



EIM OMPT Fellowship: End of PE & End of Day One

This form is guide for discussion of a patient case after the physical exam and at the end of the initial visit. Answers can be written, or this can serve as a guide for discussion between the FiT and FAAOMPT Mentor. This form should be used in conjunction with the "Planning the Physical Exam" form.

AFTER THE PHYSICAL EXAM

OBJECTIVE ASTERISKS	MEASUREMENT & PAIN SCORE (AS INDICATED)	RELATIONSHIP TO SUBJ ASTERISKS?

CLINICAL REASONING:

- Reorder and re-rank your hypothesis list. Which hypotheses do you feel you have ruled in or adequately ruled out at this point?
- Did the physical examination support/refute your assessment of the SINSS?
- Did you find what you expected to find to confirm or rule out each hypothesis?
- What things will require further testing or clarification? How will you do this?
- Did you successfully reproduce a comparable sign for each area of symptoms if planned/desired?
- What other contributing factors/impairments have you found which might explain why the problem occurred, facilitate recovery, improve overall function or decrease the likelihood of recurrence?
- Was there any emerging data that surprised or confused you?

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- Were there any changes in the presenting symptoms and signs following the physical examination? Will this affect your initial selection of technique?
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TRIAL TREATMENT

- Before application, the FiT should clarify: Initial technique, goal for intervention and rationale for technique selected (rationale should include discussion of clinician experience, patient values, and how the intervention will fit in the overall care of the patient)
 - After technique, FiT should discuss pt response during technique if not obvious to mentor (ie palpatory changes)
 - What were changes in subj/obj asterisks after technique?
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SUBSEQUENT TREATMENT

- Before application, FiT should clarify: techniques selected & rationale for selection, goal for intervention(s) (rationale should include discussion of clinician experience, patient values, and how the intervention will fit in the overall care of the patient)
 - After technique(s), FiT should discuss pt response during technique if not obvious to mentor (ie palpatory changes)
 - What were changes in subj/obj asterisks after technique?
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HEP

- Before application, FiT should clarify rationale for exercise(s) selected, and goal for the exercise(s)
 - Does the HEP support day 1 manual therapy techniques?
 - What were changes in subj/obj asterisks after the HEP performance?
 - Did the reassessment AFTER the trial of the exercise support its' use in the HEP?
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EDUCATION

- Did you include any therapeutic pain neuroscience education in your visit today? How? Why or why not?
 - What type of education did you provide and why (patient profile, patient personality, your beliefs, etc)?
 - Did you bias your type of communication with this patient today and, if so, why? (example, did you really emphasize high encouragement, did you emphasize empathy, were you more/less animated, etc)
 - What educational interventions do you need to include at future visits and why?
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CLINICAL REASONING: REFLECTION FOLLOWING DAY ONE

Assessment:

Prognosis (including potential obstacles):

Plan of Care - Next Visit:

Is your POC directed to maximally improve physical impairments and maximize functional return?

Expectations for the patient on return for follow-up?

What will you plan to do if they return better, worse, or unchanged (discuss each)?

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Plan of Care –

- **Within next 2 visits – What aspects of the exam still need to be completed in the next two visits? What interventions do you plan to include in the next two visits?**
- **What do you know that you need to address prior to D/C?**

ADDITIONAL REFLECTION POINTS TO CONSIDER:

- Were you focused at all time points on the impact of the patient’s problem on their life, their needs, and their goals? If so, how did you modify your exam/treatment with this in mind?
- Was your selection of objective asterisks ideal? Did you quantify well (measurement, NPRS, etc)?
- Would you change anything that you did in the history or physical exam?
- Did you choose your trial intervention well?
- Did you reassess your asterisks after each intervention?
- Did you choose follow up interventions well?
- Was your patient education & HEP appropriate for the problem? Consider evidence, your expertise, and the patient’s life and values.
- What must you accomplish with this patient before discharge?
- Do you have a plan for the patient to manage and/or prevent recurrence upon discharge?

If not already discussed, the FiT should highlight how each of the following influences his/her plan for future visits:

- pain sciences education
- knowledge of the medical literature
- understanding of the patient and his/her values
- clinician experience & expertise

Final reflections:

- **How did you do in your communication with the patient? What went well? What could have gone better?**
- **What did you learn from this exam that you want to apply in future visits or with future patients?**