Ep #114: What Therapists Often Get Wrong About Rehab Assistant Integration

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With Your Host

Heather Branscombe

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Welcome to *Clinicians Creating Impact*, a show for physical therapists, occupational therapists, and speech-language pathologists looking to take the next step in their careers and make a real difference in the lives of their clients. If you're looking to improve the lives of neurodiverse children and families with neurological-based challenges, grow your own business, or simply show up to help clients, this is the show for you.

I'm Heather Branscombe, Therapist, Certified Coach, Clinical Director and Owner of Abilities Neurological Rehabilitation. I have over 25 years of experience in both the public and private sectors, and I'm here to help you become the therapist you want to be, supporting people to work towards their dreams and live their best lives. You ready to dive in? Let's go.

Welcome to the Clinicians Creating Impact podcast. My name is Heather Branscombe. I am the clinical director and CEO of Abilities, and I'm pleased to chat with you today.

One of the things that I've noticed over the years of my working practice, especially working with therapists across physiotherapy, occupational therapy, and speech language pathology, is that many clinicians are curious about rehab assistants, but truth be told, they're also usually pretty skeptical. And I get it. I understand why. Because if you've spent years developing your own clinical expertise, it's very natural to wonder how could someone else be involved in the care of my more complex clients. And sometimes the concern can come across even stronger. It could sound something like, does using a rehab assistant mean lowering the quality of care?

In reality, what I've seen in my practice and at Abilities over and over again is almost the opposite. When rehab assistants are integrated well, they actually don't dilute therapy. They expand the reach of therapy. And I want to give you a quick example of that.

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A few years ago, we had a child who was attending physiotherapy services and was learning to walk after a significant motor delay and a surgery. The physiotherapist had done excellent work. She had assessed the movement pattern, introduced the right supports, and helped the child to begin taking those first assisted steps. But the reality was the child was only seeing the physiotherapist once a week. Everyone in the room knew that learning to walk doesn't happen through one session a week. It happens through hundreds and hundreds of attempts and repetition.

So the therapist designed the progression and the rehab assistant worked with the child several times that week in practicing that exact same movement strategy, and that's when the progress really accelerated. That kind of situation actually highlights one of the biggest misconceptions that therapists have about rehab assistant integration.

So, if you've been following along with this series that I've been doing on rehab assistant integration, in earlier episodes, we talked about why this role matters, how clear roles create a rhythm within the team, and how therapists can confidently involve rehab assistants in day-to-day care. Today, I want to bring all of that together and look at what this actually looks like in practice across physiotherapy, occupational therapy, and speech language pathology.

Today I want to talk about three things therapists often get wrong around rehab assistant integration and the pattern that actually makes team-based rehabilitation work across physiotherapy, occupational therapy, and speech language pathology.

So let's talk about the first misconception. Misconception number one is that rehab assistants are only useful for simple tasks. And that's probably the most common misconception I hear. Therapists will often think something along the lines of, if my client is complex, a rehab assistant really wouldn't be useful. And underneath that idea is actually a different and deeper assumption. If something is clinically meaningful, the therapist is thinking that they must personally deliver it. But what we actually know from decades of rehabilitation research and

practice is that progress always depends on more repetition than what a therapist alone can deliver.

We already acknowledge that reality in practice. We know that because that's why we give home programs. We ask parents and other caregivers to practice strategies. We ask clients to repeat exercises or communicate those kind of tasks or those communication tasks between sessions. So if a caregiver can practice those strategies safely, then I'm here to tell you it makes sense that a well-trained rehabilitation assistant can absolutely do that as well. So that's where the first pattern shows up.

That first pattern is practice and repetition because rehabilitation progress often depends on repetition. That repetition may involve motor learning, strengthening, task practice, communication drills, functional routines, and rehab assistants expand our ability to deliver that practice.

Let me give you a few kind of more concrete examples across disciplines. So, for example, for a physiotherapist, you might be introducing a new gait pattern or a strengthening progression. Your role as the therapist is to assess movement quality, refine the strategy, progress the challenge, but the practice volume can often come from sessions with a rehab assistant. For an occupational therapist, you might be teaching something like a dressing strategy or a fine motor skill. In this case, the therapist again designs the strategy and the rehab assistant can help the client practice it repeatedly. So it becomes more automatic and eventually generalizes into everyday situations. The rehab assistant can support structured practice between visits.

So the therapist protects the clinical reasoning while the rehab assistant expands practice intensity. And this is something we see many times in real life at Abilities.

So let's talk about the second misconception. Misconception number two is that rehab assistants only carry out exercises. So, again, there's that misconception out there that a rehab assistant's role is limited to supervising exercises, but that's actually a very narrow view of rehabilitation. When we actually think about

rehabilitation, it's long-term skill development, and so we're not just working on isolated exercises. No matter what the discipline we're working from, we're working towards skills that function in real life, and that brings us to the second pattern. That second pattern where rehabilitation assistants can work really well is generalization into daily life.

