

# Case History Examination - Assessment Tool

## Orthopaedic Manual Physical Therapy (August 2013)

### Clinical Reasoning Reflection Form – Subjective

Questions to be completed following the subjective examination

1. Identify three key activity limitations and three key participation restrictions for this patient (based on the International Classification of Function, Disability and Health – WHO – ICF model).

1. Identify patient’s functional abilities/limitations				
5	4	3	2	1
-----				
<u>Excellent</u>	<u>Acceptable</u>	<u>Unacceptable</u>		
Provides an <b>accurate and thorough description of all</b> of the activity limitations and participation restrictions relevant to this patient	Provides a <b>somewhat accurate description of most</b> of the activity limitations and participation restrictions relevant to this patient	Provides an <b>vague description of a few</b> of the activity limitations and participation restrictions relevant to this patient		

2. 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 pain mechanism. Consider all 3 pain areas.

2 (i). Recognition of mechanical and non-mechanical dysfunctions				
5	4	3	2	1
-----				
<u>Excellent</u>	<u>Acceptable</u>	<u>Unacceptable</u>		
Evidence reflects a <b>thorough recognition</b> of mechanical and non-mechanical dysfunctions that could influence the patient presentation	Evidence reflects an <b>adequate recognition</b> of mechanical and non-mechanical dysfunctions that could influence the patient presentation	Evidence reflects an <b>insufficient recognition</b> of mechanical and non-mechanical dysfunctions that could influence the patient presentation		

2 (ii). Recognition of neuropathic (peripheral or central) or neurogenic pain mechanisms				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
Evidence reflects a <b>thorough recognition</b> of neuropathic or neurogenic mechanisms that could influence the patient presentation		Evidence reflects an <b>adequate recognition</b> of neuropathic or neurogenic mechanisms that could influence the patient presentation		Evidence reflects an <b>insufficient recognition</b> of neuropathic or neurogenic mechanisms that could influence the patient presentation
2 (iii). Recognition of psychological, social and environmental factors				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
Evidence reflects a <b>thorough recognition</b> of relevant psychological, social and environmental factors that could influence the patient presentation		Evidence reflects an <b>adequate recognition</b> of relevant psychological, social and environmental factors that could influence the patient presentation		Evidence reflects an <b>insufficient recognition</b> of relevant psychological, social and environmental factors that could influence the patient presentation

3. a) List 3 of the most likely structures at fault for each of the area of symptoms.

3a (i). Knowledge of anatomy				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
The structures listed reflect an <b>exceptional depth of anatomy knowledge</b>		The structures listed reflect an <b>appropriate depth of anatomy knowledge</b>		The structures listed reflect a <b>superficial depth of anatomy knowledge</b>

3a (ii). Interpretation of subjective examination				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
<p><b>All of the structures</b> listed represent an accurate and comprehensive interpretation of the subjective examination data</p>		<p><b>Most of the structures</b> listed represent an accurate and comprehensive interpretation of the subjective examination data</p>		<p><b>A few of the structures</b> listed represent an accurate and comprehensive interpretation of the subjective examination data</p>

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

3b. Interpretation of subjective examination data				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
<p>Rationale <b>incorporates all</b> of the subjective examination data, and <b>utilizes a comprehensive and broad range</b> of relevant patho-anatomy, patho-physiology and patho-mechanics associated with the symptom area</p>		<p>Rationale <b>incorporates most</b> of the subjective examination data, and <b>utilizes some</b> of the relevant patho-anatomy, patho-physiology and patho-mechanics associated with the symptom area</p>		<p>Rationale <b>incorporates a few</b> of the subjective examination data, and <b>utilizes very few</b> of the relevant patho-anatomy, patho-physiology and patho-mechanics associated with the symptom area</p>

**4. Circle the one category that best describes the overall irritability of this patient’s condition**  
 Mild      Mild-moderate      Moderate      Moderate-Severe      Severe

**Justify your answer with 4 pieces of evidence from the subjective examination.**

**What are the implications of this for the physical examination**

4 (i). Determining irritability of patient’s condition				
5	4	3	2	1
-----				
<u>Acceptable</u>			<u>Unacceptable</u>	
<p>Candidate <b>accurately identifies</b> the irritability of the patient’s condition</p>			<p>Candidate <b>does not accurately identify</b> the irritability of the patient’s condition</p>	

