
	Application (or resume)			
	Hire Date			
	License Verification			
	Skills Validation			
	Blood borne Pathogen training			
	Hep B			
	PPD/TB			
	Orientation			
	Reference check(s)			
SBI/signed authorization				