

Case History Examination - Assessment Tool

Orthopaedic Manual Physical Therapy
(June 2017)

Clinical Reasoning Reflection Form – Subjective

Questions to be completed following the subjective examination

1. The table below describes different mechanisms that may be influencing the patient's pain. Based on the information provided in the subjective examination, list the evidence, if any that would be most indicative of each of the three categories of influence on the patient's pain presentation. In formulating your answer, consider all 3 pain areas. (5 marks)

1 (i). Recognition of mechanical (nociceptive) and non-mechanical dysfunctions that could influence the patient presentation				
1	2	3	4	5

<i>Unacceptable</i>		<i>Acceptable</i>		<i>Excellent</i>
Insufficient recognition of mechanical and non-mechanical dysfunctions		Adequate recognition of mechanical and non-mechanical dysfunctions		Thorough recognition of mechanical and non-mechanical dysfunctions
1 (ii). Recognition of neuropathic (peripheral or central) or neurogenic pain mechanisms that could influence the patient presentation				
1	2	3	4	5

<i>Unacceptable</i>		<i>Acceptable</i>		<i>Excellent</i>
Insufficient recognition of neuropathic or neurogenic mechanisms		Adequate recognition of neuropathic or neurogenic mechanisms		Thorough recognition of neuropathic or neurogenic mechanisms

2. a) List 3 of the **most likely structures at fault for each of the area of symptoms.** (4.5 marks)

2a (i). Depth and breadth of anatomy knowledge				
1	2	3	4	5

<i>Unacceptable</i>		<i>Acceptable</i>		<i>Excellent</i>
Structures listed reflect a superficial depth of anatomy knowledge		Structures listed reflect an adequate depth and breadth of anatomy knowledge		Structures listed reflect an exceptional depth of anatomy knowledge

3 (i). Ability to accurately determine and justify the selected level of symptom irritability				
1	2	3	4	5

<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>
Few of the supporting evidence reflects an accurate interpretation of the subjective examination data		Most of the supporting evidence reflects an accurate interpretation of the subjective examination data		All of the supporting evidence reflects an accurate interpretation of the subjective examination data
3 (ii). Ability to consider level of symptom irritability in the physical examination				
1	2	3	4	5

<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>
Stated implications demonstrate limited consideration of the patient's symptom irritability		Stated implications demonstrate adequate consideration of the patient's symptom irritability		Stated implications demonstrate full consideration of the patient's symptom irritability

4. Are there any subjective examination findings that would indicate caution must be observed during the objective examination (yes or no). If yes, list no more than 2 findings. In either case, justify your answer. (2 marks)

4 (i). Recognition of relevant organic pathologies, mechanical dysfunctions, or psychological, social and environmental factors that warrant caution				
1	2	3	4	5

<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>
The subjective findings listed do not reflect the possible dysfunctions and factors that would warrant caution in this patient		The subjective findings listed adequately reflect the possible dysfunctions and factors that would warrant caution in this patient		The subjective findings listed fully reflects the possible dysfunctions and factors that would warrant caution in this patient

6. After reading the subjective data, list the 2 (most likely) clinical hypotheses and provide 3 subjective findings to support each hypothesis (5 marks)

6 (i). Quality of clinical hypotheses generated		
1	2	3

<i>Unacceptable</i>	<i>Acceptable</i>	<i>Excellent</i>
The clinical hypotheses reflect an inaccurate interpretation of the subjective data	The clinical hypotheses reflect a somewhat accurate interpretation of the subjective data	The clinical hypotheses reflect an exceptionally accurate interpretation of the subjective data
6 (ii). Quality of justification using knowledge of pathology and their clinical manifestations		
1	2	3

<i>Unacceptable</i>	<i>Acceptable</i>	<i>Excellent</i>
Subjective findings listed reflect an inadequate depth of understanding of pathology and their manifestations	Subjective findings listed reflect an adequate depth of understanding of pathology and their manifestations	Subjective findings listed reflect an exceptional depth of understanding of pathology and their manifestations

7. Based on the subjective examination you have developed two clinical hypotheses. In planning your physical examination, provide only the most relevant (at least 6 and no more than 8) tests that you would use to support or negate your hypotheses. Include your rationale for choosing each test and the expected findings. (9 marks)

7 (i). Ability to select the most critical and relevant examination procedures to confirm/negate hypothesis		
1	2	3

<i>Unacceptable</i>	<i>Acceptable</i>	<i>Excellent</i>
A few of the examination procedures/tests selected help to confirm or negate the hypotheses	Most of the examination procedures/tests selected help to confirm or negate the hypotheses	All of the examination procedures/tests selected help to confirm or negate the hypotheses

