## Case History Examination - Assessment Tool

Orthopaedic Manual Physical Therapy (June 2017)

## Clinical Reasoning Reflection Form - Subjective

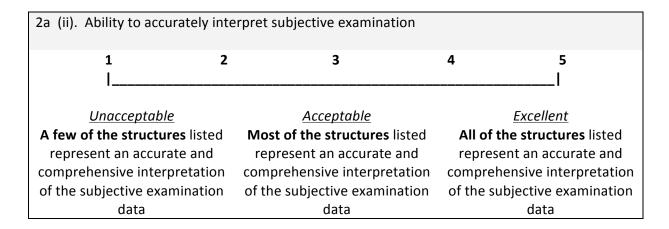
Questions to be completed following the subjective examination

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)

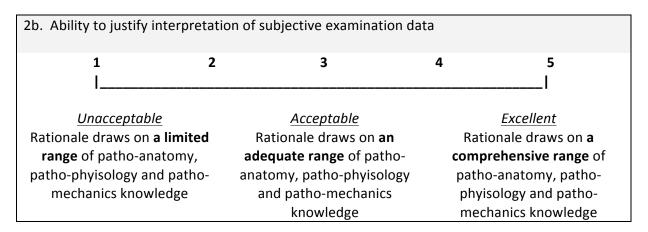
1 (i). Recognition of influence the patient	-	nociceptive) and non-mechan n	iical dysfu	inctions that could	
1	2	3	4	5	
ı				1	
I					
<u>Unacceptable</u>	<u> </u>	<u>Acceptable</u>		<u>Excellent</u>	
Insufficient recogn	i <b>tion</b> of	Adequate recognition of	Tho	prough recognition of	
mechanical and	non-	mechanical and non-	n	nechanical and non-	
mechanical dysfur		mechanical dysfunctions		chanical dysfunctions	
incentantear dystat	ictions	meenamear dystanetions	incentantear dystattetions		
4 (11) 5 111 6	.1.1	/			
	•	(peripheral or central) or neu	irogenic p	oain mechanisms that	
could influence the p	atient presei	ntation			
1	2	3	4	5	
I				1	
<b>'</b>					
Unaccentah	'a	Accentable		Evcallant	
<u>Unacceptabl</u>	<del></del>	<u>Acceptable</u>		<u>Excellent</u> c	
Insufficient recogn		Adequate recognition of		<b>prough recognition</b> of	
neuropathic or neu	rogenic	neuropathic or neurogenic	neui	ropathic or neurogenic	
mechanisms	S	mechanisms		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 o	t anat	comy knowledge		_
1 I		3 	4	5 l
<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>
Structures listed reflect a superficial depth of anatomy knowledge		Structures listed reflect an adequate depth and breadth of anatomy knowledge	Structures listed reflect a exceptional depth of anatomy knowledge	



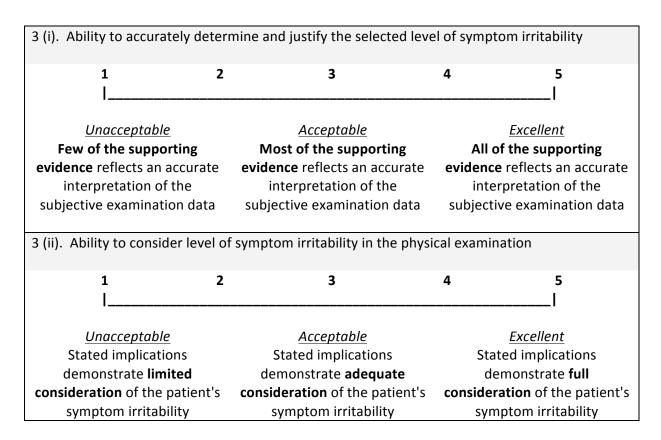
b) For P1, explain your rationale for each of the three structures you have chosen based on the subjective data that has been provided.



3. Circle the one category that best describes the overall irritability of this patient's condition

Mild Moderate Severe

Justify your answer with 4 pieces of evidence from the subjective examination. (2.5 marks) What are the implications of this for the physical examination (1.5 mark)



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)

