Fellow Handbook

2019/2020

Kaiser Permanente Southern California

Persistent Pain Rehabilitation Fellowship

3.1.19 Version

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Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship

**Classroom Curriculum Summary**

|  |  |  |
| --- | --- | --- |
|  |  | Hours |
|  | Orientation  | 8 |
|  | University of South Australia – Certificate in Pain Science | 315 |
|  | Emotional Intelligence | 16 |
|  | Pain Intelligence | 40 |
|  | Acceptance Commitment Therapy- Getting The Patient on Board  | 16 |
|  | Spine Assessment workshop | 16 |
|  | Lumbar Spine. | 16 |
|  | Lumbo/Pelvic Girdle/Hip | 16 |
|  | Thoracic Spine  | 8 |
|  | Cervical Spine | 16 |
|  | Cervical/Shoulder  | 16 |
|  | Imaging, Pain Pharmacology, and Medical Interventions : The Physicians Perspective | 16 |
|  | Clinical Reasoning | 21 |
|  | Research and Gait | 20 |
|  | Advanced Medical Screening | 14 |
|  | Movement Analysis and Motor Learning | 16 |
|  | Sleep Disorders and Nutrition | 8 |
|  | Community Course | 8 |
|  | **Total Classroom Hours** | **560** |
|  | Self-Study Hours (estimated) |  |
|  | Reading/ Written Assignments | 120 |
|  | Research Project | 40 |
|  | Community course development  | 50 |
|  | **Total Self Study Hours** | **210** |
|  | Clinical Hours | **1080** |
|  |  |  |
|  | **Total Program**  | **1850** |
|  |  |  |
|  |  |  |

Note: Clinical Supervision and Clinical Performance Evaluations for the

Persistent Pain Rehabilitation Fellows are based on the content covered in the above

listed classes.

*Kaiser Permanente Southern California Persistent Pain Fellowship*

**5.8.19 (Tentative)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Day(s)ofWeek | Topics/Content of Instruction | Instructor(s) |
| March 2019  | Online coursework | Pain Theory and Neuroscience | Uni. South Australia |
| March 2nd | Saturday | Orientation to the programSkills workshop: Effective History Taking StrategiesClinical Reasoning- Introductions(Kaiser West LA) | **Skulpan Asavasopon** Kathy Shimamura**Denis Dempsey** |
| March 3rd  | Sat KPWLA | Emotional Intelligence: Understanding and Improving Communicationwith your patients – Part 1. | Renee Rommero |
| 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  |
| April 6th/7th | Sat & Sun |  Lumbar Spine– Classification  models, –Manual procedures and  Movement coordination disorders | Denis DempseyKathy Shimamura |
| April 13th/14th  | Sat and Sun | Acceptance Commitment Therapy- Getting The Patient on Board  | Kevin Vowles |
| April 27th/28th | Sat & Sun |  Lumbo/Pelvic Girdle/Hip Manual  procedures and Movement  coordination disorders | Ernie Linares |
| May 4th/5th  | Sat & Sun | Pain Intelligence 2 and 3 | Skulpan Asavasopon |
| May 18th-19th | Sat & Sun |  Cervical Spine \_ Classification  Models, Manual procedures  Movement coordination disorders | Denis DempseyKathy Shimamura |
| June 1st /Jun 2nd | Sat/SunKPWLA | Critical Analysis of Scientific Literature, Presentation Proposals,Gait Biomechanics and Pathomechanics spelling | Chris Powers |
| Jun 10th-21st  | Mon – Fr | 1st Mid-Year Clinical Performance Evaluation Weeks  | Clinical Faculty |
| Jun 15th/16th | Sat & Sun |  Cervical Spine # 2/Shoulder  Manual procedures/Movement  coordination disorders | Ernie Linares |
| Jun 29/30 | Sat & Sun | Pain Intelligence 4 and 5 | Skulpan Asavasopon |
| July 6th | Saturday | Emotional Intelligence: Understanding and Improving Communicationwith your patients – Part 2 | Renee Rommero |
| July 20-21 | Sat-Sun  | Imaging, Pain Pharmacology, and Medical Interventions : The Physicians Perspective  | Dr. Shawn Iftikar |
| Aug 10th/11th | Sat & Sun | Clinical Reasoning II-III: Reasoning through Pain Presentations (at KPWLA) | Skulpan Asavasopon  |
| Sept 14-15 | Sat & Sun | Advanced Medical Screening  | William Boissinault |
| Sept 21 | Sat | Graded Motor Imagery | Ben Boyd |
| Oct 5th/ /6th | Sat & Sun | Movement Analysis & Motor LearningIntegration & Problem Solving | Kathy Kumagai |
| Sept 30th- Oct 11th  | Mon – Fr | 2nd Mid-Year Clinical Performance Evaluation Weeks  | Clinical Faculty |
|  |  | Sleep Disorders and Chronic Pain |  |
|  |  | Nutrition and Chronic pain  |  |
| Jan 27th – Feb 8th | Mon – Fr | 3rd Mid-Year Clinical Performance Evaluation Weeks  | Clinical Faculty |
| Feb 1st  | Saturday Morning | Research Presentations/Consultation | Chris Powers |
| Feb 17-21 | Monday-Friday | Last Scheduled Week of Clinical Practice |  |
| Feb 22nd | Saturday | Graduation |  |

