Fellow Handbook

2019/2020

Kaiser Permanente Southern California

Orthopaedic/Sports Rehabilitation Fellowship

3.1.19

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**2019/2020**

**CLASSROOM/LAB CONTENT SUMMARY**

**Required Content**

Advanced Clinical Reasoning Content Areas: **40 hours**

1. Decision Making Models
2. Data Collection
3. Data Interpretation
4. Treatment Planning
5. Treatment Progression
6. Patient Collaboration
7. Emotional Intelligence \_ Enhancing Communication With Your Patients

Sports Rehabilitation Content Areas: **104 hours**

1. Clinical Reasoning related to Injury, Impairment of Body Function, Activity Restrictions, and Level of Participation
2. Medical, Surgical, Training, Coaching, and Patient Collaboration
3. Motor Coordination and Movement Analysis
4. Therapeutic Exercise and Motor Learning
5. Gait and Running Mechanics
6. Rehabilitation and Return to Sport Specific Activity with an emphasis on Walking, Running, Throwing, Swimming, Cycling, and Golfing
7. Primary and Secondary Injury Prevention and Community Health

Orthopaedic Content Areas: **184 hours**

1. Pelvic Girdle, Hip Examination and Treatment Procedures
2. Knee, Ankle, Foot Examination and Treatment Procedures
3. Shoulder, Elbow, Wrist, Hand Examination and Treatment Procedures
4. Upper Quarter Combined Movements and Mobilization with Movement
5. Spine Manual therapy examination and Treatment Procedures
6. Proprioceptive Neuromuscular Facilitations
7. Medical Screening

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| Research/ Critical Analysis **16 hours**1. Analysis of Scientific Literature/Case Report Writing |
| 2.: Low Back Disorders – Evidence-based Practice |
| 3. Reports, Presentations and Consultation |
| 4.: Reports, Presentations and Consultation |

**Optional Content**

Emergency First Responder Course Response **24 hours**

(A Con-ed course sponsored annually in So Cal by Kaiser Permanente)

Sports Rehabilitation: A Medical Perspective **50 hours**

(Weekly meetings sponsored by Kaiser Permanente Family Practice Sports Medicine Fellowship and Orthopaedic Surgery Residency Programs)

**Sports 3.1.19**

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| Date | Day(s)ofWeek | Topics/Content of Instruction | Instructors |
| March 2nd | Saturday | Orientation to the programSkills workshop: Effective History Taking StrategiesClinical Reasoning- Introductions(Kaiser West LA) | Skulpan Asavasopon **Kathy Kumagi****Denis Dempsey** |
| March 9th-10th | Sat –SunKP Sunset8-5 | Spine Assessment Work Shop: Effective History Taking Strategies Data CollectionCardinal Plane Assessment – Spine | Denis Dempsey |
| March 16th/ 17th  | Sat and Sun  | Clinical Reasoning 1 and Pain Intelligence 1 | Skulpan Asavasopon  |
| March 23rd | SaturdayKP Sunset8-6 pm | Movement System Impairment Model Movement Exam - Lumbar & Cervical  | Francisco De la Cruz |
| March 24th  | Sat TBD | Emotional Intelligence: Understanding and Improving Communicationwith your patients – Part 1. | Renee Rommero |
| April 6th/7th | Sat & Sun |  Lumbar Spine– Classification models, –Manual procedures and Movement coordination disorders | Denis DempseyKathy Shimamura |
| April 13th-14th | Friday/Saturday | Shirley Sahrmann Seminar  | Shirley Sahrmann |
| April 27th/28th | Sat & Sun |  Lumbo/Pelvic Girdle/Hip Manual procedures and Movement coordination disorders | Ernie Linares |
| May 18th/19th | Sat & Sun |  Cervical Spine \_ Classification  Models, Manual procedures  Movement coordination disorders | Denis DempseyKathy Shimamura |
| June 1st /Jun 2nd | Saturday/SundayKPWLA | Critical Analysis of Scientific Literature, Presentation Proposals,Gait Biomechanics and Pathomechanics spelling | Chris Powers |
| Jun 15th/16th | Sat & Sun |  Cervical Spine # 2/Shoulder  Manual procedures/Movement  coordination disorders | Ernie Linares |
| Jun 22-23 | Sat SunMPI | Clinical Application of Biomechanical Principles and Technology for the Evaluation of Lower Extremity Pathomechanics | Chris Powers |
| Jun 29rd  | Sat & Sun | \*\*Manual Procedures: Knee, Ankle, and Foot | Ernie Linares &Jim Ries  |
| July 6th  | Saturday | Emotional Intelligence: Understanding and Improving Communicationwith your patients – Part 2 | Renee Rommero |
| July 20th/21st  | Sat & Sun | \*Sports Class # 3 Shoulder, On Field orientation Strength Training, Swimming | Sam Dehdashti |
| July 27th/28 | Sat/Sun |  Clinical Application of Technology in the Evaluation and Treatment of Gait-Related Pain and Dysfunction | Chris Powers |
| Aug 3rd /4th | Sat/Sun | Vestibular Rehabilitation ( Optional)  | Ron Kochevar |
| Aug 10th/11th  | Sat and Sun  | Clinical Reasoning II-III: Reasoning through Pain Presentations (at KPWLA) | Skulpan Asavasopon  |
| Aug 17th/18th | Sat & Sun | \*Sports Class # 4 Elbow, Wrist and Hand Injuries Throwing Mechanics  | Cuong Pho |
| Aug 24th/25th  | Sat & Sun | Clinical Applications of Technology in the Evaluation and Treatment of Running-Related Pain and Injury | Chris Powers |
| Sept 7th  | Sat & Sun |  Thoracic Spine Ribs | Jim Ries |
| Sept 14-15th  | Sat & Sun | Advanced Medical Screening  | William Boissinault |
| Sept 17th/18th | Wed/Thursday (Optional)  | Explain Pain and the Brain  | Lorimer Moseley |
| Sept 21st/22nd  | Sat & Sun | Clinical Applications of Technology for the Evaluation of Sport-Specific Movements | Chris Powers |
| Oct 5th/ /6th | Sat & Sun | Movement Analysis & Motor LearningIntegration & Problem Solving | Kathy Shimamura |
| Oct 19th/20th  | Sat & Sun | Clinical Applications of Technology in the Evaluation and Treatment of Cycling-Related Pain and Injury | Chris Powers |
| Oct 26th/27th | Saturday andSunday | Combined Movements  | Jack Dabbert |
| Nov 16th/17th  | Sat & Sun | Treatment of Lower Quarter Movement Impairments: Advanced Concepts for the Advanced Clinician | Chris Powers |
| Nov 30th  | Sat  |  Elbow/Wrist/Hand (Michael) | Michael Wong |
| TBD | TBD | Spine Review day- Exam  | Denis Dempsey |
| Dec 7th/8th | Sat and Sun | PNF  | Nicole Adachi |
|  | TBD  | Extremity Procedures Exam Day - Review | Sports Faculty |
| Feb 1st  | Saturday Morning | Research Presentations/Consultation | Chris Powers |
| Feb 17-21 | Monday-Friday | Last Scheduled Week of Clinical Practice |  |
| Feb 22 | Saturday  | Graduation Dinner  |  |

**2019/20**

**CLINICAL SUPERVISION (MENTORING) SCHEDULE *( 3.1.19)***

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| **Week****#** | **Date** | **Day****of****Week** | **Times**  | **Location** | **Fellow** | Clinical Faculty |
|  |
| 1 | Mar 5 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Erik |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
|  | Mar 7 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Denis |
| 2 | Mar 11 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Erik |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| Mar 14 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Denis |
| 3 | Mar 19 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Erik |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| Mar 21 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Denis |
| 4 | Mar 26 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Erik |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| Mar 28 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Denis |
| 5 | April 2 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Erik |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| April 4 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Denis |
| 6 | April 9 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Erik |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| April 11 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Denis |
| 7 | April 16 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Erik |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
|  | April 18 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Denis |

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| **Week****#** | **Date** | **Day****of****Week** | **Times**  | **Location** | **Fellow** | Clinical Faculty |

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| 8 | April 23 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Sam |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Jason |
| April 25 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Rachael |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Ernie |
| 9 | April 30 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Sam |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Jason |
| May 2 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Rachael |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Ernie |
| 10 | May 7 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Sam |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Jason |
| May 9 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Rachael |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Ernie |
| 11 | May 14 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Sam |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Jason |
| May 16 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Rachael |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Ernie |
| 12 | May 21 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Sam |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Jason |
| May 23 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Rachael |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Ernie |
| 13 | May 28 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Sam |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Jason |
| May 30 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Rachael |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Ernie |
| 14 | Jun 4 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Sam |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Jason |
| Jun 6 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Rachael |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Ernie |

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| **Week****#** | **Date** | **Day****of****Week** | **Times**  | **Location** | **Fellow** | Clinical Faculty |

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| 15 | Jun 11 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber  |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
| Jun 13 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Karina |
| 16 | Jun 18 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber  |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
| Jun 20 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Karina |
| 17 | Jun 25 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber  |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
| Jun 27 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Karina |
| 18 | Jul 2 | Thur | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber  |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
| Jul 4 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Karina |

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| 19 | Jul 9 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber  |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
| Jul 11 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Karina |
| 20 | Jul 16 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber  |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
| Jul 18 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Karina |
| 21 | Jul 23 | Tues | 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| 2:30 pm-5:30 pm |  WH | Jessica Gass | Amber |
| Jul 25 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |
| 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Rachael  |

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| **Week****#** | **Date** | **Day****of****Week** | **Times**  | **Location** | **Fellow** | Clinical Faculty |

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| 22 | July 30 | Tues | 2:30 pm -5:30 pm | ORN | Clara Atkins | Sam |
| 2:30 pm-5:30 pm |  WH | Jessica Gass | Amber |
| Aug 1 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |
| 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Rachael |
| 23 | Aug 6 | Tues | 2:30 pm -5:30 pm | ORN | Clara Atkins | Sam |
| 2:30 pm-5:30 pm |  WH | Jessica Gass | Amber |
| Aug 8 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |
| 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Rachael |
| 24 | Aug 13 | Tues | 2:30 pm -5:30 pm | ORN | Clara Atkins | Sam |
| 2:30 pm-5:30 pm |  WH | Jessica Gass | Amber |
| Aug 15 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |
| 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Rachael |

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| 25 | Aug 20 | Tues | 2:30 pm -5:30 pm | ORN | Clara Atkins | Sam |
| 2:30 pm-5:30 pm |  WH | Jessica Gass | Amber |
| Aug 22 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |
| 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Rachael |

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| 26 | Aug 27 | Tues | 2:30 pm -5:30 pm | ORN | Clara Atkins | Sam |
| 2:30 pm-5:30 pm |  WH | Jessica Gass | Amber |
| Aug 29 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |
| 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Rachael |
| 27 | Sept 3/5 | Tues/Thurs | n/a | **No mentoring****Mid year break** |
| 28 | Sep 10 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Eric |
| Sep 12 | Thurs | 2:30 pm-5:30 pm | ORN | Clara Atkins | Rachael |
| 1030 am- 2:00 pm  |  WH | Jessica Gass | Denis |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Sam |
| 29 | Sep 17 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Eric |
| Sep 19 | Thurs | 2:30 pm-5:30 pm | ORN | Clara Atkins | Rachael  |
| 1030 am- 2:00 pm  |  WH | Jessica Gass | Denis |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Sam |

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| **Week****#** | **Date** | **Day****of****Week** | **Times**  | **Location** | **Fellow** | Clinical Faculty |

