VOMPTI_CLINICAL REASONING FORM

Student/Resident: ____________________________________________________________

DATE: ___________ PATIENT: ________________________________________________

Outcome Tool/Measure: __________________________ MCID: __________
Score: _______________

SUBJECTIVE EXAM

** Subjective Asterisks Signs/Symptoms **
(Aggravating/Easing Factors, Description/Location of symptoms, Behavior, Mechanism of injury)
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

STRUCTURE at Fault:

<table>
<thead>
<tr>
<th>Joints in/refer to the painful region</th>
<th>Myofascial tissue in/refer to the painful region</th>
<th>Non Contractile tissue in/refer to the painful region</th>
<th>Neural tissue in/refer to the painful region</th>
<th>Other structures that must be examined – non MSK</th>
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Primary HYPOTHESIS after Subjective Examination: _________________________________

Differential List: (List in ranking order to screen/clear - Rule out)
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Body Chart--Initial Hypothesis:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
**Physical Exam “Asterisks” Signs/Symptoms**
(Special Tests, Movement/Joint Dysfunction, Posture, Palpation, etc.)

- Rate your assessment of Severity & Irritability
  Justify your assessment with examples from the Subjective Exam &/or Objective Exam

  - **Severity**
    - Non
    - Min
    - Mod
    - Severe

  - **Irritability**
    - Non
    - Min
    - Mod
    - Severe

- Stage & Stability?
  - Acute
  - Subacute
  - Chronic
  - Acute on chronic

  - Stable
  - Improving
  - Worsening
  - Fluctuating
  - Red Flags

- Are the relationships between the areas on the body chart, the interview, and physical exam consistent?
  “Do the “Features Fit” a recognizable clinical pattern?” – If “Yes” – what: ____________________

  If “NO” : Please explain areas that may need clarification ________________________________

  ____________________________________________________________________________________

**Identify any potential risk factors** (Yellow, Red flags, non MSK involvement, biopsychosocial)

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Identify “gap” in knowledge.

<table>
<thead>
<tr>
<th>Tips for Building</th>
<th>Patient or Problem</th>
<th>Intervention</th>
<th>Comparison Intervention</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Starting with your patient, ask “How would I describe a group of patients similar to mine?” Balance precision with brevity</td>
<td>Ask “Which main intervention am I considering?” Be specific</td>
<td>Ask “What is the main alternative to compare with the intervention?” Again, be specific</td>
<td>Ask “What can I hope to accomplish? Or What could this exposure effect?”</td>
</tr>
<tr>
<td>Example</td>
<td>In patients with lateral epicondylitis…</td>
<td>Would adding manipulation to modalities or injection alone…</td>
<td>When compared to modalities or injection alone</td>
<td>Reduce the number of visits to return to pain free function.</td>
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</table>

| Your Patient |

Article Reviewed: __________________________________________________________

What did you learn from article to apply to your specific patient/clinical case?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Treatment planning**

- Impairments

- Functional limitations

- Goals

What is your Primary Treatment Objective after Initial Evaluation?

- **Education:** __________________________________________________________

- **Manual Therapy** (Specific Technique):

  __________________________________________________________

- **Exercise Prescription** (Specific):

  __________________________________________________________

- **Other:** __________________________________________________________
What are you going to reassess at subsequent visit?

Prognosis/Expectations:

- How do you expect to progress your treatment program over subsequent visits?

- Associated Factors for expected outcome
  
  Favorable
  Unfavorable

- If referral to other providers is indicated, Identify: Specific Recommendations.

Identify the key subjective and physical features (i.e. clinical pattern) that would help you recognize this disorder in the future.

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Physical</th>
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Reflection: What would you do differently with a similar patient in the future?

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