1	2	3	4	5

<u>Unacceptable</u> Prognostic indicators described are minimally relevant and do not adequately support the candidate's predictive outcome statement		<u>Acceptable</u> Prognostic indicators described are mostly relevant and adequately support the candidate's predictive outcome statement		<u>Excellent</u> Prognostic indicators described are exceptionally relevant and fully support the candidate's predictive outcome statement

3. At this point, with respect to this particular patient, are there any medical diagnostic tests that would be indicated (either now or later) or the need to refer to another health care professional? Give your rationale. (2 marks)

3 (i). Recognition of dysfunctions requiring referral for medical diagnostic test(s) and/or to another health care professional				
1	2	3	4	5

<u>Unacceptable</u> Recognizes a limited number of relevant dysfunction(s) that require immediate or future referral		<u>Acceptable</u> Recognizes most of the relevant dysfunction(s) that require immediate or future referral		<u>Excellent</u> Recognizes all relevant dysfunction(s) that require immediate or future referral
3 (ii). Quality of rationale for referral for medical diagnostic test(s) and/or to another health care professional				
1	2	3	4	5

<u>Unacceptable</u> Rationale provides vague and inadequate support for immediate or future referral		<u>Acceptable</u> Rationale provides adequate support for immediate or future referral		<u>Excellent</u> Rationale provides clear and full support for immediate or future referral

4. Complete the following chart. For this patient, give 2 of the most relevant physical impairments. Relate an activity limitation and participation restriction to each of the impairments. Then indicate what outcome measurement you would choose to monitor change and provide your rationale. (4 marks)

4 (i). Ability to identify and relate the most relevant physical impairments to activity limitations and participation restrictions				
1	2	3	4	5

<u>Unacceptable</u> The physical impairments selected are irrelevant and unrelated to the patient's activity limitation and/or participation restriction		<u>Acceptable</u> The physical impairments selected are somewhat relevant and related to the patient's activity limitation and/or participation restriction		<u>Excellent</u> The physical impairments selected are very relevant and intimately related to the patient's activity limitation and/or participation restriction
4 (ii). Choice of outcome measure and quality of rationale				
1	2	3	4	5

<u>Unacceptable</u> Justification is vague and does not fully address the relevancy and specificity of the outcome measure for this patient		<u>Acceptable</u> Justification is somewhat comprehensive and mostly addresses the relevancy and specificity of the outcome measure for this patient		<u>Excellent</u> Justification is exceptionally comprehensive and fully addresses the relevancy and specificity of the outcome measure for this patient

5. Indicate your PRIMARY FUNCTIONAL GOAL as it relates to the activity limitations and participation restrictions. Select 4 of the most relevant problems related to the primary functional goal you have identified. For each problem, include your treatment goal and the testing criteria you would use to monitor change. (6 marks)

5 (i). Quality of the patient's problems described				
1	2	3	4	5

<u>Unacceptable</u> The problems described minimally reflect the primary functional goal, activity limitations and participation restrictions		<u>Acceptable</u> The problems described adequately reflect the primary functional goal, activity limitations and participation restrictions		<u>Excellent</u> The problems described clearly and fully reflect the primary functional goal, activity limitations and participation restrictions
5 (ii). Quality of treatment goals				

1	2	3	4	5

<u>Unacceptable</u> The treatment goals are vague and are minimally related to the problems described		<u>Acceptable</u> The treatment goals are somewhat clear and mostly related to the problems described		<u>Excellent</u> The treatment goals are exceptionally clear and intimately related to the problems described
5 (iii). Appropriateness of testing criteria for monitoring change				
1	2	3	4	5

<u>Unacceptable</u> The testing criteria are partially appropriate but not sufficiently specific for monitoring change in this patient		<u>Acceptable</u> The testing criteria are adequately appropriate and specific for monitoring change in this patient		<u>Excellent</u> The testing criteria are completely appropriate and specific for monitoring change in this patient

6. Outline in detail the management strategies you would use over the **first two treatments** under the following headings: manual therapy, exercise, education and other. Include your rationale. (10 marks)

6 (i). Quality of first 2 treatments				
1	2	3	4	5

<u>Unacceptable</u> The treatment minimally addresses the primary functional goal, the impairments of highest priority, and symptom irritability		<u>Acceptable</u> The treatment mostly addresses the primary functional goal, the impairments of highest priority, and symptom irritability		<u>Excellent</u> The treatment fully addresses the primary functional goal, the impairments of highest priority, and symptom irritability
6 (ii). Application of manual therapy with appropriate rationale				
1	2	3	4	5

