

# Multiseries Position Classification Standard for Therapist Series, GS-0633/0639

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**The following occupations are covered by this standard:**

**Physical Therapist Series, GS-0633**  
**Kinesiotherapy Series, GS-0635<sup>1</sup>**  
**Manual Arts Therapist Series, GS-0637**  
**Recreation/Creative Arts Therapist Series, GS-0638**  
**Educational Therapist Series, GS-0639**

**SERIES DEFINITIONS**

The definitions of these occupations are as follows:

**PHYSICAL THERAPIST SERIES, GS-0633**

This series includes positions which involve professional work requiring the application of a knowledge of the concepts, principles, and practices of physical therapy for the treatment or prevention of physical disability or disease. Physical therapists plan and carry out treatment utilizing therapeutic exercise, massage, and physical agents such as air, water, electricity, sound, and radiant energy. Therapists perform tests and measurements involving manual or electrical means; and interpret results. Therapists also devise adaptations of equipment to meet the specific needs of patients.

**KINESIOTHERAPY SERIES, GS-0635<sup>1</sup>**

This series includes positions which involve professional work requiring the application of knowledge of the concepts, principles, and practices of physical education and rehabilitation therapy, using physical exercise to maintain the health or to achieve physical or mental rehabilitation of patients. Kinesiotherapists plan and carry out treatment in which they use or adapt various types of physical exercise, physical activities, and equipment. They evaluate patients for muscle strength, endurance, coordination, and balance; provide individual group instruction for physical reconditioning or for resocialization of patients; and devise adaptations of equipment to meet the specific needs of patients.

**MANUAL ARTS THERAPIST SERIES, GS-0637**

This series includes positions which involve professional work requiring the application of a knowledge of the concepts, principles, and practices of industrial arts education and rehabilitation therapy to plan and carry out treatment for the physical or mental rehabilitation of patients. Manual arts therapists evaluate vocational potential of patients; devise projects and

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<sup>1</sup> The title for series GS-0635 was changed in November 2004. See Revision Summary for more information.

equipment to maintain or improve skills of patients and promote recovery; and evaluate patient's ability to work in an actual or simulated work environment. Some manual arts therapists participate in the rehabilitation of blind patients.

## **RECREATION/CREATIVE ARTS THERAPIST SERIES, GS-0638**

This series includes positions which involve professional work requiring application of either: (1) a knowledge of the concepts, principles, and practices of recreation therapy, and the use of recreational modalities; or (2) a knowledge of the concepts, principles, and practices of a specialized creative arts therapy field (i.e., art, dance, music, and psychodrama) and the use of appropriate specialized activity modalities, to maintain the physical and/or mental health or to achieve the physical and/or mental rehabilitation of patients. These therapists evaluate the history, interests, aptitudes, and skills of patients by interviews, inventories, tests, and measurements, and use such findings, along with medical records and the therapy orders of physicians or nurses, to develop and implement therapy activities for individual patients. These several therapy approaches are directed toward achieving such therapeutic objectives as diminishing emotional stress of patients, providing a sense of achievement, channeling energies and interests into acceptable forms of behavior, aiding physical and mental rehabilitation, and promoting successful community re-entry.

## **EDUCATIONAL THERAPIST SERIES, GS-0639**

This series includes positions which involve professional work requiring the application of knowledge of the concepts, principles, and practices of education and rehabilitation therapy. Educational therapists plan and carry out treatment which involves the use of educational situations, equipment, and methods to rehabilitate patients. They evaluate the learning ability or educational level of patients by use of educational tests and measurements. Some educational therapists participate in the rehabilitation of blind patients. The activities of educational therapists are directed to achieving therapeutic objectives such as diminishing emotional stress of patient, providing a sense of achievement, and channeling energies into acceptable forms of behavior.

## **EXCLUSIONS**

The following types of positions are excluded from the therapist series:

1. Positions which involve performance of support and other nonprofessional work in rehabilitation therapy. Such positions are classified in the [Rehabilitation Therapy Assistant Series, GS-0636](#), and require the application of (a) practical knowledge of the techniques and procedures used in the therapy, and (b) judgment and insight acquired by working with patients in rehabilitation therapy.

