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)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Property of the Virginia Orthopaedic Manual Therapy Institute_Developed by Eric M Magrum DPT OCS FAAOMPT
** 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 __________________________
    - ______________________________
    - ______________________________

- Pain Assessment
  - Type of Pain: Nociceptive (Peripheral/Central) Neuropathic Central Sensitization
  - Contributing Factors (Select if it is a factor, if so give example to support):

<table>
<thead>
<tr>
<th>Somatic</th>
<th>Yes</th>
<th>No</th>
<th>Example:</th>
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</thead>
<tbody>
<tr>
<td>Cognitive (expectations, catastrophization)</td>
<td>Yes</td>
<td>No</td>
<td>Example:</td>
</tr>
<tr>
<td>Emotional (anxiety, fear, anger, depression, stress)</td>
<td>Yes</td>
<td>No</td>
<td>Example:</td>
</tr>
<tr>
<td>Behavioral (Avoidance, Coping)</td>
<td>Yes</td>
<td>No</td>
<td>Example:</td>
</tr>
<tr>
<td>Social (Work, home, relationships)</td>
<td>Yes</td>
<td>No</td>
<td>Example:</td>
</tr>
<tr>
<td>Motivation (Readiness to change)</td>
<td>Yes</td>
<td>No</td>
<td>Example:</td>
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</table>

- For the above: How will you address clinically?______________________________________________________________
- Identify any other potential risk factors (Yellow, Red flags, non MSK involvement)__________________________________________
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>Example</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>
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<tr>
<td>Your Patient</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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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 re assess at subsequent visit? ________________________________________________________________
Prognosis/Expectations:

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

- To what extent is there biopsychosocial involvement? None     Mild     Moderate     Severe

- How does this impact your prognosis and progression?

Associated Factors for expected outcome

<table>
<thead>
<tr>
<th>Favorable</th>
<th>Unfavorable</th>
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If referral to other providers is indicated, Identify: Specific Recommendations.

<table>
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<tr>
<th>Subjective</th>
<th>Physical</th>
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Identify the key subjective and physical features (i.e. clinical pattern) that would help you recognize this disorder in the future.

Reflection: What would you do differently with a similar patient in the future?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________