

Therapeutic Associates Clinical Reasoning and Mentor Case Report

Clinician's name: _____ Patient Initials _____ Patient age/sex _____
 Date: _____ Medical Diagnosis _____ Visits _____ Follow up Assessment

Signs and symptoms you have been following through your visits Significant objective findings on exam that will require re-exam
Subjective: **Physical:**

Patient Specific Functional limitations:

List 3 specific possible sources of the patient's symptoms (number most to least likely):

<ul style="list-style-type: none"> • • • 	Expected # visits	Expected End Functional Score
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Based on your findings:

Current treatment pathway: Inflammatory Segmental mobility Functional mobility Conditioning (select only one)

Describe the **SINSS** of this disorder

Severity: Mild |-----|-----|High

Irritability: Mild |-----|-----|High

PT Diagnosis (Be Specific) _____

Stage: Acute |-----|-----|Chronic

Stability Stable |-----|-----|Unstable

Pain Classification - Adaptive |-----|-----|Maladaptive

Treatment progressions thus far (Focus on body structure, activity changes, and participation factors)?

What contributing factors or other anatomical areas did you consider at your evaluation but have not yet addressed in treatment?

List factors that may limit potential outcome

How have you used shared decision making in this case?

How could you use a care extender in this case?

How can this mentorship experience help you?

(To be completed by mentor)

Assessment performance

Notes:

Intervention performance

Notes:

Mentor recommendations/comments: _____

Level of Performance (*circle*): *Novice, Adv. Beginner, Competent, Proficient, Expert, Master*

Hours of 1:1 mentoring _____

Mentor signature: _____ Date: _____