4 (ii). Justification for selected level of irritability				
5	4	3	2	1
-----				
<u>Excellent</u> <b>All of the supporting evidence</b> reflects an accurate interpretation of the subjective examination data		<u>Acceptable</u> <b>Most of the supporting evidence</b> reflects an accurate interpretation of the subjective examination data		<u>Unacceptable</u> <b>Few of the supporting evidence</b> reflects an accurate interpretation of the subjective examination data
4 (ii). Implications of level irritability on the physical examination				
5	4	3	2	1
-----				
<u>Excellent</u> Candidates' stated implications for the physical examination demonstrates <b>full consideration</b> of the patient's symptom irritability		<u>Acceptable</u> Candidates' stated implications for the physical examination demonstrates <b>adequate consideration</b> of the patient's symptom irritability		<u>Unacceptable</u> Candidates' stated implications for the physical examination demonstrates a <b>lack of consideration</b> of the patient's symptom irritability

**5. Is this disorder inflammatory or mechanical in nature, or both?  
List 6 factors that support your answer**

5 (i). Determining nature of the disorder				
5	4	3	2	1
-----				
<u>Acceptable</u> Candidate <b>accurately identifies</b> the nature of the disorder			<u>Unacceptable</u> Candidate <b>does not accurately</b> identify the nature of the disorder	
5 (ii). Justification regarding nature of the disorder				
5	4	3	2	1
-----				
<u>Excellent</u> <b>All of the factors</b> that support the candidate's decision regarding the nature of the disorder are listed		<u>Acceptable</u> <b>Most of the factors</b> that support the candidate's decision regarding the nature of the disorder are listed		<u>Unacceptable</u> <b>A few of the factors</b> that support the candidate's decision regarding the nature of the disorder are listed

6. a) list 3 subjective examination findings that would indicate caution must be observed during the objective examination. Explain why.

6a (i). Recognition of mechanical dysfunctions requiring caution		
5	4	3
-----		
<u>Excellent</u>	<u>Acceptable</u>	<u>Unacceptable</u>
The subjective data listed <b>fully reflects</b> the range of pathologies and mechanical dysfunctions that would warrant caution during objective examination of this patient	The subjective data listed <b>mostly reflects</b> the range of pathologies and mechanical dysfunctions that would warrant caution during objective examination of this patient	The subjective data listed <b>do not adequately reflect</b> the range of pathologies and mechanical dysfunctions that would warrant caution during objective examination of this patient
6a (ii). Recognition of psychological, social and environmental factors requiring caution		
5	4	3
-----		
<u>Excellent</u>	<u>Acceptable</u>	<u>Unacceptable</u>
<b>All of the factors</b> that support the candidate's decision regarding the nature of the disorder are listed	<b>Most of the factors</b> that support the candidate's decision regarding the nature of the disorder are listed	<b>A few of the factors</b> that support the candidate's decision regarding the nature of the disorder are listed

b) write one subjective question you would like to have added to this case to help rule in or out any possible red or yellow flags.

6b. Relevancy and effectiveness of subjective question		
5	4	3
-----		
<u>Excellent</u>	<u>Acceptable</u>	<u>Unacceptable</u>
The subjective question generated is <b>very likely to rule in or rule out</b> possible red or yellow flags	The subjective question generated is <b>somewhat likely to rule in or rule out</b> possible red or yellow flags	The subjective question generated is <b>unlikely to rule in or rule out</b> possible red or yellow flags

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

7 (i). Quality of clinical hypotheses				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
The clinical hypotheses reflect an <b>exceptionally accurate interpretation</b> and <b>comprehensive representation</b> of subjective data		The clinical hypotheses reflect a <b>mostly accurate interpretation</b> and <b>somewhat thorough representation</b> of subjective data		The clinical hypotheses reflect a <b>somewhat accurate interpretation</b> and a <b>vague representation</b> of subjective data
7 (ii). Application of knowledge of pathology and pathological mechanisms				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
Justification from the subjective findings demonstrate an <b>exceptional depth of knowledge</b> about the pathology of relevant mechanical dysfunctions		Justification from the subjective findings demonstrate an <b>adequate depth of knowledge</b> about the pathology of relevant mechanical dysfunctions		Justification from the subjective findings demonstrate <b>superficial knowledge</b> about the pathology of relevant mechanical dysfunctions