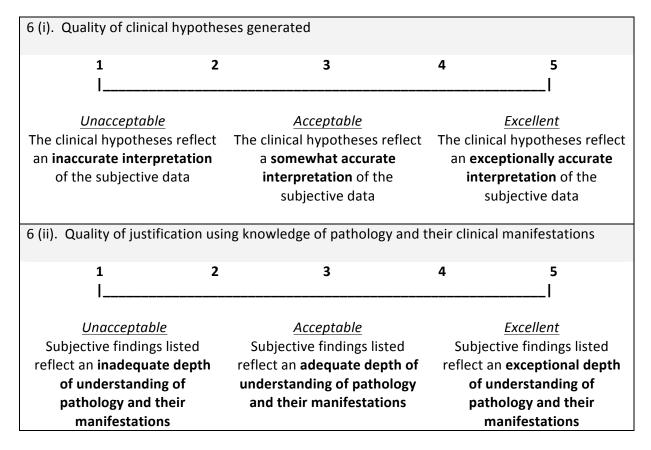
4 (i). Recognition of relevant organic pathologies, mechanical dysfunctions, or psychological, social and environmental factors that warrant caution					
1	2	3	4	5	
I					
				5 U .	
<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>	
The subjective findings	isted	The subjective findings listed	The sub	jective findings listed	
do not reflect the poss	ible	adequately reflect the	fully r	eflects the possible	
dysfunctions and factors	that	possible dysfunctions and	dysfunc	tions and factors that	
would warrant caution i	n this	factors that would warrant	would w	arrant caution in this	
patient		caution in this patient		patient	

4 (ii). Ability to justif	y why the su	bjective findings listed sugges	t caution	
1	2	3	4	5
l				
<u>Unacceptab</u>	<u>le</u>	<u>Acceptable</u>		<u>Excellent</u>
Justification refle	cts an	Justification reflects an	Just	ification reflects an
inadequate underst	anding of	adequate understanding of	except	ional understanding of
how the subjective of	lata listed	how the subjective data listed	d how th	e subjective data listed
necessitate cau	ition	necessitate caution	ne	ecessitate caution

5. Write two subjective questions you would like to have added to this case to help rule in or out any possible psychosocial (yellow), occupational (blue/black) and / or prognostic (pink) flags. Provide your justification for why you are asking these questions (2 marks)

5 (i). Ability to effective	ely use sub	jective questioning to rule in/ru	ule out po	ssible flags
1	2	3	4	5
l				
<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>
The subjective quest		The subjective question is		ibjective question is
unlikely to rule in or ru	uie out	somewhat likely to rule in or	-	cely to rule in or rule
possible flags		rule out possible flags	O	ut possible flags
5 (ii). Ability to justify o	hoice of su	ubiective questions		
		4		
1				
1	2	3	4	5
l	2	3	4	5 
İ		3	4	5 l
		<u>Acceptable</u>		l l 
Ī				I
	ates an	<u>Acceptable</u>	Justifica	l l 
Unacceptable Justification demonstra	ates an	Acceptable Justification demonstrates an	Justifica <b>exceptic</b>	Excellent tion demonstrates an
Unacceptable Justification demonstration	ates an  ding of  data	Acceptable Justification demonstrates an adequate understanding of	Justifica <b>exceptic</b> how	Excellent tion demonstrates an onal understanding of
Unacceptable Justification demonstra inadequate understan how the subjective	ates an ding of data ce the	Acceptable Justification demonstrates an adequate understanding of how the subjective data	Justifica exception how gather	Excellent tion demonstrates an onal understanding of the subjective data

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



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 <u>rationale</u> for choosing each test and the expected findings. (9 marks)

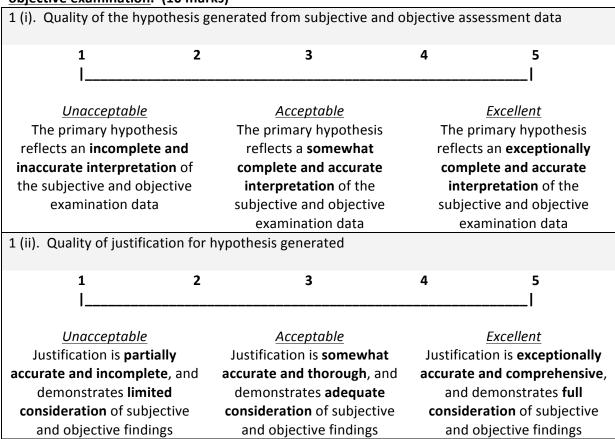
7 (i). Ability to select the hypothesis	he most crit	ical and relevant examinatio	on procedure	s to confirm/negate
1 	2	3	4	5 I
Unacceptable A few of the examine procedures/tests see help to confirm or new hypotheses	nation lected	Acceptable  Most of the examination  procedures/tests selected  nelp to confirm or negate the  hypotheses	proced	Excellent  f the examination  dures/tests selected  confirm or negate the  hypotheses

7 (ii). Ability to justify	choice of physi	ical examination procedu	res	
1	2	3	4	5 l
Unacceptable Justification demons	 trates an Just	Acceptable tification demonstrates a		Excellent tion demonstrates an
inadequate understa how the tests relate clinical hypothe	e to the h	equate understanding of ow the test relate to the clinical hypotheses	how th	onal understanding of ne tests relate to the nical hypotheses
7 (iii). Ability to deter	mine expected	findings that align with th	ne clinical hy	potheses
1 	2	3	4	5 l
Unacceptable Expected findings ar aligned with the of hypotheses desc	e <b>poorly</b> Exp clinical <b>a</b>	Acceptable Dected findings are mostly aligned with the clinical hypotheses described	except	Excellent ected findings are tionally aligned with clinical hypotheses described

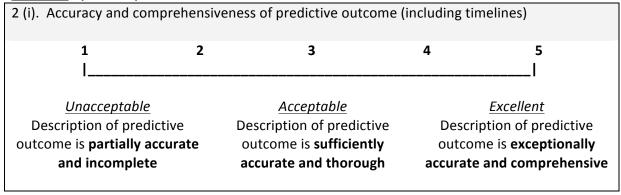
## Clinical Reasoning Reflection Form – Objective

Questions to be completed following the objective examination

1. Provide your main hypothesis for this patient's clinical picture. Outline in detail your rationale and justification for this hypothesis with consideration of the evidence from both the <u>subjective and objective examination</u>. (10 marks)



2. State your predictive outcome, <u>including timelines</u>, for this patient and <u>provide your supporting</u> evidence. (3 marks)



2 (ii). Ability to identify relevant prognostic factors from both the subjective and objective data (the supporting evidence)

1	2	3	4	5
l				
<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>
Prognostic indicate	ors	Prognostic indicat	ors Pro	gnostic indicators
described are minim	ally des	cribed are <b>mostly r</b>	relevant describ	ed are <b>exceptionally</b>
relevant and do n	ot and	d adequately supp	ort the releva	nt and fully support
adequately support	the	candidate's predic	tive the ca	ndidate's predictive
candidate's predict	ive	outcome stateme	ent out	tcome statement
outcome stateme	nt			

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)

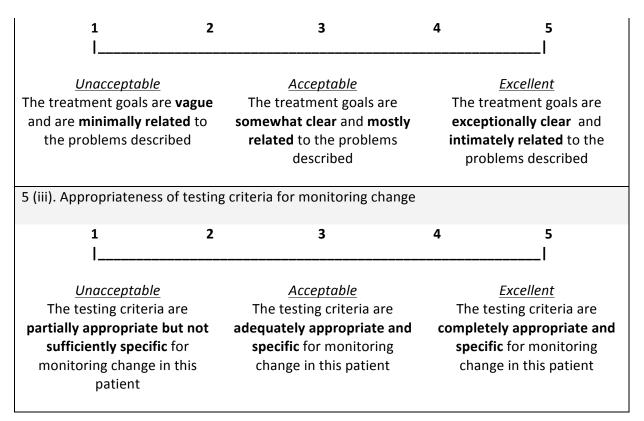
3 (i). Recognition of dys		requiring referral for medical d	iagnostic	test(s) and/or to
1	2	3	4	5
l				l
Unacceptable		<u>Acceptable</u>		<u>Excellent</u>
Recognizes a limited r	ıumber	Recognizes most of the	Rec	ognizes <b>all relevant</b>
of relevant dysfunct		relevant dysfunction(s) that	-	nction(s) that require
that require immediate or		require immediate or future	immediate or future referr	
future referral		referral		
3 (ii). Quality of rationa care professional	le for refe	erral for medical diagnostic test(	s) and/or	to another health
1	2	3	4	5
l				
Unacceptable		Acceptable		Excellent
Rationale provides vague and		Rationale provides adequate	Rationale provides clear and	
inadequate suppor		support for immediate or	full sup	pport for immediate or
immediate or future r	eferral	future referral		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 a and participation restrict		e the most relevant physical imរុ	oairments	s to activity limitations
1	2	3	4	5
1				ı
·				<del>'</del>
<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>
The physical impairm	ents	The physical impairments	The	physical impairments
selected are irrelevar	nt and	selected are somewhat	seled	cted are <b>very relevant</b>
unrelated to the pati	ent's	relevant and related to the		timately related to the
activity limitation and/or		patient's activity limitation	patient's activity limitation	
participation restriction		and/or participation	and/or participation	
participation restriction		restriction	restriction	
1 (ii) Choice of outcom	a mazcili	re and quality of rationale		restriction
4 (ii). Choice of outcom	ie ilieasui	e and quanty of rationale		
1	2	3	4	5
1		3	7	ı
l				l
Unacceptable		Acceptable		Excellent
Justification is vague ar	nd <b>does</b>	Justification is <b>somewhat</b>	Justifi	ication is <b>exceptionally</b>
not fully address the		comprehensive and mostly		prehensive and fully
relevancy and specific		addresses the relevancy and	addresses the relevancy an	
the outcome measure	-	specificity of the outcome		ificity of the outcome
patient	נוווט	measure for this patient	•	asure for this patient
patient		ineasure for this patient	ine	asure for tills patiefit