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| 30 | Sep 24 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Eric |
| Sept 26 | Thurs | 2:30 pm-5:30 pm | ORN | Clara Atkins | Rachael |
| 1030 am- 2:00 pm  |  WH | Jessica Gass | Denis |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Sam |
| 31 | Oct 1 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Eric |
| Oct 3 | Thurs | 2:30 pm-5:30 pm | ORN | Clara Atkins | Rachael |
| 1030 am- 2:00 pm  |  WH | Jessica Gass | Denis |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Sam |

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| 32 | Oct 8 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Eric |
| Oct 10 | Thurs | 2:30 pm-5:30 pm | ORN | Clara Atkins | Rachael |
| 1030 am- 2:00 pm  |  WH | Jessica Gass | Denis |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Sam |
| 33 | Oct 15 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Eric |
| Oct 17 | Thurs | 2:30 pm-5:30 pm | ORN | Clara Atkins | Rachael |
| 1030 am- 2:00 pm  |  WH | Jessica Gass | Denis |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Sam |

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| 34 | Oct 22 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Eric |
| Oct 24  | Thurs | 2:30 pm-5:30 pm | ORN | Clara Atkins | Rachael |
| 1030 am- 2:00 pm  |  WH | Jessica Gass | Denis |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Sam |
| 35 | Oct 29 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Ernie |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
| 1030 am- 2:00 pm |  WH | Jessica Gass | Jason |
| Oct 31 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |
| 36 | Nov 5 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Ernie |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
|  |  | 1030 am- 2:00 pm |  WH | Jessica Gass | Jason |
| Nov 7 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |

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| **Week****#** | **Date** | **Day****of****Week** | **Times**  | **Location** | **Fellow** | Clinical Faculty |

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| 37 | Nov 12 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Ernie |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
|  |  | 1030 am- 2:00 pm |  WH | Jessica Gass | Jason |
| Nov 14 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |

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| 38 | Nov 19 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Ernie |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
|  |  | 1030 am- 2:00 pm |  WH | Jessica Gass | Jason |
| Nov 21 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |
| **39** | **Nov 26/28** |  |  | **No Mentoring Thanksgiving week** |

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| 40 | Dec 2 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Ernie |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
|  |  | 1030 am- 2:00 pm |  WH | Jessica Gass | Jason |
| Dec 4 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |
| 41 | Dec 10 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Ernie |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
|  |  | 1030 am- 2:00 pm |  WH | Jessica Gass | Jason |
| Dec 12 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |
| 42 | Dec 17 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Ernie |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Karina |
| 1030 am- 2:00 pm |  WH | Jessica Gass | Jason |
| Dec 19 | Thurs | 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Erik |

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| 43 | Dec 24/26 | TuesThurs | **No mentoring****Christmas/ Make up week** |
| 44 | Dec 31/Jan 2 | TuesThurs | **No Mentoring****New Years/ Make up week** |

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| **Week****#** | **Date** | **Day****of****Week** | **Times**  | **Location** | **Fellow** | Clinical Faculty |

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| 45 | Jan 7 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| Jan 9 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Jason |
| 46 | Jan 14 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| Jan 16  | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Jason |

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| 47 | Jan 21 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| Jan 22 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Jason |
| 48 | Jan 28 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| Jan 30  | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Jason |

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| 49 | Feb 4 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| Feb 6  | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin | Jason |
| 50 | Feb 11 | Tues | 2:30 pm -5:30 pm | LAMC | Keelin Godsey | Amber |
| 2:30 pm-5:30 pm | ORN | Clara Atkins | Sam |
| Feb 13 | Thurs | 2:30 pm-5:30 pm |  WH | Jessica Gass | Ernie |
| 1100 am -5:30 pm | WLA | Joe ChenCrystal Miskin |  Jason |
| 51 | Feb19/21 |  |  | Remediation/Make up |

***\* February 20th, 2020 - Fellowship Program Evaluation Form Due***

## 2019/2020

## Clinical Performance Evaluation Periods

3.1.19 update

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| --- | --- | --- |
| #1 Mar 5 – Apr 18(7 Weeks)  | Summative Review of Patient Care Activities on *Multiple* Patients | (LA/OC/WH/WLA)(Erik/Sam/Ernie/Denis) |
| #2 Apr 23 –June 6 (7 Weeks)  | Summative Review of Patient Care Activities on *Multiple* Patients | (Sam/Jason/Rachael/Ernie) |
| #3 Jun 11 –July 18 (6 weeks) | Summative Review of Patient Care Activities on *Multiple* Patients | (Amber/Karina /Ernie/Karina) |
| #4 July 23- Aug 29(6 Weeks)  | Summative Review of Patient CareActivities on *Multiple* Patients | (Rachael/Sam/Amber/Erik) |
| #5 Sept 10 – Oct 24(7 weeks) | Extensive Review of Patient Care Activities on a *Single* Patient | (Erik/Karina/Denis/Sam) |
| #6 Oct 29 – Dec 19 (7 weeks) | Extensive Review of Patient Care Activities on a *Single* Patient |  (Ernie/Rachael/Jason/Erik)  |
| #7 Jan 7 - Feb 13(6 Weeks) | Summative Review of Patient Care Activities on *Multiple* Patients | (Amber/Sam/Ernie/Jason) |

Note: To successfully complete the fellowship, the fellow must pass **five**

clinical performance evaluations, one of which must be a single patient.

**Evaluation Period – Content Areas**

|  |  |  |
| --- | --- | --- |
| EvaluationPeriod | Content Area forPatient exam | Module Definitions |
| #1 | Module I | Module I: Clinical Reasoning, Subjective Examination, Movement Analysis, Motor Learning |
| #2 | Modules I & II | Module II: Lower Extremity Disorders |
| #3 | Modules I & II & III | Module III Spine Disorders  |
| #4 | Modules I - IV  | Module IV: UE disorders |
| #5 | Modules I - IV | Integration of the above  |
| #6 | Modules I - IV | Integration of the above  |
| #7 | Modules I - IV | Integration of the above  |

**2019/20**

**Fellowship Performance/Completion Requirements**

To successfully complete this clinical fellowship, the fellow must achieve/complete the following:

1. Participate in the following clinical education
* 750 hrs of unsupervised clinical practice a Kaiser Sports Clinic Facility
* Up to 100 hrs of patient care – collaborating with the medical, surgical, training, coaching professionals at the Kaiser Permanente Sports Family Medicine and Orthopaedics Department clinics
* 150 hours of 1:1 clinical supervision with Fellowship clinical faculty
* 40 hours of community service
* 368 hours of classroom/lab instruction
1. Maintain the “Body Regions Log,” to be completed monthly, the “Patient Demographic Data needed for our Annual Report to the APTA Residency Credentialing Committee” complete the final update by Feb 20th, 2017. All updates will be submitted via the E-Value system.
2. Effective participation in the design, literature review, proposal submission, data collection, data analysis, or manuscript preparation of a controlled, clinical trial in an area of orthopaedic/sports physical therapy.
3. Successfully pass **five** clinical performance evaluations, two of which must be a single patient.
4. Demonstrate satisfactory performance on one written examination.
5. Demonstrate satisfactory performance on four technique examinations.
6. As a group - Successful instruct a one day (5-6 hours) community seminar on the topic of Orthopaedic/Sports injuries.
7. Complete all following feedback forms **within 2 weeks** of assignment completion using the E-value system including:
	1. Sept 30th, 2019 Fellowship Program Mid-year –Evaluation Form
	2. Feb 20th, 2020 Fellowship Program Final Evaluation Form
	3. Guest Lecturer Evaluation Forms
	4. Clinical Faculty Evaluation Forms for each Clinical Supervisor at your facility

## 2019/2020

Remediation Policy

Unsatisfactory performance on any of the 10 “Fellowship Performance/Completion Requirements” will result in the fellow being counseled by the program coordinator regarding the impact of the demonstrated unsatisfactory performance on the fellow's ability to successfully complete the program. If the fellow performs unsatisfactorily on two clinical performance evaluations prior to the 1st-Single patient examination, he/she will receive verbal and written confirmation that improved performance is required to successfully complete the program. It will be communicated to the fellow that if the fellow’s performance remains unsatisfactory, and he/she does not perform satisfactorily on any of the remaining “Fellowship Performance / Completion Requirements,” the fellow will not receive a certificate of completion for that year. In this case, the Department Administrator of the facility that employs the fellow retains the option to allow the fellow (if the fellow so chooses) to remain employed as a fellow in order to attempt to successfully complete the program in the subsequent year. Possible remediation may be provided.

**Scoring less than 70% the written examination or 80% on the technique examinations in this program will result in the fellow being required to take a make-up examination within eight weeks of written notification. If the Fellows scores less that 70% on the make-up written examination or 80% on the make-up technique exam, the fellow will not receive a certificate of completion from the program. In this case, the Department Administrator of the facility that employs the fellow retains the option to allow the fellow (if the fellow so chooses) to remain employed as a fellow in order to attempt to successfully complete the program in the subsequent year.**

**Guidelines For Completing New Patient Log**

1. Each fellow is required is required to log every body region of the patients that he/she observes, evaluates and treats during the fellowship clinical hours (both mentor and non-mentor time).

2. Should a patient require examination and/or treatment to more than one body region, remember to log all relevant body region codes.

3. A patient and his/her body regions should be counted only once. Thus, making one entry of the body regions that will be treated and reassessed over the patient’s entire course of care is sufficient. Making a notation in the log is usually done following the patient’s initial examination.

4. ‘Body Region(s) Examined and Treated’ should be categorized using the following region categories:

|  |  |
| --- | --- |
| Body Region | Code |
| *Lumbar Spine**Thoracic Spine**Cervical Spine**Hip/Pelvic Region**Knee/Lower Leg Region**Ankle**Foot**Shoulder**Elbow**Wrist**Hand/Thumb**TMJ**Sports Physical Therapy Case* | 123456789101112\* |

*These categories follow the guidelines from the current sports physical therapy practice analysis.*

*5. Example entry:*

# Date Name Primary Complaint Area treated Body Region

*2/1/00 John Smith low back pain lumbar 1*

*2/1/00 Mary Smith low back/groin pain lumbar/Pelvic/hip 1, 4, \**

*2/3/00 Sara Smith knee pain lumbar/knee/foot 1, 5, 7, \**

*2/3/00 Ted Smith arm numbness cervical/elbow/wrist 3, 9, 10*

6. Monthly updates of the “Patient Demographic Data”, needed for our Annual Report to the APTA Residency Credentialing Committee, are required with the final submission completed by Saturday Feb 20th, 2016.