**8. Based on the subjective examination you have developed two clinical hypotheses. Provide 4 key elements of your physical examination and under each element state 2 of the most relevant tests you would perform and explain how these would help you confirm or negate your hypotheses.**

8 (i). Appropriate use of key elements				
5	4	3	2	1
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<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
The key elements <b>fully reflect</b> an appropriate use of the <b>most important</b> assessment tools / principles to support a comprehensive differential diagnosis		The key elements <b>adequately reflect</b> an appropriate use of <b>some of the more important</b> assessment tools / principles to support a comprehensive differential diagnosis		The key elements <b>do not adequately reflect</b> an appropriate use of the assessment tools / principles to support a comprehensive differential diagnosis

8 (ii). Selection of examination procedures		
5	4	3
-----		
<u>Excellent</u>	<u>Acceptable</u>	<u>Unacceptable</u>
Selects <b>all</b> of the critical and relevant examination procedures/tests required to confirm or negate the hypotheses generated	Selects <b>most</b> of the critical and relevant examination procedures/tests required to confirm or negate the hypotheses generated	Selects <b>a few</b> of the critical and relevant examination procedures/tests required to confirm or negate the hypotheses generated

9. What are 2 outcome measurement tools or screening tools that you would use to monitor this patient’s progress and provide your rationale for choosing them.

9 (i). Choice of outcome measures		
5	4	3
-----		
<u>Excellent</u>	<u>Acceptable</u>	<u>Unacceptable</u>
Selects outcome measures that are <b>highly specific and appropriate</b> for evaluating and monitoring the progress of this patient	Selects outcome measures that are <b>somewhat specific and appropriate</b> for evaluating and monitoring the progress of this patient	Selects outcome measures that are <b>not specific and somewhat inappropriate</b> for evaluating and monitoring the progress of this patient

9 (ii). Rationale for choice of outcome measures		
5	4	3
-----		
<u>Excellent</u>	<u>Acceptable</u>	<u>Unacceptable</u>
Justification is <b>exceptionally comprehensive and fully addresses</b> the outcome measure’s relevancy, appropriateness, and specificity for this patient	Justification is <b>somewhat comprehensive and mostly addresses</b> the outcome measure’s relevancy, appropriateness, and specificity for this patient	Justification is <b>vague comprehensive and does not fully address</b> the outcome measure’s relevancy, appropriateness, and specificity for this patient

# 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 subjective and objective examination.

1 (i). Generating a hypothesis based on subjective and objective assessment data				
5	4	3	2	1
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<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
The primary hypothesis reflects an <b>completely accurate interpretation</b> and <b>comprehensive representation</b> of the subjective and objective examination data		The primary hypothesis reflects a <b>mostly accurate interpretation</b> and <b>somewhat thorough representation</b> of the subjective and objective examination data		The primary hypothesis reflects an <b>somewhat accurate interpretation</b> and an <b>incomplete representation</b> of the subjective and objective examination data
1 (ii). Explanation of hypothesis				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
Explanations are <b>completely accurate and comprehensive</b> , and demonstrates <b>full consideration</b> of relevant subjective and objective examination data		Explanations are <b>somewhat accurate and thorough</b> , and demonstrates <b>adequate consideration</b> of relevant subjective and objective examination data		Explanations are <b>partially accurate and incomplete</b> , and demonstrates a <b>lack of consideration</b> of relevant subjective and objective examination data

2. List 2 favourable and 2 unfavourable prognostic indicators for this patient and considering these, state your predictive outcome.

2 (i). Description of patient prognosis				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
Description of predictive outcome is <b>exceptionally accurate and comprehensive</b>		Description of predictive outcome is <b>mostly accurate and somewhat thorough</b>		Description of predictive outcome is <b>partially accurate and incomplete</b>



2 (ii). Identifies relevant prognostic factors				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
The prognostic indicators described are <b>extremely relevant and fully support</b> the candidate’s statement about the predictive outcome		The prognostic indicators described are <b>mostly relevant and adequately support</b> the candidate’s statement about the predictive outcome		The prognostic indicators described are <b>minimally relevant and do not adequately support</b> the candidate’s statement about the predictive outcome

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.