Therapy assistants with extensive practical experience may perform some of the functions performed by professional therapists, e.g., planning treatment for patients who are not critically or acutely ill. Such functions are performed by therapy assistants in the light of their practical experience with precedent cases rather than on their knowledge of scientific principles and concepts. In contrast, positions require completion of a full 4-year college curriculum in application of professional competence in a specialized field of therapy. This requires knowledge of: (1) fundamental scientific principles appropriate to the specialized field of therapy, e.g., physiology, anatomy, psychology, pathology of disease and injury, kinesiology (body motion), and educational principles and concepts; and (2) the principles and practices of the specialized field of therapy. The extent and depth of development of such knowledge are such as to require completion of a full 4-year college curriculum in appropriate field of therapy or the equivalent. The knowledge are applied in functions such as testing of disabilities, interpreting medical information in relation to disabilities, planning treatment, evaluating the condition and progress of patients, conducting research and development of therapeutic techniques and devices, evaluating and advising on limitations and usefulness of therapeutic techniques and practices, and training student therapists.

The fact that a person qualified as a professional therapist holds a position does not make the position a professional one. Positions should be placed in a professional therapist occupation only when the position requires professional competence. If a therapist is required to employ only those knowledge which are applied by therapy assistants, the position should, of course, be classified in the [Rehabilitation Therapy Assistant Series, GS-0636](#).

2. Positions which involve planning and establishing training programs for the disabled, supervising the disabled in training and during adjustment to the job, and placing the disabled. These positions are classified in the [Vocational Rehabilitation Series, GS-1715](#). Manual arts therapists may plan and carry out treatment using compensated work activities in which patients are paid for work they produce, and may advise on placement of the disabled. The therapist, however, is concerned primarily with administering treatment to the patient to achieve the physical or mental rehabilitation indicated in the medical prescription or referral. The therapist, moreover, applies the professional knowledge of the concepts, principles, and practices of the specialized field of therapy.
3. Positions which involve providing professional educational services in a hospital program of education and training where instruction is governed by the academic, vocational, and cultural objectives of students. These positions are classified in the [Education and Vocational Training Series, GS-1710](#). The therapist is concerned primarily with administering treatment to the patient, to achieve the physical or mental rehabilitation indicated in the medical prescription. The therapist, moreover, applies the professional knowledge of the concepts, principles, and practices of the specialized field of therapy and the fundamental sciences such as physiology, anatomy, and pathology.
4. Positions involved in recreation and creative arts activities and services which are primarily diversional (non-therapeutic) will be classified in other series (such as [Recreation Specialist Series, GS-0188](#); [Art Specialist Series, GS-1056](#); [Theater Specialist, GS-1054](#), and [Music Specialist Series, GS-1051](#)).

5. Positions which involve professional work requiring the application of knowledge of the concepts, principles, and practices of occupational therapy to develop treatment plans to teach new skills, restore performance, or learn compensating skills to achieve the mental or physical rehabilitation of patients. These positions are classified in the Occupational Therapist Series, GS-0631. The work requires knowledge of the structure and function of the human body, environmental influences, human development, and physical and psychosocial dysfunctions.

## **OCCUPATIONAL INFORMATION**

Therapists perform professional work in the physical or mental rehabilitation of patients in Government hospitals, domiciliaries and in other institutions.

The common ground of therapist occupations is in the application of professional medical rehabilitation and therapeutic principles and point of view, the administration of treatment which is based on a medical prescription or a medical referral, and the integration of the specialized therapy with the total medical rehabilitation plan for the patient. The distinctions among the therapist occupations are in the different techniques, activities, and procedures used to achieve the treatment objectives, and the different specialized knowledge, skills, and abilities required for the performance of work.

All therapists combine a professional knowledge of the particular subject fields of work with the fundamental theory, concepts, and objectives of medical rehabilitation in carrying out the goals of their particular therapy programs. They exercise professional judgment in developing plans to accomplish the treatment objectives; must be sensitive to the effectiveness of the plans on the patients and their progress; and must recognize the need for and take necessary steps to revise treatment plans when the patients' responses indicate such need.