**Body Regions Log**

Fellow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Patient Nameor MR# | Body Region(s) Examined and Treated | Body Region Code(s) |
|  |  |  |  |
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***Code Key:*** *1 = Lumbar Spine 6 = Ankle 11 = Hand/Thumb*

*2 = Thoracic Spine 7 = Foot 12 = TMJ*

*3 = Cervical Spine 8 = Shoulder \* = Sports PT case*

*4 =Hip/Pelvic Region 9 = Elbow*

*5= Knee/Lower Leg Region 10 = Wrist*

**Patient Demographic Data Needed for our Annual Report to the**

APTA Fellowship Credentialing Committee

|  |  |  |
| --- | --- | --- |
| Name of Fellow:Diagnostic Group or Category | **Number of patients/clients seen per year (not # of visits within last 12 months)** | **Percent of total patients/clients seen in last year** |
| *Lumbar Spine* |  |  |
| *Thoracic Spine* |  |  |
| *Cervical Spine* |  |  |
| *Hip/Pelvic Region* |  |  |
| *Knee/Lower Leg Region* |  |  |
| *Ankle* |  |  |
| *Foot* |  |  |
| *Shoulder* |  |  |
| *Elbow* |  |  |
| *Wrist* |  |  |
| *Hand/Thumb* |  |  |
| *TMJ* |  |  |
| **Total** |  |  |
| **% of total clients that are sports physical cases** |  |  |

**Kaiser Permanente Southern California Extremity/Sports Rehab Fellowship**

**Procedures Performance Assessment Tool**

**Lower Quarter**

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Unsatisfactory** | **Satisfactory** | **Superior** |
| **Functional Movement Analysis** |  |  |  |
| Gait analysis (see gait check off sheet) |  |  |  |
| Running analysis (see running check off sheet) |  |  |  |
| Cycling analysis |  |  |  |
| Double leg squat |  |  |  |
| Single leg stance |  |  |  |
| Single leg squat |  |  |  |
| Step downs (anteriorly, laterally) |  |  |  |
| Star excursions |  |  |  |
| Drop down vertical jump |  |  |  |
| Up- down hop |  |  |  |
| Vertical jump |  |  |  |
| Tuck jump |  |  |  |
| Hop test (single, 6m timed, triple hop, crossover triple hop) |  |  |  |
|  |  |  |  |
| **Muscle Length Tests** |  |  |  |
| Thomas test |  |  |  |
| Hamstrings |  |  |  |
| Gastrocs  |  |  |  |
| Soleous |  |  |  |
| Piriformis |  |  |  |
|  |  |  |  |
| **Manual Muscle Testing** |  |  |  |
| Iliopsoas |  |  |  |
| Rectus Femorsis |  |  |  |
| Glut Medius |  |  |  |
| Glut Maximus |  |  |  |
| Peroneal Brevis |  |  |  |
| Peroneal Longus |  |  |  |
| Gastroc/ Soleous |  |  |  |
| Posterior Tibialis |  |  |  |
|  |  |  |  |
| **Treatment** |  |  |  |
| Correction of functional movements |  |  |  |
| Gait correction |  |  |  |
| Lower quarter plyometrics exercises |  |  |  |
|  |  |  |  |

**Lower Quarter**

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Unsatisfactory** | **Satisfactory** | **Superior** |
| **Hip** (assessment) |  |  |  |
| Scouring test |  |  |  |
| Impingement test |  |  |  |
| Fabers test (Patrick’s Test) |  |  |  |
| Hip Adduction and IR test |  |  |  |
| Craig’s test |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Hip** (treatment) |  |  |  |
| MWMs |  |  |  |
| Hip Add/IR joint mobs |  |  |  |
| Iliopsoas stretching |  |  |  |
| Rectus Femoris stretching |  |  |  |
| Piriformis stretching |  |  |  |
| Glut maximus muscle re-education |  |  |  |
| Glut medius muscle re-education |  |  |  |
|  |  |  |  |
| **Knee Assessment** |  |  |  |
| Varus Stress test |  |  |  |
| Valgus Stress test |  |  |  |
| Anterior Drawer test |  |  |  |
| Lachman’s  |  |  |  |
| Reverse Lachman’s |  |  |  |
| Posterior Drawer |  |  |  |
| Posterior Lag test |  |  |  |
| McMurry’s test |  |  |  |
| Appley’s Compression test |  |  |  |
| Thessaly Meniscal test |  |  |  |
| Joint Line palpation |  |  |  |
| McConnell test |  |  |  |
| Grind test |  |  |  |
| Femoral ER test (provocation/ Alleviation) |  |  |  |
|  |  |  |  |
| **Knee Treatment** |  |  |  |
| Prone tibia medial/lateral glide MWMs |  |  |  |
| Supine tibia posterior glide MWMs |  |  |  |
| Supine tibia rotation MWMs |  |  |  |
| Anterior/medial tibia/femoral joint mobs |  |  |  |
| Medial/ lateral tibia/femoral joint mobs |  |  |  |
| IR/ER tibia/femoral joint mobs |  |  |  |
| Patella mobilization |  |  |  |
|  |  |  |  |

**Lower Quarter**

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Unsatisfactory** | **Satisfactory** | **Superior** |
| **Ankle** (Assessment) |  |  |  |
| Anterior Posterior Joint Mobility |  |  |  |
| Posterior Anterior Joint Mobility |  |  |  |
| Ankle Anterior Drawer test |  |  |  |
| Ankle Posterior Drawer test |  |  |  |
| Talar Tilt |  |  |  |
| Medial Subtalar Glide test |  |  |  |
| Deltoid Complex* Anterior portion (PF, ER 20-25deg)
* Posterior portion (Df 10deg, Max IR)
* Middle portion (Slight Df, Eversion/Traction of sustentaculum tali)
 |  |  |  |
| Syndesmosis* ER (in Df) Stress test
* Squeeze test
* One-Legged Hop test
 |  |  |  |
| Distal Medial-Lateral Compression Distally |  |  |  |
| Fibula Posterior Glide test (Mulligan) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Ankle** (Treatment) |  |  |  |
| Ankle Dorsiflexion AP / MWMs |  |  |  |
| Ankle Plantarflexion AP / MWMs |  |  |  |
| Ankle Inversion w/ fibula post glide MWMs |  |  |  |
| Proximal / Distal Tibio-fibular AP / MWM |  |  |  |
| Proximal / Distal Tibio-fibular PA / MWM |  |  |  |
| Subtalar Joint Distraction |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Foot** (Assessment) |  |  |  |
| Subtalar Eversion ROM |  |  |  |
| Palpatory Provocation of the Cuboid and Navicular |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Foot** (Treatment) |  |  |  |
| Subtalar Medial / Lateral Glide |  |  |  |
|  |  |  |  |
| Cuboid Whip |  |  |  |
| Navicular Whip |  |  |  |
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**LowerQuarter**

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Unsatisfactory** | **Satisfactory** | **Superior** |
| **Taping Skills** |  |  |  |
| **Knee** |  |  |  |
| Femoral ER taping |  |  |  |
| Tibial IR taping (Mulligan) |  |  |  |
| Tibio-femoral extension prevention  |  |  |  |
| Patella medial glide and tilt  |  |  |  |
| Patella tendon tent |  |  |  |
| Patella unloading (V tape) |  |  |  |
|  |  |  |  |
| **Ankle** |  |  |  |
| Ankle taping (inversion restraint) |  |  |  |
| Mulligan fibular reposition tape |  |  |  |
| Achilles tendon unloading taping |  |  |  |
|  |  |  |  |
| **Foot** |  |  |  |
| Arch taping (Lo-dye, Reverse 6) |  |  |  |
| 1st MTP taping (Turf toe) |  |  |  |
| Shin Splints taping |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Hip** |  |  |  |
| Greater Trochanter bursa unloading taping (V tape) |  |  |  |
|  |  |  |  |
| **Wrapping** |  |  |  |
| Hip spica |  |  |  |
| Thigh wrap |  |  |  |
| Lower leg wrap |  |  |  |
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**Upper Quarter**

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Unsatisfactory** | **Satisfactory** | **Superior** |
| **Functional Movement Analysis** |  |  |  |
| Throwing analysis (see throwing check off sheet) |  |  |  |
| Golfing analysis  |  |  |  |
| Davies’ closed kinetic chain UE stability test |  |  |  |
| One-arm hop test |  |  |  |
|  |  |  |  |
| **Shoulder** (Assessment’s) |  |  |  |
| Load and shift |  |  |  |
| Anterior release test |  |  |  |
| Relocation test |  |  |  |
| Posterior apprehension test |  |  |  |
| Sulcus sign |  |  |  |
| Neer impingement test |  |  |  |
| Hawkins-kennedy impingement test |  |  |  |
| Labrum crank test |  |  |  |
| Anterior slide test |  |  |  |
| Clunk test |  |  |  |
| Biceps load test |  |  |  |
| Active compression test (O’brien’s test) |  |  |  |
| Full can muscle strength test |  |  |  |
| Hornblowers sign |  |  |  |
| Lift off test |  |  |  |
| ER lag test |  |  |  |
| Internal impingement sign |  |  |  |
| Glenohumeral internal rot deficit (GIRD) |  |  |  |
| Horizontal adduction test |  |  |  |
| Scapular Assist test |  |  |  |
|  |  |  |  |
| **Muscle Length Tests** |  |  |  |
| Pectoralis minor length test |  |  |  |
| Pectoralis major length test |  |  |  |
| Latissimus Dorsi length test |  |  |  |
| Terres Major length test |  |  |  |
| Subscapularis length test |  |  |  |
|  |  |  |  |
| **Manual Muscle Tests** |  |  |  |
| Supraspinatus MMT |  |  |  |
| Middle trap MMT |  |  |  |
| Lower trap MMT |  |  |  |
| Serratus Anterior MMT |  |  |  |
|  |  |  |  |
| Upper quarter Plyometrics exercises |  |  |  |
|  |  |  |  |

**Upper Quarter**

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Unsatisfactory** | **Satisfactory** | **Superior** |
| **Shoulder** (Treatment) |  |  |  |
| **Strengthening and Neuromuscular Re-education** |  |  |  |
| Rotator cuff strengthening |  |  |  |
| Lower Trap activation and progression |  |  |  |
| Middle Trap activation and progression |  |  |  |
| PNF scapular patterns |  |  |  |
| PNF full shoulder patterns |  |  |  |
|  |  |  |  |
| **Muscle Flexibility** |  |  |  |
| Pectoralis Minor STM and stretching |  |  |  |
| Pectoralis Major STM and stretching |  |  |  |
| Latissimus Dorsi STM and stretching |  |  |  |
| Terres Major STM and stretching |  |  |  |
| Subscapularis STM and stretching |  |  |  |
|  |  |  |  |
| **Joint Mobilization** |  |  |  |
| AP glenohumeral mobs |  |  |  |
| PA glenohumeral mobs |  |  |  |
| Inferior Joint mobs |  |  |  |
| Posterior capsule lengthening |  |  |  |
| AC joint mobs |  |  |  |
| SC joint mobs |  |  |  |
|  |  |  |  |
| **Elbow** (Assessment) |  |  |  |
| Cozen’s test |  |  |  |
| Mills Tennis Elbow test |  |  |  |
| Resisted Finger Extensor test |  |  |  |
| Repeated Resistance testing of the pronator teres and supinator |  |  |  |
| MMT: FCR, FCU, PT |  |  |  |
| Valgus and Varus Stress test |  |  |  |
| Posterlateral Rotatory Instability test |  |  |  |
| Milking test or maneuver |  |  |  |
|  |  |  |  |
| **Elbow** (Treatment) |  |  |  |
| Taping for to unload lateral elbow region |  |  |  |
| Radial head lateral gap |  |  |  |
| Mills’ technique |  |  |  |
| Taping to resist hyperextension and valgus stress |  |  |  |
| MWM Elbow flexion and extension |  |  |  |
| MWM Forearm pronation and supination |  |  |  |
| Taping to resist hyperextension and valgus stress |  |  |  |
|  |  |  |  |
| **Wrist and hand** (Assessment) |  |  |  |
| Palpatory Provocation of the carpal and guyon’s tunnel |  |  |  |
| Palpatory Provocation of the scaphoid bone |  |  |  |
| Palpatory Provocation of the 1st CMC jt and TFCC region |  |  |  |
| Resistive test: APL/EPB, FDP/FDS |  |  |  |
| Integrity testing of the CMC, MCP, PIP, DIP jts |  |  |  |
| Accessory joint mobility  |  |  |  |
| Intrinsic and Extrinsic muscle length testing |  |  |  |
|  |  |  |  |
| **Wrist and hand** (Treatment) |  |  |  |
| Taping for wrist sprain / instability |  |  |  |
| Taping for finger sprain / instability |  |  |  |
| Taping for thumb sprain / instability |  |  |  |
| Dorsal and Volar glide of the radiocarpal jt |  |  |  |
| MWM wrist extension and flexion |  |  |  |
| Intercarpal joint glide |  |  |  |
|  |  |  |  |