3 (i) Recognition of dysfunctions requiring referral				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
Answer recognizes <b>all relevant dysfunction(s)</b> that require immediate or future referral for medical diagnostic test(s) and/or to another health care professional		Answer recognizes <b>most of the relevant dysfunction(s)</b> that require immediate or future referral for medical diagnostic test(s) and/or to another health care professional		Answer <b>does not recognize dysfunction(s)</b> that require immediate or future referral for medical diagnostic test(s) and/or to another health care professional

3 (ii) Provides rationale for referral				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
Rationale provides <b>clear and full support</b> for immediate or future referral for medical diagnostic tests and/or another health professional		Rationale provides <b>adequate support</b> for immediate or future referral for medical diagnostic tests and/or another health professional		Rationale provides <b>vague and inadequate support</b> for immediate or future referral for medical diagnostic tests and/or another health professional

4. Indicate your **PRIMARY FUNCTIONAL GOAL** as it relates to the activity limitations and participation restrictions and select 2 problems that would be the most relevant to address. Include your treatment goal for each problem and the testing criteria you would use to monitor change.

4 (i) Description of primary functional goal				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
The primary functional goal <b>clearly and fully reflects</b> the patient's specific activity limitations and participation restrictions		The primary functional goal <b>mostly reflects</b> the patient's specific activity limitations and participation restrictions		The primary functional goal <b>minimally reflects</b> the patient's specific activity limitations and participation restrictions
4 (ii) Selection of patient problems				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
The problems listed are <b>very clear and specific</b> , and demonstrate <b>exceptional prioritization</b> of the patient's problems		The problems listed are <b>somewhat clear and specific</b> , and demonstrate <b>adequate prioritization</b> of the patient's problems		The problems listed are <b>vague</b> , and demonstrate <b>some inappropriate prioritization</b> of the patient's problems
4 (iii) Relevancy of patient problems to primary functional goal				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
The problems selected are <b>completely related</b> to the specific primary functional goal described by the candidate		The problems selected are <b>somewhat related</b> to the specific primary functional goal described by the candidate		The problems selected are <b>vaguely related</b> to the specific primary functional goal described by the candidate

4 (vi) Description of treatment goals				
5	4	3	2	1
-----				
<u>Excellent</u> The treatment goals are <b>exceptionally clear</b> and are <b>intimately related</b> to the problems described		<u>Acceptable</u> The treatment goals are <b>somewhat clear</b> and are <b>mostly related</b> to the problems described		<u>Unacceptable</u> The treatment goals are <b>vague</b> and are <b>partially related</b> to the problems described
4 (v) Appropriateness of testing criteria for monitoring change				
5	4	3	2	1
-----				
<u>Excellent</u> The testing criteria selected are <b>completely appropriate and specific</b> for monitoring change in this patient		<u>Acceptable</u> The testing criteria selected are <b>somewhat appropriate and specific</b> for monitoring change in this patient		<u>Unacceptable</u> The testing criteria selected are <b>partially appropriate but not sufficiently specific</b> for monitoring change in this patient

5. 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.

5 (i) Selection of interventions for the first 2 treatments				
5	4	3	2	1
-----				
<u>Excellent</u> The interventions selected are <b>completely comprehensive and exceptionally appropriate</b> given the patient’s primary functional goal, the impairments of highest priority, and symptom irritability		<u>Acceptable</u> The interventions selected are <b>adequately thorough and mostly appropriate</b> given the patient’s primary functional goal, the impairments of highest priority, and symptom irritability		<u>Unacceptable</u> The interventions selected are <b>incomplete and somewhat inappropriate</b> given the patient’s primary functional goal, the impairments of highest priority, and symptom irritability

