* Once something is used once, it cannot be used again that day (to develop ability to come up with alternate plans if “ideal” equipment is unavailable)
* Collaborate with OT to identify augmentation of PT session with something related to OT goals
* Same as above, but for SLP
* Add cognitive rehab “layer” to PT treatment (especially for those patients who aren’t on SLP services)
* Incorporate patient’s interests/hobbies in PT treatment
* Use a different environment for treatment (location (patient room, gym, hallway, dayroom, bathroom, lobby, parking lot, sidewalk, “nature areas”), lighting (sun/shade, lights on/off), distracting (noisy, commotion))
* Incorporate “motor control” focus (dynamic UE activity during LE mobility, multi-joint/muscle group activity in place of “run-of-the-mill” LE ther ex)
* Do “equipment check” on all equipment patient uses (ensure proper fit, suggest improvements (even if they aren’t available) to WC, walking devices, stuff in patient’s room (bed, other furniture, sink, etc.))
* Suggest inservice topic that involves something outside the student’s “wheelhouse” (pharmacology of common meds patients are on, cognitive rehab, science behind best practices for teaching caregivers)
* Design/implement training programs for facility (for transfers, bed positioning, communicating therapeutically)
* Design/implement rigorous family/caregiver training protocol (when to start, how to start, what to begin with, what things to incorporate into the training, how to assess that the caregiver is competent, etc.)
* Create/implement “games” that incorporate appropriate PT treatment to replace run-of-the-mill ther ex, ambulation, transfer training, etc.
* Identify and implement therapeutic activities to replace run-of-the-mill ther ex, ambulation, etc.
* Create “teamwork” treatment sessions that require the student to do therapy also