Observational Gait Analysis Assessment Form

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistive Device:

|  |  |  |
| --- | --- | --- |
| Weight Acceptance | Single Limb Support | Swing Limb Advancement |
| **IC/LR** | **MST/TST** | **PSw ISw** | MSw TSw  |
| Right | Left | Right | Left |  |  |
| **Heel Strike** | **Ankle DF** | **Ankle DF** |
|  Yes |  Yes |  Yes |  Yes |  Yes |  Yes |  Yes |  Yes |
|  No |  No |  No |  No |  No |  No |  No |  No |
|  |  |  |  |  |  |
|  |  | Heel Rise |  |  |
|  |  |  Yes |  Yes |  |  |
|  |  |  No |  No |  |  |
|  |  |  |  |  |  |
| Knee Flex & Ankle PF | Knee Extension | **Adequate Knee Flexion**(40 –60°) | **Knee Extension** |
|  Yes |  Yes |  Yes |  Yes |  Yes |  Yes |  Yes |  Yes |
|  No |  No |  No |  No |  No |  No |  No |  No |
|  |  |  |  |  |  |
|  |  | **Hip Hyperextension (Trailing Limb)** | Adequate Hip Flexion **(15 –25°)** |
|  |  |  Yes |  Yes |  Yes |  |  Yes |
|  |  |  No |  No |  No |  |  No |
|  |  |  |  |  |  |
|  |  | Pelvic Stability |  |  |
|  |  |  Yes |  Yes |  |  |
|  |  |  No |  No |  |  |
|  |  |  |  |  |  |
| **Heel Rocker** |  | **Ankle Rocker** | **Forefoot Rocker** | **Foot Clearance** |  |
|  Inadequate |  |  Inadequate |  Inadequate |  Yes |  |
|  Excessive |  |  Excessive |  Excessive |  No |  |
|  Normal |  |  Normal |  Normal |  |  |
|  |  |  |  |  |  |
| **Other Deviations:** |  |  |  |  |
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**CI PREP FORM: NEW PATIENT**

**Patient Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_**

****

|  |
| --- |
| Profile: |

|  |
| --- |
| Chief Complaint:  |

|  |
| --- |
| Medical DX:Alternate Ho: |

**Imaging/Labs/DX Testing:**

|  |  |
| --- | --- |
| Test | Result |
|  |  |
|  |  |
|  |  |
|  |  |

**Medication:**

|  |  |
| --- | --- |
| Medications | Side Effects |
|  |  |
|  |  |
|  |  |
|  |  |

**History/Previous PT/TX:**

|  |  |  |
| --- | --- | --- |
| Issue/DX | Visits | Concerns/ Potential Red/Yellow Flags |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CI PREP FORM- RETURN PATIENT**

**Patient Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit #:\_\_\_\_\_\_\_\_\_**

**Irritability: Min/Mod/Severe**

|  |
| --- |
| **Profile/Particpation:** |

|  |
| --- |
| **Activity Limitation(AI):**1.2.3.4. |

|  |  |
| --- | --- |
| **Body Structure/Function (Key Impairments/Findings \_ prioritize):** | **Activity Limitation** |
| a. |  |
| b. |  |
| c. |  |
| d. |  |
| e. |  |
| f. |  |

**DX (Pathoanatomy, Stress, Movement Fault, ICF:**

|  |
| --- |
|  |

**Intervention:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Treatment** | **Expected Response** | **Actual Response** | **Impairment** |
|  |  |  |  |
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| --- |
| **Subjective Plan/ Re-assessment:** |

|  |
| --- |
| **Objective Exam/Re-assessment and Treatment Plan:** |

|  |  |
| --- | --- |
| **Discharge Plan ( Expected Visits/Weeks)** | **Barriers to Discharge; Therapist/Patient (Physical/Bio psychosocial/ Flags)**  |
|  |  |
|  |
|  |
|  |
|  |

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| --- |
| **Reason for scheduling in mentoring:** |

**SHORT CLINICAL REASONING FORM**

**(To be completed immediately following Initial Subjective Examination)**

**(PLANNING THE OBJECTIVE EXAMINATION)**

1. INTERPRETATION OF SUBJECTIVE DATA (Including "SINS")

1.1 What is the **nature** of this patient's problem? \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2 Give your interpretation for each of the following:

 •SEVERITY I------------------------------I----------------------------I

 non moderate severe

 Give specific example:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 •IRRITABILITY I-----------------------------I------------------------------I

 non moderate severe

 Give specific example (include all three components of irritability):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. PLANNING THE PHYSICAL EXAMINATION

2.1 Which body region/joint complex/tissue will be the primary focus of your examination Day 1? (BRIEFLY justify your answer)

2.2 Which body regions/joint complexes/tissues must be "PROVEN UNAFFECTED"? (BRIEFLY justify your answer)

2.3 Does the subjective examination indicate caution? (Explain your answer)

2.4 At which points under the following headings will you limit your physical examination? Circle the relevant description. Refer to your answers to question 2.1-2.3.

Local Pain Referred Pain Paraesthesia Dizziness/

 Anaesthesia Other VBI SX's

 Short of P1 Short of Pro- Short of D1

 duction Point of Onset/

Point of Onset/ Point of Onset/ Point of Onset/

increase in increase in increase in increase in

resting sx's resting sx's resting sx's dizziness

partial partial partial partial

reproduction reproduction reproduction reproduction

total total

reproduction reproduction

2.5 Given your answers to questions 2.1, 2.3 and 2.4, how vigorous will your physical examination be Day 1? Circle the relevant description.

 ACTIVE EXAMINATION PASSIVE EXAMINATION

 •Active movement short of limit •Passive short of R1

 •Active limit •Passive movement into

 •Active limit plus overpressure moderate resistance

 •Additional tests •Passive movement to R2

Do you expect a comparable sign(s) to be easy/hard to find? (BRIEFLY explain your answer)

2.6 Which functional movement patters will you evaluate and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2.7 If a neurological examination is necessary, will you perform a SEGMENTAL/PERIPHERAL/CENTRAL neurological examination? (Circle one, and BRIEFLY explain your answer) \_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SHORT CLINICAL REASONING FORM**

(To be completed immediately following Initial Objective Examination)

**INTERPRETATION OF OBJECTIVE DATA**

What is the **NATURE** of this patient's problem? Has it changed from the hypothesis following the subjective exam?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you empirically validate your hypothesis?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which body regions/joint complexes/tissues did you rule out? (BRIEFLY justify your answer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything in the patient’s *physical examination findings* that would indicate the need for caution in your management? If so, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PLANNING THE TREATMENT

Which key impairment/finding will be the primary focus of your treatment Day 1? (BRIEFLY justify your answer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will be the primary treatment approach used on day one for this patient? *Check one*:

 Physical agents  Manual therapy  Therapeutic exercises  Neuromuscular re-education  Ergonomic instructions/patient education  Application of external devices

What is your treatment plan for this patient’s episode of care?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify best treatment patient is likely to follow- linked to valued

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify specific barriers to treatment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Long (Self-Reflection) Clinical Reasoning Worksheet**

*This form is adapted from the “Self-reflection Worksheet” provided in Jones MA, Rivett DA, eds.*

*Clinical Reasoning for Manual Therapists. Edinburgh, Butterworth-Heinemann, 2004, Appendix 2, pages 421-431*

**FELLOW: DATE: PATIENT'S NAME:**

**1. Perception and interpretations on completion of the *subjective* examination**

1 **Activity and participation capabilities/restrictions**

* 1. Identify the key limitations that the patient has in performing functional activities.

…………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………...

1.2 Identify the key restrictions that the patient has with participating in his/her life situations.

…………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………...

1. **Patient’s perspectives on their experience**

Identify the patient’s perspectives (positive and negative) on his/her experience regarding the problem and its management.

…………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………...

1. **Pathobiological mechanisms**
	1. Tissue mechanisms

At what stage of the inflammatory/healing process do you judge the principal disorder to be?

…………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………...

If the disorder is past the remodeling and maturation phase, what do you think may be maintaining the symptoms and/or activity-participation restrictions?

…………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………...

* 1. Pain mechanisms
		1. List the subjective evidence that supports each specific mechanism of symptoms?

|  |  |  |
| --- | --- | --- |
| Input Mechanisms | Maladaptive Processing Mechanisms | Output Mechanisms |
| **Nociceptive symptoms** | **Peripheral evoked neurogenic symptoms** | **Centrally evoked neurogenic symptoms** | **Patient’s perspectives (cognitive/affective influences)** | **Motor and****autonomic****mechanisms** |
|  |  |  |  |  |

* + 1. Draw a ‘pie chart’ on the diagram below that reflects the proportional involvement on the pain mechanisms apparent after completing the subjective examination.
	1. Identify any potential risk factors for normal mechanism involvement to become maladaptive?

…………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………...

3.4. From your subjective examination, identify any feature in the patient’s presentation that may reflect impairment in the:

Neuroendocrine systems:…………………………………………………………………………………

 …………………………………………………………………………………………………………………

Neuroimmune systems:…………………………………………………………………………………...

 …………………………………………………………………………………………………………………

1. **The source(s) of the symptoms**
	1. List in order of likelihood all possible structure at fault for each area/component of symptoms

|  |  |  |  |
| --- | --- | --- | --- |
| **Sources** | Area 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Possible Structures | Area 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Possible Structures | Area 3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Possible Structures |
| Somatic local |  |  |  |
| Somatic referred |  |  |  |
| Neurogenic (peripheral and/or central) |  |  |  |
| Vascular |  |  |  |
| Visceral |  |  |  |

Highlight with an \* those structures that must be examined on day one

4.2 What physical syndrome/disorder/pathology do the symptoms appear to fit?

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

If the symptoms do not fit a recognizable clinical pattern, what other factors need to be examined?

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

1. **Contributing factors**
	1. Specify any contributing factors associated with the patient’s symptoms?

Physical………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

Environmental/ergonomic……………………………………………………………………………….

…………………………………………………………………………………………………………………

Psychosocial...………………………………………………………………………………………………

…………………………………………………………………………………………………………………

1. **The behavior of the symptoms**

6.1 Give your interpretation for each of the following:

Severity: Symptom #1 0--------------------|--------------------10

 #2 0--------------------|--------------------10

 low high

Irritability: Symptom #1 0--------------------|--------------------10

 #2 0--------------------|--------------------10

 non-irritable very irritable

Give an example of irritability in this patient:…………………………………………………………………

…………………………………………………………………………………………………………………………...

Specify the relationship between the patient’s activity/participation restrictions and/or his/her symptoms related to:

Behavioral factors………………………………………………………………………………………….

…………………………………………………………………………………………………………………

Historical factors………………………………………………………………………………………….

…………………………………………………………………………………………………………………

Precautionary questions.………………………………………………………………………………….

…………………………………………………………………………………………………………………

6.2 Give your interpretation of the contribution of inflammatory vs. mechanical factors to the nociceptive component

Inflammatory |--------------------|--------------------| Mechanical

List those factors that support your decision

|  |  |
| --- | --- |
| **Factor** | **Supporting evidence** |
| Inflammatory |  |
| Mechanical |  |

What are the implications of the patient’s 1) level of irritability and 2) inflammatory vs. mechanical contributions on planning this patient’s physical examination?

…………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………...

1. **History of the symptoms**
	1. Give your interpretation of the **history** (past and present) for each of the following:

Nature of the onset

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

Extent of impairment and associated tissue damage

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

Implications for planning the physical examination

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

Progression since onset

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

Consistency between the patient’s area of symptoms, behavior of symptoms, and history

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

**8 Precautions and contraindication to physical examination and management**

8.1 Identify any component of the patient’s subjective examination that indicates the need for caution

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

8.2 What symptoms indicate the need for specific testing during the day 1 examination?

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

* 1. At which points under the following headings will you limit your physical examination?