5 (ii) Consideration of the biopsychosocial model				
5	4	3	2	1
-----				
<u>Excellent</u> The interventions selected demonstrate <b>full consideration</b> of the biopsychosocial model		<u>Acceptable</u> The interventions selected demonstrate <b>adequate consideration</b> of the biopsychosocial model		<u>Unacceptable</u> The interventions selected demonstrate a <b>lack of consideration</b> of the biopsychosocial model
5 (iii) Application of manual therapy knowledge/theory				
5	4	3	2	1
-----				
<u>Excellent</u> Mobilization and/or manipulation techniques and their dosage reflect an <b>exceptional depth of knowledge</b> about their indications and contraindications		<u>Acceptable</u> Mobilization and/or manipulation techniques and their dosage reflect an <b>adequate depth of knowledge</b> about their indications and contraindications		<u>Unacceptable</u> Mobilization and/or manipulation techniques and their dosage reflect <b>superficial knowledge</b> about their indications and contraindications
5 (iv) Application of principles of exercise physiology and motor learning				
5	4	3	2	1
-----				
<u>Excellent</u> The exercises and their parameters <b>fully reflect</b> the principles of exercise physiology and motor learning that are appropriate for the first 2 treatments		<u>Acceptable</u> The exercises and their parameters <b>adequately reflect</b> the principles of exercise physiology and motor learning that are appropriate for the first 2 treatments		<u>Unacceptable</u> The exercises and their parameters <b>minimally reflect</b> the principles of exercise physiology and motor learning that are appropriate for the first 2 treatments
5 (v) Incorporating patient education into the first 2 treatments				
5	4	3	2	1
-----				
<u>Excellent</u> The patient education described <b>fully addresses</b> the issues that are of highest		<u>Acceptable</u> The patient education described <b>mostly addresses</b> the issues that are of highest		<u>Unacceptable</u> The patient education described <b>minimally addresses</b> the issues that are

priority for this patient in the first 2 treatments	priority for this patient in the first 2 treatments	of highest priority for this patient in the first 2 treatments
5 (vi) Incorporating other modalities into the first 2 treatments		
5	4	3
-----		
<u>Excellent</u> Other modalities are incorporated into the first 2 treatments in a <b>completely appropriate</b> manner	<u>Acceptable</u> Other modalities are incorporated into the first 2 treatments in a <b>somewhat appropriate</b> manner	<u>Unacceptable</u> Other modalities are incorporated into the first 2 treatments in an <b>inappropriate</b> manner
5 (vii) Use of anatomical, biomechanical and physiological knowledge in justification		
5	4	3
-----		
<u>Excellent</u> Justification is <b>completely comprehensive</b> and is <b>supported by all of the relevant</b> anatomical, biomechanical, physiological, and pathological issues specific to the first 2 treatments	<u>Acceptable</u> Justification is <b>somewhat comprehensive</b> and is <b>supported by some of the relevant</b> anatomical, biomechanical, physiological, and pathological issues specific to the first 2 treatments	<u>Unacceptable</u> Justification is <b>not comprehensive</b> and is <b>supported by a few of the relevant</b> anatomical, biomechanical, physiological, and pathological issues specific to the first 2 treatments

6. 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.

6 (i) Consideration of the biopsychosocial model		
5	4	3
-----		
<u>Excellent</u> The interventions selected demonstrate <b>full consideration</b> of the biopsychosocial model	<u>Acceptable</u> The interventions selected demonstrate <b>adequate consideration</b> of the biopsychosocial model	<u>Unacceptable</u> The interventions selected demonstrate a <b>lack of consideration</b> of the biopsychosocial model

6 (ii) Selection of mobilizations and/or manipulation interventions				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
The selected mobilization / manipulation interventions and their dosage <b>address all of the priorities</b> that are important in the patients subsequent treatments through to discharge		The selected mobilization / manipulation interventions and their dosage <b>address most of the priorities</b> that are important in the patients subsequent treatments through to discharge		The selected mobilization / manipulation interventions and their dosage <b>address a few of the priorities</b> that are important in the patients subsequent treatments through to discharge
6 (iii) Application of principles of exercise physiology and motor learning				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
The progression of exercises is <b>very logical and clear, and fully reflect</b> the principles of exercise physiology and motor learning that are important in subsequent		The progression of exercises is <b>somewhat logical and clear, and adequately reflect</b> the principles of exercise physiology and motor learning that are important in subsequent		The progression of exercises is <b>not very logical, and do not adequately reflect</b> the principles of exercise physiology and motor learning that are important in subsequent
6 (iv) Incorporating patient education				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
The patient education described <b>fully addresses</b> the issues that are of most relevance for this patient in subsequent treatments through to discharge		The patient education described <b>adequately addresses</b> the issues that are of most relevance for this patient in subsequent treatments through to discharge		The patient education described <b>minimally addresses</b> the issues that are of most relevance for this patient in subsequent treatments through to discharge