Therapy progress doesn't only happen during structured therapy sessions. I know that if you're listening to this, you probably already know that. It happens when skills transfer into daily life. So again, that transfer requires repetition, different environments, and everyday activities. And rehab assistants are often uniquely positioned to support that. A child learning to walk may practice gait training during a physiotherapy session, but a rehab assistant could support walking practice in the hallway, playground, or community environment.

For occupational therapy, you might design strategies for dressing, feeding, school routines, and then a rehab assistant can help the client practice those routines in real context, which is where the independence actually develops. For speech therapy, a therapist may introduce communication strategies, but the rehab assistant can support conversation practice during play or daily activities, helping those skills generalize beyond the therapy room. In that way, the rehab assistant becomes the bridge between therapy strategy and daily life adaptation.

Let's move on now to misconception number three. Third misconception I often hear is that using a rehab assistant means less therapist involvement. This is a big one. Sometimes therapists worry and even parents or caregivers worry that involving a rehab assistant means that the therapist is going to step back from care or somehow the rehab assistant is going to replace the therapist's role. But effective integration actually works the opposite way.

It really offers that third pattern, which is consistency between therapist visits. We all know therapists are a scarce resource. There has been no time in my 30-year career where that has not been true. We as therapists can't always see clients as frequently as progress might ideally require. Sometimes that's because of scheduling, sometimes it's financial, sometimes it's simply system

capacity. But progress often depends on consistent engagement with the treatment plan.

So rehab assistants in that way help keep the therapist plan active between those visits with the therapist. For example, a physiotherapist might progress a mobility plan weekly or monthly even, depending on the client's needs. The rehab assistant can support practice sessions in between those visits and flag when a reassessment might even be helpful before the reassessment by the physiotherapist. For occupational therapy, the therapist adjusts strategies for independence, and the rehab assistant helps the client continue working on those strategies between those therapist visits. And then for speech language pathology, the therapist refines things like communication goals while the rehab assistant helps maintain consistent practice with those targets.

In all of these examples, the therapist remains the clinical steward of the case while the rehab assistant helps keep the plan alive between sessions with the therapist.

Now, I want to acknowledge that this kind of integration doesn't happen automatically, and that's why this misconception continues to this day. Therapists, clients, and caregivers can understandably feel cautious about team-based care. What makes the difference is whether the system around the therapist and the rehab assistant is designed to support that integration. And at Abilities, this is something that we work very intentionally to build over time. Clear roles, strong communication, and shared understanding between therapists and rehab assistants allows this model to work well. And when those structures are in place, and I will say that's not unique to Abilities, even though I can consistently see that at Abilities, we can see that team-based care expands what's possible for clients.

So I think what's really interesting is that across physiotherapy, occupational therapy, and speech language pathology, these patterns are remarkably consistent. Rehab assistants can expand therapy in three key ways. We've talked about this earlier. Number one, with practice and repetition. Number two,

generalization into daily life. And number three, consistency between therapist visits. So when therapists understand this pattern, that delegation can become much more clear.

The therapist protects the clinical thinking and the progression, while the rehab assistant expands practice, carryover, and consistency. And again, I want to acknowledge this doesn't always happen automatically. It's understandable that therapists, clients, and caregivers can feel wary about team-based care. But again, when systems and structures are in place and when rehab assistants are well-trained and supported within an integrated model, we consistently see that this approach enhances the experience for everyone involved. So again, that includes the therapist, for the rehab assistant, and most importantly for the client.

So with this, I want to leave you with a simple reflection. No matter where you practice today, I'd love for you to think about your current caseload or if you're a student, your future caseload. Where could you see where your clients might need more repetition, more real life practice, or more consistency between visits with yourself? Because those are often exactly the places where a rehab assistant can expand the impact of your care. What I know is that when therapists understand this pattern, delegation becomes much clearer. The therapist protects the clinical reasoning and progression of the plan, while the rehab assistant expands the practice, carryover, and consistency that drives that progress and the impact.

And for that team-based care to work well, something else has to be put in place. The therapist and the rehab assistant have to be working from the same clinical understanding of the plan. And I'll say that's where documentation becomes incredibly important. So, in the next episode, we're going to talk about how clear charting supports communication, accountability, and continuity of care when therapists and rehab assistants are working together. Because documentation isn't just a regulatory requirement. In a team-based model, it's one of the key ways we build trust across the care team.

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With that, I hope you have an amazing rest of the day, and I'll talk to you soon.

Thanks for joining me this week on the *Clinicians Creating Impact* podcast. Want to learn more about the work I'm doing with Abilities Rehabilitation? Head on over to Abilitiesrehabilitation.com. See you next week.