Some therapists participate in clinical training of student therapists. The therapists give lectures on various treatment techniques, give on-the-job demonstrations of treatment techniques, discuss and plan individual patient treatment with students, and describe treatment results with particular patients.

Therapists are expected to continue to further their professional growth and development through inservice lectures, university course work, and attendance at seminars and workshops of professional organizations.

### *Physical Therapist*

Physical therapists treat disability, injury, and disease by use of physical agents such as light, heat, cold, water, electricity, massage and therapeutic exercises. Physical therapy is utilized in several phases of medical care: prevention, diagnosis, treatment, and rehabilitation.

Therapists perform tests and measurements of muscles, nerves, skin temperature, range of motion, posture, strength, and the ability to perform activities of daily living. They perform tests using electrical or mechanical equipment to provide diagnostic information on muscle or nerve reaction of patients with neurological or peripheral vascular disease, or post-surgical complications. Therapists provide instructions to patients in muscle re-education and ambulation; in the use of crutches, and in the application of slings, braces, and other prosthetic or orthotic devices. They devise or adapt equipment to enable patients to participate in treatment or maintain a level of achievement.

### *Kinesiotherapist<sup>2</sup>*

Kinesiotherapists use physical exercise for the treatment and rehabilitation of patients. Treatment is directed to: (1) maintaining or improving the general state of health; (2) promoting relaxation; (3) developing socialization by alleviating mental or physical stress; (4) developing strength, dexterity, and coordination in limbs or muscles; and (5) developing routines of self-care (chiefly personal hygiene) and the mobile activities of daily living. They evaluate patients for muscle strength, endurance, coordination, and balance. Kinesiotherapists utilize in the course of treatment such equipment as weights and pulleys, parallel bars, exercycle, and therapeutic pool. They treat patients on an individual basis if, for example, the objective of treatment is one of development of strength or coordination of muscle and limbs for a specific physical disability. They administer treatment to groups of patients in the ward, clinic, or other area when the objective of treatment is resocialization, general maintenance of health, or reconditioning. They devise or adapt equipment to enable patients to participate in treatment or maintain a level of achievement.

### *Manual Arts Therapist*

Manual arts therapists evaluate and treat patients using techniques of vocational or industrial arts education. Therapists evaluate the capabilities of patients through graded vocational activities in woodworking, metalworking, electricity, graphics, and applied arts. They determine the patient's interests and plan treatment based upon a knowledge of the pathology of the patient's illness or disability and the therapeutic value of the specific activities.

Treatment is directed to: (1) exploring the rehabilitation potential of patients; (2) maintaining or improving skills or learning new skills; (3) maintaining or developing further the level of physical or mental rehabilitation achieved in earlier stages of therapy; and (4) providing information as to the patient's ability to work in real or simulated work conditions. Manual arts therapists may use treatment activities in which patients are paid for work produced. Under such circumstances, the therapist may study the work processes involved, develop the work procedures, plan the individual tasks specifically adapted to the physical or mental disabilities of the participating patients; and conduct time studies to determine the hourly rate of compensation appropriate for handicapped patients.

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<sup>2</sup> The position title for series GS-0635 changed in November 2004. See Revision Summary for more information.

While manual arts therapy is similar to occupational therapy there are significant differences in the occupations in the Federal service. The manual arts therapist provides treatment to patients using vocational educational activities which have been adapted to the concepts and objectives of rehabilitation therapy. Therapeutic treatment is administered under simulated work conditions or in the actual work environment of the hospital such as laundry or kitchen. The occupational therapist evaluates and treats patients using activities of daily living which involve self-care, or activities of a creative or avocational nature such as art, ceramics, leather work, and weaving. In some situations, however, the occupational therapist may also perform pre-vocational testing and may use vocational activities in treatment in addition to those more specifically associated with occupational therapy.