<u>Unacceptable</u> Manual therapy techniques		<u>Acceptable</u> Manual therapy techniques		<u>Excellent</u> Manual therapy techniques

and dosage are inappropriate and poorly justified for this patient in the first 2 treatments	and dosage are appropriate and somewhat justified for this patient in the first 2 treatments	and dosage are exceptionally appropriate and well-justified for this patient in the first 2 treatments
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6 (iii). Application of exercises with appropriate rationale		
1	2	3

<u>Unacceptable</u> Exercises and parameters selected are inappropriate and poorly justified for this patient	<u>Acceptable</u> Exercises and parameters selected are appropriate and somewhat justified for this patient	<u>Excellent</u> Exercises and parameters selected are exceptionally appropriate and well-justified for this patient
6 (iv). Quality of patient education in the first 2 treatments with appropriate rationale		
1	2	3

<u>Unacceptable</u> The patient education minimally addresses the issues that are of highest priority for this patient in the first 2 treatments	<u>Acceptable</u> The patient education adequately addresses the issues that are of highest priority for this patient in the first 2 treatments	<u>Excellent</u> The patient education fully addresses the issues that are of highest priority for this patient in the first 2 treatments
6 (v). Ability to incorporate other adjunctive physical strategies into the first 2 treatments		
1	2	3

<u>Unacceptable</u> Other modalities are incorporated into the first 2 treatments in an inappropriate manner	<u>Acceptable</u> Other modalities are incorporated into the first 2 treatments in a somewhat appropriate manner	<u>Excellent</u> Other modalities are incorporated into the first 2 treatments in a completely appropriate manner

7. Outline in detail your progression of subsequent treatments to discharge, addressing all the identified problems and provide your rationale. Use the following headings: manual therapy, exercise, education and other. (10 marks)

7 (i). Consideration of the biopsychosocial model in subsequent treatments				
1	2	3	4	5

<u>Unacceptable</u> Treatment progression demonstrates a lack of consideration of the biopsychosocial model		<u>Acceptable</u> Treatment progression demonstrates adequate consideration of the biopsychosocial model		<u>Excellent</u> Treatment progression demonstrates full consideration of the biopsychosocial model
7 (ii). Progression of mobilizations and/or manipulation interventions				
1	2	3	4	5

<u>Unacceptable</u> Progression of mobilization / manipulation interventions minimally address the priorities for this patient		<u>Acceptable</u> Progression of mobilization / manipulation interventions adequately address the priorities for this patient		<u>Excellent</u> Progression of mobilization / manipulation interventions fully address the priorities for this patient
7 (iii). Clarity and appropriateness of exercise progression				
1	2	3	4	5

<u>Unacceptable</u> Exercise progression is not logical, and does not adequately reflect the priorities for this patient		<u>Acceptable</u> Exercise progression is somewhat logical and clear, and adequately reflect the priorities for this patient		<u>Excellent</u> Exercise progression is exceptionally logical and clear, and fully reflect the priorities for this patient

7 (iv). Quality of patient education in subsequent treatments					
1	2	3	4	5	

<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>	
The patient education described minimally addresses the issues that are of highest priority for this patient		The patient education described adequately addresses the issues that are of highest priority for this patient		The patient education described fully addresses the issues that are of highest priority for this patient	
7 (v). Ability to incorporate other adjunctive physical strategies (ie: taping, bracing, electrophysical modalities, acupuncture, needling) in subsequent treatments					
1	2	3	4	5	N/A

<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>	
Other modalities are incorporated into subsequent treatments in an inappropriate manner		Other modalities are incorporated into subsequent treatments in a somewhat appropriate manner		Other modalities are incorporated into the subsequent treatments in a completely appropriate manner	
7 (vi). Ability to use anatomical, biomechanical and physiological knowledge in justification throughout treatment planning					
1	2	3	4	5	

<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>	
Justification is not comprehensive and is supported by few relevant anatomical, biomechanical, physiological, and pathological issues specific to this patient		Justification is adequately comprehensive and is supported by most of the relevant anatomical, biomechanical, physiological, and pathological issues specific to this patient		Justification is exceptionally comprehensive and is supported by all of the relevant anatomical, biomechanical, physiological, and pathological issues specific to this patient	

8. What 3 search terms would you enter into one search on PubMed to inquire about the evidence related to your assessment or management of this patient? Provide your rationale. (2 marks)

8 (i). Relevance of evidence provided				
1	2	3	4	5

<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>
Search terms are not relevant and unlikely to address a specific aspect of assessment or management for this patient		Search terms are mostly relevant and somewhat likely to address a specific aspect of assessment or management for this patient		Search terms are very relevant and very likely to address a specific aspect of assessment or management for this patient

8 (ii). Quality of rationale for search terms				
1	2	3	4	5

<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>
Rationale provides vague and inadequate support for search terms selected		Rationale provides adequate support for search terms selected		Rationale provides exceptionally clear and full support for search terms selected