

Survival Phase Roadmap (Weeks 1–3)

Use this 3-week roadmap to stabilize your first days in clinic. The goal is **not** perfection—it’s to stay organized, keep patients safe, and prevent documentation/time from spiraling.

Week	Primary goal	Daily focus (minimum viable)	Scripts / cues
Week 1 Survive the workflow	Keep sessions moving and notes acceptable.	<ul style="list-style-type: none"> • Arrive 10–15 min early to preview schedule + diagnoses. • Pick 1 objective measure per visit (ROM, reps, distance, time, weight). • End every session with: What changed? What’s next? • Finish at least 1 note before lunch, 1 before leaving. 	<ul style="list-style-type: none"> • To mentor: “Can you sanity-check my plan for this patient in 60 seconds?” • Time cue: “5 minutes left—reassess + set next visit.”
Week 2 Stabilize	Reduce friction: fewer decisions, faster transitions.	<ul style="list-style-type: none"> • Create 2–3 “default” session templates (e.g., shoulder, low back, knee) and adjust. • Document during transitions (one sentence at a time). • Identify your top 3 time leaks (setup, talking, documenting) and target one. 	<ul style="list-style-type: none"> • To patient: “Today our focus is X. If we do that well, next visit we add Y.” • Self-check: “Am I adding value or adding volume?”

Week 3

Control parts of the day

Be predictable: steady pacing, steady documentation, steady communication.

- Start visits with a 60-second reset: last visit → today's target → success marker.
- Close the loop every visit: progress + next step + attendance expectation.
- Review 3 charts/week with a mentor for documentation patterns.
- **Attendance:** "I want to see you twice next week so we don't lose momentum."
- **If behind:** "Simplify: fewer exercises, clearer direction, faster transitions."

By the end of Week 3, "good" looks like:

- You can stay within the appointment window most of the day (minor delays happen; spirals don't).
- Your notes are **consistent** (subjective → objective → assessment → plan align) and require fewer corrections.
- You can name the **next best step** for most patients without overthinking.
- You ask for help early (brief, specific questions) instead of "catching up later."

Red flags (address immediately):

- **Notes piling up daily** → ask for a documentation template, shorten subjective, document during transitions.
- **Consistently running 15+ minutes behind** → reduce visit "volume," tighten the first 5 minutes, set a hard last 2 minutes for reassess/plan.
- **Avoiding certain patients** → pick one hard case/week and debrief it with a mentor.
- **Taking the job home every night** → move 10% of documentation earlier in the day; protect one boundary (end time, lunch, or after-hours charting).