### *Recreation/Creative Arts Therapist*

Recreation therapists and creative arts therapists use the modalities of the therapy specialization involved (i.e., recreation, art, dance, music, or psychodrama) in the treatment of the physical, mental, emotional, and social handicaps of individual patients, groups of patients, and families. Employing the knowledge and understanding of physical and mental illness, psychology, and other appropriate physical, social, and biological sciences, and skill in the therapy modalities involved, these therapists plan and carry out treatment programs which are directed to such goals as: (1) sensory integration; (2) ambulation; (3) diminishing emotional stress; (4) community reentry; (5) reality orientation; (6) muscular dysfunction reorientation; (7) treatment of psychosocial dysfunction; (8) providing a sense of achievement and progress; and (9) channeling energies into acceptable forms of behavior.

They conduct ongoing evaluations of therapy results and modify, redirect, adjust, and augment treatment plans as indicated by each patient's response and progress in the light of each patient's physical, emotional, mental, and social limitations, needs, skills, aptitudes and interests. The considerable variety of therapy services provided by therapists in this series are used as both adjunctive and primary therapy services, depending on the need. When serving on multidisciplinary treatment teams, these therapists use professional knowledge and skills in the integration of their particular therapy specialization into overall team treatment plans. It is recognized that the management of medical facilities which have recreation therapists and/or creative arts therapists generally requires such staff to provide some diversional recreation and/or creative arts activities and services from time to time or on a continuing basis, in addition to their medically prescribed therapy work. Typically, additional activities and services are only an extension of the more formal treatment-oriented services, and, therefore, the paramount requirement is for appropriate professional therapy knowledge, skills, and abilities. Such positions, as a whole, will be classified as Recreation/Creative Arts Therapist, GS-0638 Series. It should be noted that several other types of treatment specialists in mental health services programs (e.g., clinical psychologists and psychiatrists) often use some of the therapy modalities included in this series, particularly psychodrama therapy. The use of such therapy modalities as psychodrama as part of a varied range of psychological/psychiatric counseling and treatment methods and services does not indicate that all such positions must be classified in the GS-0638 Series. Only those positions which operate within the framework of a multidisciplinary therapy team approach to patient care and which work only within the range of psychodrama modalities will be classified as creative arts therapist (psychodrama).

### *Educational Therapist*

Educational therapists use teaching, programmed instruction, visual aids, and other instructional methods and equipment in treatment of patients. For patients who have psychiatric conditions, educational therapists must understand the pathology of mental illness, behavior patterns, and various psychological conditions in order to plan and carry out treatment programs. Treatment may be directed to: (1) diminishing emotional stress; (2) providing a sense of achievement and progress; and (3) channeling energies into acceptable forms of behavior. Educational therapists also treat patients who, as the result of injury or disease, have lost the ability to comprehend, write, or speak.

## **CLASSIFICATION CRITERIA**

Grade levels are determined and defined under two broad factors: *Nature of the Assignment* and *Level of Responsibility*. Qualifications requirements are not described separately but have been reflected as appropriate in both the nature of the assignment and the level of responsibility.

### *Nature of the assignment*

This factor measures the difficulty and complexity of the work performed by therapists. It includes the scope and difficulty of the assignment, the skills and knowledge required to plan and carry out treatment programs, and the personal contacts involving patients, physicians, and related professional personnel. At lower grade levels, the therapist gains skill in working with patients and in applying the treatment concepts, practices, and procedures which are basic to the specialized field of therapy. At higher grade levels, the therapist applies a higher degree of professional competence, skill and judgment in planning and carrying out treatment for a variety of patients who are acutely ill or who have a combination of severe physical or mental disabilities with secondary complications.



### *Level of responsibility*

This factor includes (1) the nature of available guidelines; and (2) the supervision provided by the supervisory therapist, through guidance and review of work, decisions, and recommendations.