**All classes start at 8:00 am and begin in Basement classrooms (A, B, C, or D) or the 4th floor classroom (#1 or #2) at Kaiser Permanente West LA (6041 Cadillac Avenue, Los Angeles, 90034)** **except for the above noted classes with Chris Powers that are held MPI, and The medical screening class @Kaiser Sunset.**

## *Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship*

## 2019-2020

## Clinical Performance Evaluation Periods

4.19.19 update

|  |  |  |  |
| --- | --- | --- | --- |
| **Mentor Period** | Fellow | **Preceptor** | **Examiner** |
|  Feb 25- Jun 21st  | William Brown BurnsKevin Ozaki | Stephen MorrisonMichael Lockwood | Shawn Roth |
| Jun 24th – Oct 11th | William Brown BurnsKevin Ozaki | Shawn RothStephen Morrison | Michael Lockwood |
| Oct 14th – Feb 8th | William Brown BurnsKevin Ozaki | Michael LockwoodShawn Roth | Stephen Morrison |

Note: To successfully complete the fellowship, the fellow must pass **two** clinical performance evaluations.

Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship

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
* 850 hours of unsupervised clinical practice
* 135 hours of clinical supervision
* 268 hours of classroom/lab instruction
* Up to 40 hours of community service
* This community service requirement is fulfilled by completing all scheduled sessions of providing physical therapy services at the Venice Free Clinic **or** another activity that meets the approval of the program coordinator
1. Successfully complete all requirement and of the Pain Certificate Program through The University of
 South Australia
2. Maintain the “Body Regions Log,” to be completed monthly, the “Patient Demographic Data.
3. 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 Persistent pain physical therapy.
4. Demonstrate satisfactory performance on 4 technique examinations.
5. Demonstrate and score satisfactory performance on 2 out of 3 clinical performance evaluations, during clinical performance evaluation periods.

1. Demonstrate satisfactory performance on written examinations through the University of South Australia.
2. As a group - Successful instruct a one day (6-8hours) community seminar on the topic of Management of Persistent Pain.
3. Complete all following feedback forms **within 2 weeks** of class completion using the E-value system including:
4. Sept 30th, 2019 Program Mid-year –Evaluation Form
5. Feb 20th, 2020 Program Final Evaluation Form
6. Guest Lecturer Evaluation Forms
7. Clinical Faculty Evaluation Forms for each Clinical Supervisor.

Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship

## 2019/2020

Remediation Policy

Unsatisfactory performance on any of the 9 “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 one of the two clinical performance evaluations prior to the 3rd-clinical performance examination, he/she will receive verbal and written confirmation that improved performance is required to complete the program successfully. 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.

Fellows must successfully pass all written examination given through the University of South Australia. Failure to complete the exams/course successfully will result in the fellows not being able to complete the program on time. The fellows will need to attain a score of 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 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 y complete the program successfull in the subsequent year.

Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship

**SCHEDULE AND INFORMATION SHEET 3.28.19 update**

**2019/2020 Physical Therapy Services for Patients at the Venice Free Clinic**

To: 2019 Kaiser Permanente Spine Fellows

 2019 Kaiser Permanente Ortho PT Residents

|  |  |
| --- | --- |
| Andrew Kim | andytkim02@gmail.com |
| Eric Neal | eneal14@apu.edu |
| Jacob Singleton | jacob.singletondpt@gmail.com |
| Lucas Esquerra | esquerra.lucas@gmail.com |
| Will Burns | lamarksd@gmail.com |
| Kevin Ozaki | ko120789@gmail.com |
| Crystal Miskin | crmiskin@gmail.com |
| Joe Chen | joe.chenghao.chen@gmail.com |
| Cossin, Jordin | jcossin11@yahoo.com |
| McCabe, Sarah | sarahmacca08@aim.com |
| Niederee, Allison | allison.niederee@gmail.com |
| Mazmanyan, Narek | nmazmany@usc.edu |
| Auyeung, Isaac | isaaauye@msmu.edu |
| Nakamura, Elizabeth | eliznaka6781@msmu.edu |
| Nitake, Mark | marknitake@gmail.com |
| