Orthopaedic Division
CANADIAN PHYSIOTHERAPY ASSOCIATION
Division d'orthopédie
ASSOCIATION CANADIENNE DE PHYSIOTHÉRAPIE

Synopsis of Case History Exam Changes for 2017 and 2018

It is strongly advised that you read the revised guidelines for the subjective (2017) and objective (2018) portions of the case history. These guidelines are very helpful to clarify what is expected when answering each question. In addition, a sample case history is found on the website www.orthodiv.org to further demonstrate the content of good answers (2017). Finally, a PowerPoint presentation, "Helpful Hints for Writing the Case History Exam" has been created (2018).

Objective Case History Changes (2018)

Question 2 was reworded to the following:

State your predictive outcome, including timelines, for this patients and provide your rationale (prognostic indicators).

Question 4 was reworded to the following:

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 2 different outcome measurements you would choose to monitor change and provide your rationale. An outcome measure already presented in the case cannot be used in this answer.

Question 7 was reworded to the following:

Using the biopsychosocial framework, outline in detail your progression of subsequent treatments to discharge addressing all the identified problems and provide your rationale to return to their optimal functional level. Use the following headings: manual therapy, exercise, education, and other.

Subjective Case History Changes (2017)

Q.1 Mark decreased from 8 to 5. The description of the general features of nociceptive pain is no longer required. Differentiating mechanical from inflammatory is required. The term central neuropathic was changed to central mechanisms. See guidelines for details.

Q.3 Mark increased from 3 to 4. If the irritability of all the painful areas is not the same, describe the most irritable area and how this affects the physical examination.

Q.4 This question has been revised and is now a yes or no answer with examples; but whether you answer yes or no, you must justify your answer. Mark decreased from 3 to 2.

Q.5 Mark decreased from 3 to 2.

Q.6 Mark increased from 3 to 5.

Q.7 Mark increased from 8 to 9. A table has been added to help you organize your answer with 3 columns: Test, Rationale (why the test was chosen) and the Expected Findings for that test for each of the two hypotheses in Q. 6.

Objective Case History Changes (2017)

Q.1 Mark increased from 8 to 10.

Q.2 "your rationale" was changed to "supporting evidence". See guidelines for details as to what is expected for supporting evidence.

Q.6 Mark increased from 8 to 10. A table has been provided to help organize the rationale for choosing each treatment.

Q.7 Mark increased from 8 to 10. A table has been provided to help organize the rationale for choosing each treatment.

Q.8 For levels 4 and 5 and the Advanced Exam, there is a new question. This is the new question:
What 3 key 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.
See guidelines for details.

Jill Robertson –Chief Examiner – Case History Exam

Lenerdene Levesque – Chair of Chief Examiners