Included in this factor are such considerations as the extent of the therapist's responsibility for (1) performing evaluations of patients having acute or severe physical or mental disabilities; (2) planning the treatment; (3) modifying treatment plans; and (4) adapting treatment procedures. The extent to which the professional judgment of the therapist is relied upon by medical personnel is an important consideration in determining the level of responsibility. At lower-grade levels, therapists adhere to established methods, practices, and treatment procedures of the specialized field of therapy. At higher-grade levels, therapists make final decisions in revision of treatment programs because of frequent changes in the condition of the patient and response to treatment. Therapists at higher-grade levels have authority to adapt or modify treatment procedures, and employ new approaches and techniques to carry out treatment where objectives are difficult to achieve because of the severity and complexity of the patient's disabilities.

## EVALUATION NOTES

These are two-grade interval series. The grade-level criteria in this standard cover nonsupervisory positions at grades GS-5 through GS-9. This range represents the nonsupervisory performance level typical of the occupations. This standard does not attempt to describe all the patterns of nonsupervisory assignments which may now exist (or will be established) in the therapist occupations. Some positions may have clearly greater responsibilities and involve more complex assignments than those described in grade GS-9 level in the standard. In this kind of case, where the nature of the assignment and level of responsibility clearly and substantially exceed those depicted in the grade levels, a position may merit classification to a grade higher than GS-9.

Therapist positions which are concerned primarily with organizing or conducting training programs in the specialized therapy should be evaluated as to grade level by reference to the classification standard for the [Education and Vocational Training Series, GS-1710](#). Supervisory positions in these occupations should be evaluated by reference to the [General Schedule Supervisory Guide](#).

This standard does not provide specific grade-level criteria for grades GS-6, 8 and 10; however, it does not preclude use of these even-numbered grades. GS-6 may be appropriate for use in certain work situations. For example, some therapists may, as the result of completion of education in the particular field of therapy which has included substantial degree-related and/or subsequent clinical practice, carry out assignments which are above the initial work experience level. In some work situations, GS-8 may be appropriate in recognition of the fact that the positions clearly exceed grade GS-7, but do not meet the criteria for GS-9.

## TITLES

The following titles are authorized for positions in the appropriate professional therapist occupations:

*Physical Therapist*  
*Kinesiotherapist*<sup>3</sup>  
*Manual Arts Therapist*  
*Recreation Therapist*  
*Creative Arts Therapist (Art)*  
*Creative Arts Therapist (Dance)*  
*Creative Arts Therapist (Music)*  
*Creative Arts Therapist (Psychodrama)*  
*Educational Therapist*

For those positions which involve supervision over others and require supervisory qualifications, the title is obtained by adding the prefix *Supervisory*.

### THERAPIST, GS-0633-05/0639-05

#### *Nature of the assignment*

GS-5 represents the initial assignment level for therapist who are graduates of the baccalaureate or approved curriculum program. Therapists work in clinics, wards, and other rehabilitation areas with patients whose mental or physical conditions provide broad and varied experience in planning and administering treatment. Therapists acquire skill in establishing and maintaining effective relationships with patients and with other personnel participating in the rehabilitation process. Tasks may be similar to those assigned to nonprofessional personnel but such tasks are directed to training the therapist to apply his/her knowledge and acquire the competence and skill to assure full professional duties.

The following tasks are illustrative:

- Develops treatment plans based upon study of clinical records, the medical prescription, or physician's referral.
- Determines patient's interests, attitudes, and abilities through interview, testing, and observation.
- Administers established professional treatment procedures; teaches and guides patients in utilizing the treatment activities of the specialized field of therapy.
- Evaluates treatment performed, and the condition, reactions, and progress of patients.

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<sup>3</sup> The position title for series GS-0635 was changed in November 2004. See Revision Summary for more information.

*Level of responsibility*

Therapists GS-5 follow established professional treatment procedures. They work under the immediate supervision of a higher-grade therapist who defines the treatment objectives, provides guidance in the development of the treatment plan, and indicates special precautions or conditions to be noted during treatment. The supervisor closely observes work performance and reviews treatment plans prior to initiation and written reports for completeness, accuracy, and conformance with prescribed administrative and professional practices.

During this period of initial assignments, Therapists GS-5 gradually receive less supervision and are given increasingly greater responsibility for planning and administering treatment to patients.