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 prob	lems described		
1 2	3	4	5 l
Unacceptable The problems described minimally reflect the primary functional goal, activity limitations and participation	Acceptable The problems described adequately reflect the primary functional goal, activity limitations and	<b>clearly</b> a	Excellent roblems described and fully reflect the ry functional goal, ty limitations and
restrictions 5 (ii). Quality of treatment goals	participation restrictions		pation restrictions



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

6 (i). Quality of first 2 treatm	nents				
1	2	3	4	5	
I					
<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>	
The treatment minimally		The treatment mostly	The trea	atment fully addresses	
addresses the primary		addresses the primary	the pri	mary functional goal,	
functional goal, the		functional goal, the	the im	pairments of highest	
impairments of highest		impairments of highest	priority, and symptom		
priority, and symptom		priority, and symptom	irritability		
irritability		irritability		·	
		-			
6 (ii). Application of manual	therapy	with appropriate rationale			
1	2	3	4	5	
I					
Unacceptable		<u>Acceptable</u>	Excellent		
Manual therapy technique	es N	Manual therapy techniques	Manua	al 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 welljustified for this patient in the first 2 treatments

6 (iii). Application of exer	cicoc wi	th appropriate rationale		
o (iii). Application of exer	CISES WI	til appropriate rationale		
1	2	3	4	5
1 1	2	3	4	ı
I				I
Unacceptable		Acceptable	Excellent	
Exercises and paramet	ers	Exercises and parameters	Exercises and parameters	
selected are inappropri		selected are appropriate and	selected are exceptionally	
and poorly justified for		somewhat justified for this		propriate and well-
patient		patient	justified for this patient	
<u> </u>	ducatio	on in the first 2 treatments with		•
d (iv). Quality of patient e	ducatio	on in the mist 2 treatments with	approprie	ite rationale
1	2	3	4	5
1 1	2	3	4	ı
I				I
Unacceptable		Acceptable		Excellent
The patient educatio	n	The patient education	The patient education <b>f</b>	
minimally addresses t		adequately addresses the	addresses the issues that are	
issues that are of high		issues that are of highest		
		G	of highest priority for this	
priority for this patient in	n the	priority for this patient in the	patient in the first 2	
first 2 treatments		first 2 treatments	treatments	
6 (v). Ability to incorporate other adjunctive physical strategies into the first 2 treatments				
1	2	3	4	5
1				1
				·
<u>Unacceptable</u>		<u>Acceptable</u>	<u>Excellent</u>	
Other modalities are	9	Other modalities are	Other modalities are	
incorporated into the fi	rst 2	incorporated into the first 2	incorp	orated into the first 2
treatments in an		treatments in a <b>somewhat</b>	treatn	nents in a <b>completely</b>
inappropriate manne	er	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)