(*circle the relevant description*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Local symptoms****(consider each component)** | **Referred symptoms****(consider each component)** | **Dysthesias** | **Symptoms of vertebrobasilar insufficiency** | **Visceral symptoms** |
|  | Short of P1 | Short of production |  |  |
| Point of onset/ increase in restingsymptoms | Point of onset/ increase in restingsymptoms | Point of onset/ increase in restingsymptoms | Point of onset/ increase in restingsymptoms | Point of onset/ increase in restingsymptoms |
| Partial reproduction | Partial reproduction | Partial reproduction | Partial reproduction | Partial reproduction |
| Total reproduction | Total reproduction | Total reproduction |  | Total reproduction |

At which point will you limit your physical examination?

(*check the relevant description*)

|  |  |
| --- | --- |
| **Active examination** | **Passive examination** |
|  Active movement short of pain |  Passive movement short of R1 |
|  Active limit |  Passive movement into moderate resistance |
|  Active limit plus overpressure |  Passive movement to full overpressure |

If the dominance of the presentation with this patient is hypothesized to be central as opposed to peripherally evoked, provide an example of how you will attend to this during the patient’s physical examination

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

8.4 Is a peripheral or central nervous system neurological examination necessary?……………..

Why?……………………………………………………………………………………………………….....

Is it a day 1 priority?………………………………………………………………………………………

8.5 If relevant, do you expect one or more comparable signs to be easy or hard to find?

Explain……………………………………………………………………………………………………….

…………………………………………………………………………………………………………………

8.6 What data (if any) collected during the subjective examination provides clues as to what will be effective treatment strategies for this patient?

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

**Perceptions, interpretations, implications following the physical exam and first treatment**

1. **Concept of the patient’s illness/pain experience**
	1. What is your assessment of the patient’s **understanding** of his/her problem?

………………………………………………………………………………………….…………..………….

…………………………………………………………………………………………………………………

* 1. What is your assessment of the patient’s **feelings** about his/her problem?

………………………………………………………………………………………….…………..………….

…………………………………………………………………………………………………………………

How has the patient’s beliefs or feelings about his/her problem affected the management of the problem up to his point?

………………………………………………………………………………………….…………..………….

…………………………………………………………………………………………………………………

* 1. What does the patient expect from his/her physical therapist?…….………...………..………….

…………………………………………………………………………………………………………………

What does the patient expect from physical therapy?………..…….………...………..………….

…………………………………………………………………………………………………………………

Are the patient’s goals for physical therapy appropriate?.……….…If not, have you and the

patient been able to agree upon modified goals?…………………If so, what are these goals?

…………………………………………………………………………………………………………………

* 1. What effect do you anticipate the patient’s understanding and feelings regarding his/her problem may have on your management or prognosis?

………………………………………………………………………………………….…………..………….

…………………………………………………………………………………………………………………

# 10. Interpretation of posture and functional movements

10.1. List features of global posture(Whole Body) and local posture associated with the problem region and list the impairments, which can be predicted from the postural faults:

|  |  |  |
| --- | --- | --- |
| General Posture | Local Posture | Predicted Impairments |
|  |  |  |

10.2. List all functional movements observed during exam and the dysfunctional movements noted (compared with “ideal movement”) and any predicted impairments based on these movements:

|  |  |  |
| --- | --- | --- |
| Functional Movements | Dysfunctions | Predicted Impairments |
|  |  |  |

* 1. How does the patient’s ADLs/ work activities and postures / exercise or recreational activities contribute to his/her posture or movement patterns?

………..…….………...………..………….……………………………………………………………………..………

………………………………………………..…….…………...………..………….………………………..…………

……………………………………………………………………………..………..…….………...………..………….

* 1. How does the patient’s posture or movement patterns contribute to his/her disability or functional limitations?

………..…….………...………..…………………..…….………...………..……………...……………………………

…………………………………………………………………………………….……..………………………………

………………………………………………………………….………………………………………………………..

10.5 Does the patient’s disabilities or functional limitations contribute to his/her posture or movement dysfunctions? If yes - explain.

………..…….………...………..………….……………………………………………………….…………………….

……………………………………………………………….……..…….………...…………….……….

…………………………………………………………………………...………………………………………………

10.6 Does the patient’s body proportions contribute to his/her posture or movement dysfunctions? If yes - explain.

……………………………………………………………………………………………………………….…………..

…………………………………………………………………………………………………………….……………..

* 1. What is the source and/or cause (hypothesis) of the patient’s problem? Has it changed from the hypothesis following the subjective exam?

………..…….………...………..…………………..…….………...………..……………..…….………...………

………………………………………………………………………………………...…………………………………

**11 Sources and pathobiological mechanism of the patient’s symptoms**

* 1. List the previously identified symptom(s) and supporting or negating evidence

|  |  |  |  |
| --- | --- | --- | --- |
| **Symptom** | **Possible structure(s) at fault** | **Physical Examination supporting evidence** | **Physical examination negating evidence** |
|  |  |  |  |

Check the applicable mechanism and provide pertinent supporting and negating evidence.

|  |  |  |
| --- | --- | --- |
| **Pain mechanisms** | **Supporting evidence** | **Negating evidence** |
| Input mechanisms: Nociceptive |  |  |
|  Peripherally evoked neurogenic |  |  |
| Processing mechanisms: Centrally evoked neurogenic |  |  |
|  Cognitive and affective |  |  |
| Output mechanisms Motor |  |  |
|  Autonomic |  |  |

|  |  |  |
| --- | --- | --- |
| **Tissue mechanisms** | **Supporting evidence** | **Negating evidence** |
|  Acute inflammatory phase |  |  |
|  Proliferation phase |  |  |
|  Remodeling/maturation phase |  |  |

* 1. Indicate your principal hypothesis regarding the:

Primary syndrome/disorder

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

Dominant pathobiological mechanism

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

* 1. Does your physical examination findings alter the interpretations made following

the subjective examination with regard to the stage of the inflammatory/healing process?

* 1. Based on your understanding of the nature of the disorder, the pathobiological mechanisms, the patient’s perceptions, and possible contributing factors, list the favorable and unfavorable **prognostic** indicators.

|  |  |
| --- | --- |
| **Favorable** | **Unfavorable** |
|  |  |

**Implications of perceptions and interpretation on ongoing management**

1. **Management**

**12.1 Interpretation of the Physical Exam**

1. List the impairments and contributing factors found during the physical exam that relate to the patient’s problem. Rank them in order of importance and assign a percentage of how much each contributes to the patient’s problem

|  |  |  |
| --- | --- | --- |
| Rank | Impairments/Contributing Factors | % |
|  |  |  |

* 1. Are the physical examination findings consistent with what was hypothesized following the subjective examination? (Do the features fit?)…………If not, how might these inconsistencies influence your:

Intervention………………………………………………………………………………………………….

Prognosis…………………………………………………………………………………………………….

* 1. Is there anything in the patient’s *physical examination findings* that would indicate the need for caution in your management?………….If so, explain:

…………………………………………………………………………………………………………………

12.3 What was the primary treatment approach used on day one for this patient? *Check one*:

 Physical agents  Manual therapy  Therapeutic exercises  Neuromuscular re-education  Ergonomic instructions/patient education  Application of external devices

Why was this approach chosen over other approaches?…………………………………………...

…………………………………………………………………………………………………………………

Does it relate to your list above? ……………………………………………………………………….

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

* 1. What was the result of your primary treatment?……………………………………...……………..

…………………………………………………………………………………………………………………

12. 5 What home program did the patient receive following the initial exam? Explain the rationale for issuing the home program.

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

12.6 What is your expectation of the patient’s response over the next 24 hours?…………………

…………………………………………………………………………………………………………………

* 1. What is your treatment plan for this patient’s episode of care?……………………………….…

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

* 1. Do you envision a need to refer the patient to another health care provider?…………………

If so, what type of practitioner?…………………………………………………………………………

**13 Reflection on source(s), contributing factor(s) and prognosis**

**After the third visit**

* 1. How has your understanding of the patient's problem changed from your interpretations

made following the first treatment?…………………………………………………………………….

…………………………………………………………………………………………………………………

How has the patient’s perception of his/her problem and management changed since the

first session?………………………………………………………………………………………………...

…………………………………………………………………………………………………………………

Are the patient’s concerns being addressed and/or needs being met?…………………………..

…………………………………………………………………………………………………………………

* 1. On reflection, what clues (if any) can you now recognize that you initially missed,

misinterpreted, under- or over-weighted?…………………………………………………………….

…………………………………………………………………………………………………………………

What would you do differently next time?……………………………………………………………

…………………………………………………………………………………………………………………

1. **After the sixth visit**
	1. How has your understanding of the patient's problem changed from your interpretations

made following the third session?…………………………………………………………………….

…………………………………………………………………………………………………………………

How has the patient’s perception of his/her problem and management changed since the

third session?…...…………………………………………………………………………………………...

…………………………………………………………………………………………………………………

* 1. On reflection, what clues (if any) can you now recognize that you initially missed,

misinterpreted, under- or over-weighted?…………………………………………………………….

…………………………………………………………………………………………………………………

What would you do differently next time?……………………………………………………………

14. 3 If the outcome ends up being short of 100% (‘cured’), at what point would you cease

management?………………………..Why?………………………………………………………………

…………………………………………………………………………………………………………………

**15 After discharge**

15.1 How has your understanding of the patient's problem changed from your interpretations

made following the sixth session?…………………………………………………………………….

How has the patient’s perception of his/her problem and management changed since the

sixth session?…...…………………………………………………………………………………………...

15.2 In hindsight, what were the principal source(s) and pathobiological mechanisms of the

patient's symptoms?……………………………………………………………………………………….

Identify the key subjective and physical features (i.e., clinical pattern) on the body chart

and table below that would help you recognize this disorder in the future.



|  |  |
| --- | --- |
| **Subjective** | **Physical** |
|  |  |

##### **FEEDBACK/CLINICAL PERFORMANCE EVALUATION • NEW PATIENT**

Date:\_\_\_\_\_\_\_\_ Fellow:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructor: \_\_\_\_\_\_\_\_\_\_\_

PATIENT PROFILE: Occupation Fitness Level \_\_

Recreational Activities Anthropometrics: \_

Age Gender Handedness

|  |  |
| --- | --- |
| SUBJECTIVE EXAMINATION | Feedback/Comments |
| Start Time:1. **ESTABLISHES PATIENT'S PROBLEM(S)/ CHIEF COMPLAINT**
 |  Unsatisfactory Satisfactory Superior |
| **2. BODY CHART*** all areas of symptoms
* details of symptom areas
* most symptomatic area
* type/description
* constant/intermittent
* relationship of symptoms
* initial hypothesis
 |  Unsatisfactory Satisfactory Superior |
| **3. BEHAVIOR OF SYMPTOMS*** aggravation factors
* easing factors
* irritability
* severity
* functional limitations
* relationship of symptoms
* rest
* night
* morning
* through day
* sustained postures
* movement from sustained postures
 |  Unsatisfactory Satisfactory Superior |
| **4. PRECAUTIONS/RED FLAGS*** general medical condition
* present level of fitness
* present/past medications
* vertebral-basilar insufficiency
* cervical instability
* spinal cord involvement
* cauda equina symptoms
* weight loss
* investigative procedures
* familial predisposition
 |  Unsatisfactory Satisfactory Superior |

|  |  |
| --- | --- |
| **5. HISTORY – PRESENT*** onset
* predisposing factors
* progression
* treatment/effect
 |  Unsatisfactory Satisfactory Superior |
| **6. HISTORY – PAST*** onset
* predisposing factors
* progression
* treatment/effect
 |  Unsatisfactory Satisfactory Superior |
| **7. BIOPSYCHOSOCIAL/YELLOW FLAGS*** Attitudes
* Behaviors
* Compensation issues
* Diagnosis and treatment issues
* Emotions
* Family
* Work