6 (v) Incorporating other modalities (ie: taping, bracing, electrophysical modalities, acupuncture, needling)				
5	4	3	2	1
-----				
<u>Excellent</u> Other modalities are incorporated into the subsequent treatments in a <b>completely appropriate</b> manner		<u>Acceptable</u> Other modalities are incorporated into subsequent treatments in a <b>somewhat appropriate</b> manner		<u>Unacceptable</u> Other modalities are incorporated into subsequent treatments in an <b>inappropriate</b> manner
6 (vi) Use of anatomical, biomechanical and physiological knowledge in justification				
5	4	3	2	1
-----				
<u>Excellent</u> Justification is <b>completely comprehensive</b> and is <b>supported by all of the relevant</b> anatomical, biomechanical, physiological, and pathological issues specific to this patient		<u>Acceptable</u> Justification is <b>somewhat comprehensive</b> and is <b>supported by most of the relevant</b> anatomical, biomechanical, physiological, and pathological issues specific to this patient		<u>Unacceptable</u> Justification is <b>not comprehensive</b> and is <b>supported by a few of the relevant</b> anatomical, biomechanical, physiological, and pathological issues specific to this patient

**7. Provide evidence to support one of your treatment interventions? Please elaborate.**

7. Relevance of evidence				
5	4	3	2	1
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<u>Excellent</u> Evidence provided is <b>completely relevant</b> , and <b>fully supports</b> the management strategy(ies) chosen		<u>Acceptable</u> Evidence provided is <b>mostly relevant</b> , and <b>adequately supports</b> the management strategy(ies) chosen		<u>Unacceptable</u> Evidence provided is <b>minimally relevant</b> , and <b>partially supports</b> the management strategy(ies) chosen

### Global Ratings

Rate the candidate's *overall performance* on the following **FOUR** global criteria:

<b>GR #1. Use of knowledge to support hypotheses and management plan. Different sources of knowledge include anatomy, physiology, biomechanics, clinical tests, psychosocial model of care etc.</b>				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
Draws upon an <b>extensive and broad</b> range of relevant knowledge sources in a manner that <b>fully supports</b> the hypotheses and management plan		Draws upon an <b>adequate selection</b> of relevant knowledge sources in a manner that <b>mostly supports</b> the hypotheses and management plan		Draws upon <b>few</b> relevant knowledge sources in a manner that <b>does not adequately support</b> the hypotheses and management plan
<b>GR #2. Ability to explain the significance and interaction of data</b>				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
Provides <b>exceptionally clear and accurate</b> explanations of the significance and interaction of subjective and objective data		Provides <b>somewhat clear and accurate</b> explanations of the significance and interaction of subjective and objective data		Provides <b>vague and partially accurate</b> explanations of the significance and interaction of subjective and objective data
<b>GR #3. Ability to generate reasonable hypotheses and relating them to management</b>				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
Hypotheses are <b>very reasonable</b> , are <b>completely supported</b> by data presented, and <b>clearly linked</b> to the management plan		Hypotheses are <b>somewhat reasonable</b> , are <b>mostly supported</b> by data presented, and <b>somewhat linked</b> to the management plan		Hypotheses are <b>somewhat unreasonable</b> , are <b>minimally supported</b> by data presented, and <b>partially linked</b> to the management plan
<b>GR #4. Ability to evaluate the sources of information (case history data) and the claims they make</b>				
5	4	3	2	1
-----				
<u>Excellent</u>		<u>Acceptable</u>		<u>Unacceptable</u>
Demonstrates an <b>exceptional ability to critically evaluate</b> all sources of information from the case in the process of clinical decision-making		Demonstrates an <b>adequate ability to critically evaluate</b> all sources of information from the case in the process of clinical decision-making		Demonstrates an <b>limited ability to critically evaluate</b> all sources of information from the case in the process of clinical decision-making