

Clinical Reasoning Work Sheet

This worksheet is designed to help you strengthen your clinical reasoning process.

Subjective (Patient History) Reasoning

What is most important to the patient? _____

What is the patient's primary symptom? _____

Primary functional complaint? _____

What is the patient's understanding of their symptoms? What is their biggest worry/concern regarding their pain/limitations? _____

How will they measure success of PT? _____

Are there any biopsychosocial factors that may contribute to the patient's presentation?

Yes/No - If yes - how does this impact your POC.

Little impact |-----| Significant impact

Hypothesis Generation

Is this a MSK case? Yes/No/Unsure. Reasoning: _____

Is it appropriate for PT? Yes/No/Unsure

Reasoning: If no, in medical terms, write why they are not appropriate for PT. Write it as if you were providing that info to another medical discipline (MD/NP/PA) for this patient.

Please rank the following based on your subjective assessment.

Severity: Severe |-----| Not Severe

Irritability: Irritable |-----| Not Irritable

Nature (type of pain descriptor): Range 1-3 according to priority with 1 being top priority.

Nociceptive: _____ Peripheral Neuropathic: _____ Central Sensitization: _____

Stage: Acute |-----| Chronic

Stability: Stable |-----| Not Stable

What is your clinical hypothesis for the patient's symptoms?

Primary: _____

Secondary: _____

List key subjective evidence supporting your hypothesis: _____

Please summarize your objective assessment.

List concordant (most reproduction of symptoms) sign(s): _____

Local Factors - List impairments found (mark primary symptom reproduction with *)

Observation: _____

Functional Movement: _____

AROM: _____

PROM: _____

Resistance Testing: _____

Palpation: _____

Neuro Testing: _____

Special Tests: _____

Segmental Mobility Tests: _____

Regional Factors – List your impairments that are relevant in adjacent regions.: _____

Global Factor – List any global impairments that may impact your patient's presentation/progress.: _____

Does a Clinical Practice Guideline exist for this patient's presentation? : Yes/No

If Yes: Which one? _____

If No: Why? _____

Initial Interventions

Initial Manual Therapy Treatment(s): _____

Initial Exercise Treatment(s) (with dosage): _____

What do you expect to retest? +/- What do you expect to change (by what %)? _____

How did you explain your diagnosis to your patient? _____

What is your POC Freq?/Why? _____

What is your estimated POC duration? _____

List any barriers to progression? _____

Follow up visits: Why do they need to come back? What are you going to do? Treatment plan for next visit : _____

What changes do you expect to occur after your initial intervention?

What are your plans if the patient is better? _____

What are your plans if the patient is worse? _____

What are your plans if there is no change? _____

How/when will you progress the patient? _____

At what point would you decide to recommend a specialist referral/MD consult?

What would the patient rate the value they see in your care?

No value |-----| Extreme Value

What can you do to improve this value? _____

Clinical Exam Guide

Fill in the clinical exam guide worksheet to determine what information you may need to have a complete picture of the patient. Remember this is the exhaustive method and is not required for every patient.

	Tissue:	Tissue:
History		
Observation/Inspection		
Functional Testing		
Active Motion (Repeated)		
Passive Motion (Overpressure)		
Resisted Motion (3 positions)		
Palpation		
Neurology		
Special Tests		
Segmental Mobility Tests		