| **ATI Physical Therapy**  
| **Orthopedic Physical Therapy Residency Program**  
| **Mentoring Prep Form** |

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<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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<th>Patient’s Name:</th>
<th>Diagnosis:</th>
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**History:**

**Basic Science:**
- [ ] In what stage of healing is this patient?
- [ ] How does this affect your treatment (indications/contraindications)?
- [ ] How does your treatment affect the mechanoreceptors?

**Recognizing Patterns:**
- [ ] Which clinical movement pattern is this patient displaying?

**MECHANICAL – POSTURAL – PAINFUL – WEAKNESS – INSTABILITY**
- [ ] What is your initial hypothesis?

**SAID Principle:**
- [ ] What are the patient’s specific adaptations to imposed demands?
- [ ] What are you doing in your treatment to address those demands?

**Assessment and Prognosis:**
- [ ] What is your prognosis for this patient?
- [ ] Is the patient responding to treatment in a positive manner? If not, have you modified your treatment and re-assessed the problem?

**Transitions:**
- [ ] Is your treatment progressing in a logical and purposeful manner with this patient?
- [ ] Is this patient ready to progress to the next phase? Why?
Mentors Comments:

__________________________________________  ______________________
Mentor’s Signature                          Date