End Time: |  Unsatisfactory Satisfactory Superior |
| **8. CLINICAL REASONING: DATA INTERPRETATION** *(short planning form)** identify SINS
* identify contributing factors
* identify contraindications to PT examination and treatment
 |  Unsatisfactory Satisfactory Superior |
| **9. CLINICAL REASONING: TREATMENT PLANNING** * determine extent and vigor of physical examination consistent with SINS of problem/sx.
* select movements and/or functional activities to be examined
 |  Unsatisfactory Satisfactory Superior |
| **10. RESTING SYMPTOMS*** establish baseline
* patient communication
 |  Unsatisfactory Satisfactory Superior |

|  |  |
| --- | --- |
| PHYSICAL EXAMINATION | Feedback/Comments |
| **11. OBSERVATION*** general posture/alignment
* base of support
* center of mass
* willingness to move
* general disposition
 |  Unsatisfactory Satisfactory Superior |
| **Detailed Alignment/Posture Analysis** * Upper quarter
* Lower quarter
 |  |
| **Muscle Analysis (static posture**) |  |
| **12. FUNCTIONAL MOVEMENTS** * rolling
* supine to sit
* sit to stand
* stairs
* reach
* bend
* lift
* pull
* other \_\_\_\_\_\_\_\_\_\_\_\_
 |  Unsatisfactory Satisfactory Superior |
| **13. GAIT ANALYSIS (critical events)*** weight acceptance
* single limb support
* swing limb advancement
 |  Unsatisfactory Satisfactory Superior |
| **14. SPECIAL TESTS (RELEVANT TO THE PATIENT’S CONDITION)*** vertebral artery tests
* ligamentous integrity tests
* other relevant tests \_\_\_\_\_\_\_\_
 |  Unsatisfactory Satisfactory Superior |
| **15. NEUROLOGICAL EXAMINATION*** sensation
* strength
* reflexes
* upper motor neuron
 |  Unsatisfactory Satisfactory Superior |
| **16. NERVE MOBILITY TESTS*** patient position
* therapist position
* therapist handling
* movement/pain relation
 |  Unsatisfactory Satisfactory Superior |

|  |  |
| --- | --- |
| **17. PASSIVE MOBILITY TESTS*** range
* quality
* behavior of symptoms

**VERTEBRAL/PERIPHERAL*** physiological
* accessory
 |  Unsatisfactory Satisfactory Superior |
| **18. ACTIVE/PASSIVE MOVEMENTS*** range
* quality
* behavior of symptoms - for most relevant areas
* quick tests to prove or disprove hypothesis
 |  Unsatisfactory Satisfactory Superior |
| * identify PICR deviations
* identify stiff vs. short muscles
 |  |
| **19. PALPATION*** temperature
* sweating
* swelling
* soft tissue
* bony displacement
 |  Unsatisfactory Satisfactory Superior |
| * resting muscle tension
* trigger/tender points
 |  |
| **20. MUSCLE*** length
* strength
* coordination
* relative flexibility
 |  Unsatisfactory Satisfactory Superior |
| * endurance
* recruitment pattern
* motor control
* resting muscle tension/tone
 |  |
| **21. POST EXAMINATION REASSESSMENT*** justification for use/non-use
* active/passive mvt examination order
 |  Unsatisfactory Satisfactory Superior |
| **22. INTERPRETATION AND PLANNING** |  Unsatisfactory Satisfactory Superior |
|  |
| **INTERVENTION AND RE-EVALUATION** | **Feedback/Comments** |
| **23. TREATMENT*** goal determination
* treatment intensity
* treatment duration
* communication/patient education
 |  Unsatisfactory Satisfactory Superior |
| * technique selection
* precision of technique
* handling skills
 |  |
| **24. REASSESSMENT*** subjective reassessment
	+ body chart
	+ baseline level of symptoms
	+ response to movement
* objective reassessment
	+ active
	+ passive
	+ functional task
 |  Unsatisfactory Satisfactory Superior |
| * + change in quality of movement
	+ change in recruitment
 |  |

|  |  |
| --- | --- |
| **PATIENT MANAGEMENT SKILLS** | **Feedback/Comments** |
| **25. TIME MANAGEMENT*** subjective exam within 20 minutes
 |  Unsatisfactory Satisfactory Superior |
| * full exam, treatment, pt. ed and HEP
 |  |
| 1. **INTERPRETATION AND CORRELATION OF HISTORY, PHYSICAL EXAMINATION AND REASSESSMENT DATA**
 |  Unsatisfactory Satisfactory Superior |
| **27. ESTABLISH THERAPEUTIC RELATIONSHIP/COMMUNICATION*** positive verbal & nonverbal instruction
* active listening
* responsive touch
* gains patient's confidence
* shows interest/concern
* brief questions
* elicits spontaneous information
* picks up key words
* recognizes non-verbal cues
* parallels
* clarifies/does not assume
* makes features fit/pursues
* controls the interview
 |  Unsatisfactory Satisfactory Superior |
| **28. DIAGNOSTIC PROCESS: MUTUAL INQUIRY*** physical & movement diagnosis
* identify disease beliefs
* identify treatment beliefs
* identify potential barriers to treatment
 |  Unsatisfactory Satisfactory Superior |

|  |  |
| --- | --- |
| **29. INTERVENTION AND FOLLOW-UP:** **TEACH AND PROBLEM SOLVE*** evaluate for treatment effect
 |  |
| * evaluate for adherence
* problem solve to eliminate barriers to adherence
* modify success indicators as patient progresses
* teach performance skills, provide knowledge of how to implement and monitor self- treatment; design self reminder strategies
 |  Unsatisfactory Satisfactory Superior |
| **30. NEGOTIATE COMMON GROUND*** make a mutual agreement for long and short term goals
 |  |
| * identify best treatment patient is likely to follow- linked to valued activity
* identify specific barriers to treatment

 assess self-efficacy |  Unsatisfactory Satisfactory Superior |

|  |
| --- |
| SUMMARY: CLINICAL PERFORMANCE EVALUATION PERIOD – NEW PATIENT |
| (a)Total number of *UNSATISFACTORY* marks: \_\_\_\_\_ X 1 = \_\_\_\_\_points(b)Total number of *SATISFACTORY* marks: \_\_\_\_\_ X 2 = \_\_\_\_\_points(c)Total number of *SUPERIOR* marks: \_\_\_\_\_ X 3 = \_\_\_\_\_pointsTotal Number of Components Measured (a+b+c):\_\_\_\_ X 3 = \_\_\_\_\_maximum points possible |

# FEEDBACK/CLINICAL PERFORMANCE EVALUATION • RETURN PATIENT

Date:\_\_\_\_\_\_\_ Fellow: \_\_\_\_\_\_\_\_\_\_\_ Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return Visit Number:\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| SUBJECTIVE EXAMINATION | Feedback/Comments |
| Start Time:**1. SUBJECTIVE ASSESSMENT** * response from the last treatment
* level of treatment tolerance
 |  Unsatisfactory Satisfactory Superior |
| **2. BODY CHART*** notes pertinent modifications
 |  Unsatisfactory Satisfactory Superior |
| **3. SUBJECTIVE ASTERISKS SIGNS*** use of scanning questions
* obtains relevant additional data

End Time: |  Unsatisfactory Satisfactory Superior |
| **PHYSICAL EXAMINATION** | **Feedback/Comments** |
| **4. EVALUATION PREVIOUS INTERVENTION*** appearance
* resting symptoms
 |  Unsatisfactory Satisfactory Superior |
| **5. ACTIVE/PASSIVE MOVEMENT EXAMINATION*** range of motion
* quality of motion
* functional tasks
 |  Unsatisfactory Satisfactory Superior |
| **6. PASSIVE MOBILIY TESTING*** physiological
* accessory
* range
* quality
* behavior of symptoms
 |  Unsatisfactory Satisfactory Superior |
| **7. POST EXAMINATION REASSESSMENT*** justification for use/non-use
* active/passive mvt examination order
 |  Unsatisfactory Satisfactory Superior |

|  |  |
| --- | --- |
| INTERVENTION | Feedback/Comments |
| **8. PROCEDURES*** patient positioning
* therapists position
* handling skills
* techniques application accuracy
 |  Unsatisfactory Satisfactory Superior |
| **9. THERAPEUTIC EXERCISE OR PATIENT EDUCATION PROCEDURES*** neuromuscular/movement re-education
* ergonomic modification
* appropriateness of exercise
* manual cues
* verbal cues
* teaching skills
 |  Unsatisfactory Satisfactory Superior |
| * facilitation techniques
* inhibitory techniques
* sensorimotor training
* reflexive stabilization
 |  |
| **10. TREATMENT PROGRESSION*** selection
* variation
* modification
* intensity
* duration
 |  Unsatisfactory Satisfactory Superior |

|  |  |
| --- | --- |
| **POST**-**TREATMENT REASSESSMENT** | Feedback/Comments |
| **11. SUBJECTIVE REASSESSMENT** * justification for use/non-use
* examination order
* communication skills
 |  Unsatisfactory Satisfactory Superior |
| **12. OBJECTIVE REASSESSMENT** * justification for use/non-use
* examination order
* examination precision
* communication skills
 |  Unsatisfactory Satisfactory Superior |
| **13. SUMMATIVE REASSESSMENT** (to be used after a series of treatments)* level of goal accomplishment
* discharge planning – or –
* requirement for modification of the intervention approaches or strategies
 |  Unsatisfactory Satisfactory Superior |

|  |  |
| --- | --- |
| **PATIENT MANAGEMENT SKILLS** | **Feedback/Comments** |
| **14. TIME MANAGEMENT** |  Unsatisfactory Satisfactory Superior |
| **15. INTERPRETATION AND CORRELATION OF PHYSICAL EXAMINATION AND REASSESSMENT DATA** |  Unsatisfactory Satisfactory Superior |

**CLINICAL REASONING Feedback/Comments**

|  |  |
| --- | --- |
| **16. CLINICAL REASONING/ORAL DEFENSE*** + severity
	+ irritability
	+ nature
	+ stage
	+ diagnosis
 |  Unsatisfactory Satisfactory Superior |
| **17. CLINICAL REASONING: TEACH AND PROBLEM SOLVE*** teach performance skills, provide knowledge of how to implement and monitor self- treatment; design self reminder strategies
* evaluate for treatment effect
* evaluate for adherence
 |  |
| * problem solve to eliminate barriers to adherence
* modify success indicators as patient progresses
* identify best treatment patient is likely to follow - linked to valued activity
* identify specific barriers to treatment
* assess self-efficacy
* discharge plan
 |  Unsatisfactory Satisfactory Superior |

|  |
| --- |
| SUMMARY: CLINICAL PERFORMANCE EVALUATION PERIOD – RETURN PATIENT |
| (a)Total number of *UNSATISFACTORY* marks: \_\_\_\_\_ X 1 = \_\_\_\_\_points(b)Total number of *SATISFACTORY* marks: \_\_\_\_\_ X 2 = \_\_\_\_\_points(c)Total number of *SUPERIOR* marks: \_\_\_\_\_ X 3 = \_\_\_\_\_pointsTotal Number of Components Measured (a+b+c): \_\_\_\_\_ X 3 = \_\_\_\_\_maximum points possible |

# One Patient Summary – Clinical Performance Evaluation

Fellow:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluation Period #:

Evaluation Dates: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEW EVAL – Pre-participation**