( )	f the biopsycho	social model in subsequ	uent treatmen	ts
1	2	3	4	5
l				
Unaccontabl	'a	Accontable		Fycallant
<u>Unacceptable</u> Treatment progre	<del></del>	<u>Acceptable</u> Treatment progression	Tro	Excellent atment progression
demonstrates <b>a la</b>		demonstrates <b>adequat</b>		emonstrates <b>full</b>
consideration of		consideration of the		nsideration of the
biopsychosocial r		biopsychosocial model		osychosocial model
biopsychiosocial i	nodei	biopsychosocial model	5.0	osychosocial inoaci
7 (ii). Progression of r	mobilizations ar	nd/or manipulation inte	rventions	
1	2	3	4	5
<u> </u>				l
Unacceptabl	'o	Acceptable		Excellent
Progression of mobil		ogression of mobilization	n/ Progre	ssion of mobilization /
	1124110117 11	•		oulation interventions
•	entions m	anipulation interventio	ıns manir	MIAHOH IIHELVEHHOHS
manipulation interv		anipulation interventio	•	
manipulation interv	ss the	adequately address the	e fully ad	dress the priorities for
manipulation interv	ss the patient	adequately address the priorities for this patien	e fully ad	
manipulation interv minimally addres priorities for this p	ss the patient	adequately address the priorities for this patien	e fully ad	dress the priorities for
manipulation interv minimally addres priorities for this p	ss the patient	adequately address the priorities for this patien	e fully ad	dress the priorities for
manipulation interv minimally addres priorities for this p 7 (iii). Clarity and app	ss the patient   ropriateness of	adequately address the priorities for this patient exercise progression	e fully ad	dress the priorities for this patient
manipulation intervention minimally address priorities for this priorities for this priorities and apprint the second sec	ss the patient partient partient partient partient partients of partients partient partients par	adequately address the priorities for this patient exercise progression	e fully ad	this patient  5
manipulation intervented minimally address priorities for this priorities for this priorities and apprint and apprint address for this priorities for the priorities for this priorities for the priorities f	ss the patient ropriateness of 2	adequately address the priorities for this patient exercise progression  3  Acceptable	e fully ad	this patient  5  Excellent
manipulation intervention minimally address priorities for this priorities for the priorities for this priorities for the prior	ss the patient ropriateness of 2	adequately address the priorities for this patient exercise progression  3  Acceptable Exercise progression is	e fully ad	this patient  5  Excellent rcise progression is
manipulation intervention minimally address priorities for this part of the pa	ss the patient	adequately address the priorities for this patient exercise progression  3  Acceptable Exercise progression is mewhat logical and cle	e fully ad	this patient  5  Excellent rcise progression is ptionally logical and
manipulation intervening minimally address priorities for this priorities for the priorities for this priorities for the prior	ss the patient ropriateness of 2  2  2  6  n is not so tthe a	adequately address the priorities for this patient exercise progression  3  Acceptable Exercise progression is	e fully ad	this patient  5  Excellent rcise progression is

7 (iv). Quality of pa	tient educatio	n in subsequent treatments		
1	2	. 3	4	5
l				I
<u>Unaccepta</u>	ble_	<u>Acceptable</u>	<u>Exc</u>	<u>ellent</u>
The patient ed	ucation	The patient education	The patier	nt education
described min	imally	described adequately	described full	y addresses the
addresses the issu	es that are	addresses the issues that are		are of highest
of highest priorit	ty for this	of highest priority for this	priority for	this patient
patient	-	patient		·
·		·		
7 (v). Ability to inco	rporate other	adjunctive physical strategies (	ie: taping, bracii	ng,
	-	ncture, needling) in subsequen		<i>0</i> ,
' '	, ,	, 3,		
1	2	3	4	5 N/A
ı				i i
				·
Unaccepta	ble	Acceptable	Ехс	ellent
Other modalit		Other modalities are		dalities are
incorporated into s	subsequent	incorporated into subsequent	incorpora	ted into the
treatments	•	treatments in a <b>somewhat</b>	-	reatments in a
inappropriate	manner	appropriate manner	•	appropriate
'' '				nner
			-	
7 (vi). Ability to use	anatomical. b	iomechanical and physiological	knowledge in it	ustification
throughout treatme		, , , , , , , , , , , , , , , , , , ,		
	o p.a			
1	2	3	4	5
ı				Ī
·				'
Unaccepta	ble	Acceptable	Exc	ellent
Justification		Justification is <b>adequately</b>		s <b>exceptionally</b>
comprehensive		comprehensive and is		ensive and is
supported by fev		supported by most of the	-	by all of the
anatomical, biom		relevant anatomical,		anatomical,
physiological, and p		biomechanical, physiological,		ıl, physiological,
issues specific to t	-	and pathological issues		ogical issues
issues specific to t	patient	specific to this patient	•	this patient
		specific to this patient	Specific to	ans 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 evid	dence provided			
1	2	3	4	5
l				<b>l</b>
<u>Unacceptable</u>		<u>Acceptable</u>		<u>Excellent</u>
Search terms are <b>not</b> i	r <b>elevant</b> Se	earch terms are <b>mo</b>	stly Sea	rch terms are <b>very</b>
and <b>unlikely</b> to add	ress a <b>relev</b>	ant and somewhat	t likely releva	<b>nt</b> and <b>very likely</b> to
specific aspect of asse	essment to ad	ldress a specific asp	pect of addres	ss a specific aspect of
or management fo	r this asse	essment or manage	ement assessr	ment or management
patient		for this patient	1	for this patient

8 (ii). Quality of ration	onale for sear	rch terms		
1	2	3	4	5
Unacceptable Rationale provides vague and inadequate support for search terms selected		Acceptable Rationale provides adequate support for search terms selected	excepti	Excellent tionale provides ionally clear and full ort for search terms selected