**THERAPIST, GS-0633-07/0639-07***Nature of the assignment*

Therapists GS-7 plan and carry out a full range of treatment for an assigned group of patients whose conditions can be treated by the application of established professional treatment procedures and use of standard approaches.

Therapists GS-7 prepare a graduated treatment plan for each patient based upon study of the information in the medical prescription or physician's referral and in the clinical record, an evaluation of the patient's condition, the determination of treatment goals, and the selection of activities suitable to achieve treatment objectives. In developing the treatment plan, Therapists GS-7 consider such factors as physical and mental conditions, energy output and concentration required, range of motion involved, and psychological stimulus required. They continually evaluate the patient's progress or response to treatment and modify the treatment plan accordingly. Therapists GS-7 discuss with professional personnel, such as physicians and nurses, the treatment plan and progress of patients in therapy. By comparison, Therapists GS-5 perform a number of closely supervised tasks which provide experience in applying the professional skills and knowledge, working in a medically-supervised program of rehabilitation, and developing effective relationships with patients. The following assignments are illustrative:

- Provides kinesiotherapy to a group of chronically regressed psychiatric patients; performs various tests with each patient to determine muscle strength, endurance, coordination, muscle atrophy, balance, and vital capacity; develops individual treatment plans, selecting exercises or activity of proper dosage and intensity suitable to condition and limitations of the patient.
- Administers physical therapy to general medical and surgical patients whose condition generally involves a single disability without secondary complications. Carries out full range of treatment procedures using heat, light, water, massage, therapeutic exercise, training in use of prosthetic devices. Performs and interprets results of manual muscle and nerve tests, skin temperature and resistance tests, joint motion tests. Evaluates

patient's response to treatment. Revises treatment plan when patient fails to respond or shows adverse reactions to agent used in treatment.

- Administers manual arts therapy utilizing a variety of vocational activities such as drafting, printing, and electrical and appliance repair to enable patients to achieve objective of physical or mental rehabilitation. Evaluates patient's aptitudes through a number of tests and trial assignments; provides instruction to patients in fundamentals of electricity, electronics, drafting, etc. Constructs projects in these activities for participation of patients; adapts tools and machinery for patients having specific physical disabilities. Evaluates patient's progress and recommends vocational training appropriate for patient upon discharge from the hospital.

### *Level of responsibility*

Therapists GS-7 typically work under general supervision of a higher-grade therapist. They exercise independent judgment in interpreting the medical information, developing the treatment plan, evaluating the patient's progress, and determining when the patient has achieved treatment objectives. In making such decisions, Therapists GS-7 rely upon their academic knowledge of physiology, anatomy, and the pathology of disease; the concepts, principles and practices of the specialized field of therapy; and skills acquired in clinical practice and professional work experience.

Therapists GS-7 seek the advice of a higher-grade therapist in nonroutine situations or when the patient fails to respond or responds negatively to established professional treatment procedures and approaches. The supervisor observes work performance for application of professional knowledge and skill in carrying out treatment, in motivating patients, and in achieving results. The supervisor reviews treatment plans for technical adequacy and appropriateness in relation to treatment objectives. Written reports covering initial evaluations, progress, and termination of treatment are reviewed for conformance with medical objectives and adherence to professional standards and practices.

By comparison, Therapists GS-5 work under close supervision of a therapist who assigns patients, interprets the medical information, suggests treatment techniques, guides development of the treatment plan, and makes frequent observations of the therapist's work performance.

## **THERAPIST, GS-0633-09/0639-09**

### *Nature of the assignment*

Therapists GS-9 plan and carry out a full range of treatment where therapeutic objectives are complex and the procedures involved require the application of highly specialized skills and knowledge. Established treatment procedures are not applicable or must be substantially adapted and applied with critical concern for patients who are acutely ill or have a combination of severe mental or physical disabilities with secondary complications. Frequent modification is made in the graduated treatment plan in response to subtle but significant changes in the condition of the

patient. By comparison, Therapists GS-7 utilize established professional techniques and approaches typically without major adaptation or modification in planning and carrying out treatment for patients whose physical or mental conditions are usually not severe or critical.