(a)Total number of *Unsatisfactory* points:\_\_\_\_\_

(b)Total number of *Satisfactory* points: \_\_\_\_\_

(c)Total number of *Superior* points: \_\_\_\_\_

A. Maximal Points Possible: \_\_\_\_\_

**NEW EVAL – Functional testing for return to sport (knee and ankle)**

(a)Total number of *Unsatisfactory* points:\_\_\_\_\_

(b)Total number of *Satisfactory* points: \_\_\_\_\_

(c)Total number of *Superior* points: \_\_\_\_\_

B. Maximal Points Possible: \_\_\_\_\_

**NEW EVAL – Functional testing for return to sport (spinal/axial)**

(a)Total number of *Unsatisfactory* points:\_\_\_\_\_

(b)Total number of *Satisfactory* points: \_\_\_\_\_

(c)Total number of *Superior* points: \_\_\_\_\_

C. Maximal Points Possible: \_\_\_\_\_

**Summary of New Patient Visit #1-3**

Total number of *Unsatisfactory* points (a+a+a): \_\_\_\_\_

Total number of *Satisfactory* points (b+b+b): \_\_\_\_\_

Total number of *Superior* points (c+c+c): \_\_\_\_\_

**Total Number of Points:** \_\_\_\_\_

**Total Maximal Points Possible** (A+B+C): \_\_\_\_\_

Final Score for this Clinical Performance Evaluation Period

Total Number of Points / Total Maximal Points Possible X 100 = \_\_\_\_\_% (PASS/ FAIL)

Summary Score

|  |
| --- |
| * + Unsatisfactory (less than 66%)
	+ Satisfactory (66% - 82%)
	+ Superior (83% - 100%)
 |

# Single Patient Summary – Clinical Performance Evaluation

Fellow:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluation Period #:

Evaluation Dates: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEW EVAL – Functional testing for return to sport (upper quarter)**

(a)Total number of *Unsatisfactory* points:\_\_\_\_\_

(b)Total number of *Satisfactory* points: \_\_\_\_\_

(c)Total number of *Superior* points: \_\_\_\_\_

A. Maximal Points Possible: \_\_\_\_\_

**NEW EVAL – On-the-field (contact sport) - optional**

(a)Total number of *Unsatisfactory* points:\_\_\_\_\_

(b)Total number of *Satisfactory* points: \_\_\_\_\_

(c)Total number of *Superior* points: \_\_\_\_\_

B. Maximal Points Possible: \_\_\_\_\_

**NEW EVAL – On-the-field (non-contact sport) - optional**

(a)Total number of *Unsatisfactory* points:\_\_\_\_\_

(b)Total number of *Satisfactory* points: \_\_\_\_\_

(c)Total number of *Superior* points: \_\_\_\_\_

B. Maximal Points Possible: \_\_\_\_\_

**NEW EVAL – Wellness evaluation - optional**

(a)Total number of *Unsatisfactory* points:\_\_\_\_\_

(b)Total number of *Satisfactory* points: \_\_\_\_\_

(c)Total number of *Superior* points: \_\_\_\_\_

C. Maximal Points Possible: \_\_\_\_\_

**Summary of New Patient Visit # \_\_\_\_**

Total number of *Unsatisfactory* points (total of a): \_\_\_\_\_

Total number of *Satisfactory* points (total b): \_\_\_\_\_

Total number of *Superior* points (total c): \_\_\_\_\_

**Total Number of Points:** \_\_\_\_\_

**Total Maximal Points Possible** (A+B+C): \_\_\_\_\_

Final Score for this Clinical Performance Evaluation Period

Total Number of Points / Total Maximal Points Possible X 100 = \_\_\_\_\_% (PASS/ FAIL)

Summary Score

|  |
| --- |
| * + Unsatisfactory (less than 66%)
	+ Satisfactory (66% - 82%)
	+ Superior (83% - 100%)
 |

**Scoring Procedures for Clinical Performance Evaluations**

1. For each of the 31 components that are evaluated during the *Clinical Performance Evaluation • New Patient* and for each of the 16 components that are evaluated during the *Clinical Performance Evaluation • Return Patient,* the fellow can score a maximum of three points. Three points are scored for superior performance, two points are scored for satisfactory performance, and one point is scored for unsatisfactory performance.
2. The total number of components evaluated during the new and return patient evaluations is multiplied by three - providing the maximal points possible.
3. The number of points actually scored during the new and return patient evaluations is summed.
4. The sum of the points scored is divided by the maximal points possible - providing the final score
5. Final scores that are greater than 66% demonstrate satisfactory performance.

Example:

* During the *Clinical Performance Evaluation • New Patient* the fellow is evaluated on 20

components and scores **45 points** on those **20 components**.

* During the first *Clinical Performance Evaluation • Return Patient* the fellow is evaluated on 10 components and scores **20 points** on those **10 components**.
* During the second *Clinical Performance Evaluation • Return Patient* the fellow is evaluated on 10 components and scores **25 points** on those **10 components**.

Thus,

* 20 components + 10 components + 10 components result in a total of 40 components that were evaluated during this single patient care episode of a new patient evaluation and two return visits.

The total number of components is then multiplied by 3 to provide the maximal points possible.

In this example: 40 components x 3 = **120 maximum points possible**

* All of the points scored during the initial evaluation and two return visits of this patient are added together.

In this example: 45 points + 20 points + 25 points = **90 points**

* The total number of points scored is divided by the maximum points possible - providing the final score.

In this example: 90 points / 120 maximal possible points = .75 or 75 %

**GUEST LECTURER EVALUATION FORM**

**( To be completed through E-Value)**

Name of Guest Lecturer:

Topic:

Consistently

Occasionally

Infrequently

|  |  |  |  |
| --- | --- | --- | --- |
| *The Guest Lecturer mentioned above:* | Consistently | Occasionally | Infrequently |
|  (place an “**X**” in the chosen box) |  |  |  |
|  |  |  |  |
| Began presentation promptly on time. |  |  |  |
|  |  |  |  |
| Was able to identify the learning needs of the fellows. |  |  |  |
|  |  |  |  |
| Clearly communicated the objectives of the instruction. |  |  |  |
|  |  |  |  |
| Utilized content that was appropriate to the level of instruction and interest to the fellows. |  |  |  |
|  |  |  |  |
| Has a through understanding of the content area of the topic presented. |  |  |  |
|  |  |  |  |
| Utilized audiovisuals/explanations that were helpful indescribing the key concepts of the presentation. |  |  |  |
|  |  |  |  |
| Is a skilled and effective teacher/educator. |  |  |  |
|  |  |  |  |
| Has a pleasant demeanor and mood. |  |  |  |
|  |  |  |  |
| Ended presentations at an appropriate time. |  |  |  |
|  |  |  |  |
| The content of this presentation was appropriate for the time that was allotted for the instruction. |  |  |  |

The aspects of this presentation that was most valuable to me were:

The aspects of this presentation that was least valuable to me were:

**CLINICAL FACULTY EVALUATION FORM**

**(To be completed through E-Value)**

Name of Clinical Faculty:

|  |  |  |  |
| --- | --- | --- | --- |
| *The Clinical Faculty Member mentioned above:* | Consistently | Occasionally | Infrequently |
|  (place an “**X**” in the chosen box) |  |  |  |
|  |  |  |  |
| Is able to build rapport with patients. |  |  |  |
|  |  |  |  |
| Is able to identify the needs of the patients. |  |  |  |
|  |  |  |  |
| Is able to identify my needs as a fellow. |  |  |  |
|  |  |  |  |
| Demonstrates superior clinical reasoning. |  |  |  |
|  |  |  |  |
| Demonstrates superior treatment skills. |  |  |  |
|  |  |  |  |
| Is able to provide the cues I need to improvemy clinical reasoning and treatment skills. |  |  |  |
|  |  |  |  |
| Is on time and fully present during our designatedclinical supervising periods. |  |  |  |
|  |  |  |  |
| Is considerate and professional when providing feedback to me when the patient is present. |  |  |  |
|  |  |  |  |
| Participates in data collection and publication of clinical research. |  |  |  |
|  |  |  |  |
| Has a through understanding of the curriculum andperformance measures utilized in this fellowship. |  |  |  |
|  |  |  |  |
| Has a pleasant demeanor and mood. |  |  |  |

The most valuable aspects of our clinical supervision periods were:

I would have had a better experience if the following changes could be made:

**FELLOWSHIP PROGRAM EVALUATION FORM**

**( To be completed through E-Value)**

Date:  Name of Fellow:

|  |  |  |  |
| --- | --- | --- | --- |
| *Up to this point in the Fellowship program, with regard to the following points, I am* (place an “**X**” in the chosen box) | Dissatisfied | Satisfied | Highly Satisfied |
|  |  |  |  |
| Extent and breadth of clinical practice opportunities |  |  |  |
|  |  |  |  |
| Quality and content of classroom/lab instruction |  |  |  |
|  |  |  |  |
| 1:1 clinical supervision while treating patients |  |  |  |
|  |  |  |  |
| Clinical performance evaluations (daily feedback, practical examinations, patient examinations) |  |  |  |
|  |  |  |  |
| Administrative aspects of the program (i.e., scheduling, administrative supervision, clerical support) |  |  |  |
|  |  |  |  |
| Opportunities and resources for performing clinical research |  |  |  |
|  |  |  |  |
| Opportunities and resources for performing community service |  |  |  |

Please provide any feedback you have regarding the above issues.

Up to this point, the most valuable aspects of this Fellowship for me are:

I would have a better experience if the following changes could me made:

(Feel free to use space on additional pages when providing feedback)

**FELLOWSHIP PROGRAM EVALUATION FORM**

**( To be completed through E-Value)**

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| *At this point in the Fellowship program, with regard to the following points, I am*(place an “**X**” in the chosen box) | Dissatisfied | Satisfied | Highly Satisfied |
|  |  |  |  |
| Extent and breadth of clinical practice opportunities |  |  |  |
|  |  |  |  |
| Quality and content of classroom/lab instruction |  |  |  |
|  |  |  |  |
| 1:1 clinical supervision while treating patients |  |  |  |
|  |  |  |  |
| Clinical performance evaluations (daily feedback, practical examinations, patient examinations) |  |  |  |
|  |  |  |  |
| Administrative aspects of the program (i.e., scheduling, administrative supervision, clerical support) |  |  |  |
|  |  |  |  |
| Opportunities and resources for performing clinical research |  |  |  |
|  |  |  |  |
| Opportunities and resources for performing community service |  |  |  |

Please provide any feedback you have regarding the above issues.

The most valuable aspects of this Fellowship for me have been:

Future fellows would have a better experience if the following changes could me made:

(Feel free to use space on additional pages when providing feedback)

AGREEMENT FOR ADVANCED FELLOWSHIP PROGRAM IN

ORTHOPAEDIC/SPORTS REHABILITATION

February 26th, 2019 through February22nd, 2020

 This AGREEMENT FOR ADVANCED FELLOWSHIP PROGRAM IN ORTHOPAEDIC SPORTS REHABILITATION ("Agreement") dated as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is entered into by and between SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP, a California partnership ("Medical Group"), and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_("Fellow").

R E C I T A L S:

 WHEREAS, Medical Group operates a advanced fellowship training program for eligible physical therapists (“Fellows”) seeking an educational experience (“Program”); and

 NOW, THEREFORE, in consideration of the mutual promises and undertakings hereinafter set forth, the parties agree as follows:

1. INCORPORATION OF RECITALS:

The recitals set forth in paragraphs A through B above are hereby incorporated into this Agreement. The parties enter into this Agreement as a full statement of their respective responsibilities hereunder.

2. OBLIGATIONS OF FELLOW:

 FELLOW SHALL:

A. Meet the following eligibility criteria for participation in the Program:

1. Hold a valid California Physical Therapy License;

2. Have completed a residency in orthopaedic physical therapy from an APTA credentialed residency program or have attained status as a Clinical Specialist in Orthopaedic Physical Therapy (OCS) or have equivalent knowledge and skills;

3. Have excellent communication skills;

4. Be physically able to appropriately perform manual examination and treatment procedures;

5. Have the psychological, social and physical stability required for participation in and successful completion of the Program;

6. Have been selected by the Program's admission committee based on the eligibility criteria set forth in of this Paragraph and a review of certain other factors, including, but not limited to, Fellow's background, education, and experience, including relevant teaching and research experience, references, and clinical skills;

7. Satisfy the pre-employment health screening and immunization requirements and, specifically, demonstrate that Fellow is free of active tuberculosis as shown by PPD skin testing or chest x-ray, is immune from hepatitis B or has declined in writing to be immunized against hepatitis B, and either is immune from or has been immunized against (i) rubella, (ii) rubeola, (iii) mumps, (iv) varicella zoster (chicken pox), and (v) pertussis.

8. Submit to Medical Group an application for employment;

9. Successfully pass a criminal background/record search;

10 Submit to and pass drug screening;

11. Have eligibility to participate in Medicare, Medicaid or other state or federal healthcare

 programs and in federal procurement or non procurement programs;

12. Provide a valid social security number;

13. Demonstrate eligibility to work in the United States;

14. Pass other screening requirements required by applicable policies/procedures and fulfill all other conditions of employment, such as compliance and other new-hire training; and

 15. Report for work no later than the last date of the hospital orientation for your facility

 where you will be employed.

B. Participate in the Program as follows: 1) 368 hours of classroom training, 2) 150 hours of 1:1 clinical supervision, 3) provide clinical supervision to staff, residents or interns per week per the needs of the facility where the fellow is employed, 4) provide training periods for the staff per the needs of the facility where the fellow is employed, and/or, provide with the other fellows in the program, 5) 5-6 hour weekend seminar on a sports therapy topic for Kaiser Permanente physical therapists and/or physical therapists in the community, 6) participation in a research related project, 7) participation in a community services program.

C. Pay to Medical Group within 30 days of acceptance to the Program the non-refundable tuition fee to participate in the educational experience of the Program in the amount of two thousand dollars ($2000.00). The non-refundable tuition fee is used to fund a portion the Instructor's honorarium and credentialing costs and is not used for the application for employment process.

D. Conform to all applicable laws, rules and regulations, policies, procedures, rules of conduct and professional codes of ethics as are applicable to Medical Group, Kaiser Foundation Hospitals and Kaiser Foundation Health Plan, Inc (collectively called Kaiser Permanente). Fellow acknowledges that the above laws, rules and regulations, policies, procedures, rules of conduct and professional codes of ethics may be amended from time to time, and Fellow hereby agrees to be bound by and adhere to any such amendments.

E. Fellow agrees to participate in effective, safe, and compassionate patient care, commensurate with Fellow’s level of advancement and responsibility.

 3. OBLIGATIONS OF KAISER:

Medical Group shall:

 A. Develop the curriculum for the Program in accordance with the guidelines developed by the Sports Physical Therapy: Description of Specialty Practice (DSP) and the American Academy of Orthopaedic Manual Physical Therapist as published in "Guidelines for Orthopaedic Physical Therapy and Manual Therapy Clinical Education."

B. Supervise Fellow's classroom and clinical training at the Clinical Facilities and provide the instructors for the Program.

C. Provide educational supplies, materials, and equipment used for instruction during the Program.

D. Provide Fellow with orientation information about the Program and Clinical Facilities.

E. Prior to permitting Fellow access to the Clinical Facilities determine that Fellow meets all appropriate and necessary State and/or Federal requirements for licensure with the Physical Therapy Board of California.

F. Maintain the Clinical Facilities so that they at all times shall conform to the requirements of the California Department of Health Services and the Joint Commission on Accreditation of Healthcare Organizations.

G. Provide reasonable classroom or conference room space at the Clinical Facilities for use in the Program.

H. Permit designated personnel at the Clinical Facilities to participate in the Program to enhance Fellow’s education so long as such participation does not interfere with the personnel's regular service commitments.

 I. Retain ultimate professional and administrative accountability for all patient care.

J. Have the right to exclude Fellow from participation in the Program, if Medical Group determines that Fellow is not performing satisfactorily, or fails to continue to meet the eligibility standards set forth above, or is not complying with Medical Group's policies, procedures, rules and regulations.

K. Have the right to withhold certificate of completion upon completion of the Program if the Fellow fails to perform at a satisfactory level during assessment of the Fellow’s performance on 1) The *Kaiser Permanente Criteria-Based Performance Evaluation*; 2) Demonstrate satisfactory performance on 100% of the procedures listed on the *Orthopaedic/Sports Rehabilitation Skills Check Off Sheet*; 3) Demonstrate satisfactory performance on clinical performance evaluations as outlined; 4) Demonstrate satisfactory performance on one written examinations; 5) Demonstrate satisfactory performance on four technique examinations; 4) the participation in the design, literature review, proposal submission, data collection, data analysis, or publication of a controlled, clinical trial in an area of orthopaedic physical therapy; – or – the preparation and submission of a case report to a peer-reviewed journal; 5) provide patient care services at Sports Venues as part of the Fellowship’s community service, 6) provide patient care services for clinical practice hours as outlined, and 7) complete the feedback forms required by the Fellowship as directed by the APTA’s clinical residency and fellowship credentialing committee.

4. COMPENSATION

 A. Wages

Clinical services under the Program, which will total a minimum of 1000 hours, will be paid on a bi-weekly basis in accordance with the following rate schedule:

Job Code: Physical Therapist, Clinical Specialist I, Step 1 to 7 based on level of experience as determined by Kaiser Permanente Human Resources’ standard policy.

Hourly Pay: at least $42.23/hour ($42.23/hour is the with benefits rate – the alternative compensation rate – without benefits – is $50.67/hour)

It is agreed that time spend in class room instruction, community service experience, sports venues, and clinical practice outside of Kaiser, will be unpaid.

B. Benefits

Benefit Package: Health, hospital, and disability insurance

5. TERMINATION:

A. This Agreement shall be effective commencing on February 26th, 2019 and terminating February 22nd, 2020. This Agreement may also be terminated immediately without notice if the Medical Group, in its sole discretion, concludes that Fellow’s behavior, performance or professional conduct does not comply with the terms of the Kaiser Permanente policies and procedures, rules of conduct, professional or ethical standards, or with any other requirements of this Agreement, or Fellow’s academic progress is unsatisfactory, or Fellow fails to continue to meet the eligibility standards set forth above.

B. Fellow agrees that if this Agreement expires or is terminated, Fellow shall immediately deliver to Medical Group all property in Fellow 's possession or under Fellow’s control belonging to Kaiser Permanente.

C. Participation in the Program does not entitle Fellow to employment by Kaiser Permanente upon completion of the Program. Fellow understands and agrees that Fellow will not be given special consideration for employment and that Medical Group has not made any representation as to the availability of future employment. If the Fellow has an employment relation with a Kaiser Permanente facility concurrent with this Agreement, participation in the Program does not supersede any concurrent employment relation.

D. Any written notice given in connection with the Program or this Agreement shall be sent, postage prepaid, by person(s), as the case may be:

 SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP

 Attention: Physical Medicine Department Administrator

 at the address set forth on Exhibit A attached hereto.

6. CANCELLATION:

Medical Group reserves the right to cancel the Program after an offer letter may have been accepted, before the beginning of a session, because of changes in levels of funding, inadequate staffing, insufficient enrollment or other operational reasons. In the event of a cancellation, Kaiser will refund the entire amount of tuition paid by the resident. Kaiser shall have no obligation to pay wages or a stipend, or provide any of the benefits described in this offer letter for any period after the program has been cancelled.

7. CONFIDENTIALITY AND PROPRIETARY MATTERS:

A. Fellow shall keep in strictest confidence information relating to this Agreement and all other information, which may be acquired in connection with or as a result of this Agreement. During the term of this Agreement and at any time thereafter, without the prior written consent of Kaiser, Fellow shall not publish, communicate, divulge, disclose or use any of such information which has been provided by Kaiser or which from the surrounding circumstances or in good conscience ought to be treated by Fellow as confidential.

B. Fellow expressly agrees that he shall not use any information provided to Fellow by Kaiser in activities unrelated to this Agreement.

C. Upon Kaiser’s request, or at termination or expiration of this Agreement, Fellow shall deliver all records, data, electronic media information and other documents and all copies thereof to Kaiser, and at Kaiser’s option, provide satisfactory evidence that all such records, data, electronic media, information and other documents have been destroyed. At that time, all property of Kaiser in Fellow’s possession, custody or control will be returned to Kaiser. All materials used as a resource and all materials created under this Agreement shall be the sole property of Kaiser.

D. The confidentiality provisions of this Agreement shall remain in full force and effect after the termination of this Agreement.

8. PUBLICITY:

Contractor shall not, without the prior written consent of Kaiser, use in advertising, publicity or otherwise the name of Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, Southern California Permanente Medical Group or the Kaiser Permanente Medical Care Program, or refer to the existence of this Agreement in any press releases, advertising or materials distributed to prospective customers or other third parties.

9. NOTICES:

All notices required under this Agreement shall be in writing, and shall be deemed sufficiently given if personally delivered or deposited in the United States mail, certified and postage prepaid and addressed to the respective parties as follows:

Kaiser: RESIDENT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ California 9\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, California 9\_\_\_\_\_\_

Attn.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attn.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Administrator

These addresses may be changed by written notice given as required by this Section 13.

10. COMPLIANCE WITH LAWS:

Fellow shall perform all work under this Agreement in strict compliance with all applicable federal, state and local laws and regulations.

11. WAIVER:

A failure of either party to exercise any right provided for herein shall not be deemed a waiver of any right hereunder.

12. MODIFICATIONS:

No modification, amendment, supplement to or waiver of this Agreement shall be binding upon the parties unless made in writing and duly signed by both parties.

13. SURVIVING SECTIONS:

All obligations under this Agreement which are continuing in nature shall survive the termination or conclusion of this Agreement.

14. RULES OF CONSTRUCTION:

The language in all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against either Fellow or Medical Group. Section headings in this Agreement are for convenience only and are not to be construed as a part of this Agreement or in any way limiting or amplifying the provisions hereof. All pronouns and any

variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular, or plural, as the identifications of the persons, firm or firms, corporation or corporations may require.

15. ENTIRE AGREEMENT:

This Agreement contains the final, complete and exclusive agreement between the parties hereto. Any prior agreements, promises, negotiations or representations relating to the subject matter of this Agreement not expressly set forth herein is of no force or effect. This Agreement is executed without reliance upon any promise, warranty or representation by any party or any representative of any party other than those expressly contained herein. Each party has carefully read this Agreement and signs the same of its own free will.

16. JURISDICTION:

This Agreement is made and entered into in the State of California, and shall in all respects be interpreted, enforced and governed by and under the laws of that State.

17. EXECUTION:

This Agreement may be executed in counterparts, and all such counterparts together shall constitute the entire Agreement of the parties hereto.

18. SEVERABILITY:

The provisions of this Agreement are specifically made severable. If any clause, provision, right and/or remedy provided herein is unenforceable or inoperative, the remainder of this Agreement shall be enforced as if such clause, provision, right and/or remedy were not contained herein.

19. AUTHORIZATION:

The undersigned individuals represent that they are fully authorized to execute this Agreement on behalf of the named parties.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their respective duly authorized representatives as of the date first written above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Print or Type Name of Fellow Date

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Physical Therapist Fellow (2019/20 Class)

SOUTHERN CALIFORNIA PERMANENTE

MEDICAL GROUP

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Department Administrator or Program Coordinator