Therapists GS-9 devise or adapt equipment to carry out treatment with severely disabled patients. They must employ unusual motivational techniques to obtain the participation of the patient in his/her rehabilitation.

Therapists at this level may coordinate and employ simultaneously several treatment approaches to accomplish complex treatment objectives. They perform complex evaluations and tests, the results of which are used by physicians to determine whether surgical, medical, or psychiatric procedures are appropriate. Such tests involve prolonged and highly specialized procedures requiring skill in application, accuracy in evaluating sensitive reactions, and a thorough understanding of the pathology of the physical or mental disability as well as the psychological and physiological implications. The following assignments are illustrative:

- Plans and carries out physical therapy for tubercular and chest-surgery patients. Instructs chest-surgery patients prior to operation regarding physical limitations to be encountered following surgery and the muscles and bones involved. Teaches exercises and movements to be performed after surgery to prevent occurrence of deformities; instructs in special breathing procedures to insure maximum ventilation of lung, and to minimize development of complications; modifies exercises in light of special physical limitations caused by post-surgical dressing and drainage tubes. Meets frequently with ward physicians to advise on changes which may affect classification of patients and objectives of the medical program for treatment of the disease.
- Plans and administers physical therapy for neuropsychiatric patients who have severe or acute physical disabilities, such as fractures, amputations, hemiplegia, peripheral nerve injuries, or other forms of paralysis. Performs and interprets results of tests and measurement of the patient's condition, for use in preparing the treatment plan, modifying treatment, and evaluating results of treatment. Also performs special tests to determine existence of neurological conditions or disease; carries out complex test procedures, determines kind and degree of muscular reactions to test, and interprets results of test.

### *Level of responsibility*

Therapists GS-9 work with a high degree of independence. They exercise independent professional judgment in planning and carrying out a treatment program to meet complex treatment objectives. On the basis of their professional knowledge and experience, Therapists GS-9 independently exercise originality in solving problems not covered by the guides and make adaptations and modifications of treatment plans and specific treatment activities and procedures without supervisory guidance or review to meet the complex and highly varying needs of the patients.

The tests and evaluations performed by the Therapists GS-9 require extreme care and accuracy in determining patient's reactions. Results of such tests are frequently used by physicians as the basis for medical, surgical, or psychiatric procedures.

The work of Therapists GS-9 is reviewed for general professional adequacy through the supervisor's occasional observance of work performance and through review of reports. By comparison, Therapists GS-7 work under the general supervision of a higher-grade therapist who observes work performance, provides guidance in development of treatment plans, and reviews reports for conformance with professional standards and practices, application of appropriate treatment techniques, and effectiveness in achieving treatment objectives.

## **REVISION SUMMARY**

### **September 1979**

In 1979 this standard superseded the Multiseries Grade-Level Guide for Therapist Positions and the series definitions and introductory material published in August 1961 for Occupational Therapist Series, GS-0631, Physical Therapist Series, GS-0633, Corrective Therapist Series, GS-0635, Manual Arts Therapist Series, GS-0637, and Educational Therapist Series, GS-0639.

### **April 1988**

In 1988 Occupational Therapist Series, GS-0631, was excluded from this standard when the Position Classification Standard for Occupational Therapist was issued.

### **November 2004**

The title for occupational series GS-0635 was changed from Corrective Therapist Series to Kinesiotherapy Series to reflect the name used in Public Law 108-170 and to reflect current terminology used by the profession. Editorial changes were also made.

#### Summary of Changes:

- The series title was changed from Corrective Therapist Series to Kinesiotherapy Series and the authorized position title was changed from Corrective Therapist to Kinesiotherapist throughout the standard. This change in title does not change the position classification grading criteria.
- References to Occupational Therapist Series, GS-0631, were removed.
- In the exclusions section, Occupational Therapist Series, GS-0631 was added.
- The date of revision was added to the cover page and page headers.
- The Revision Summary was added to indicate changes to the standard.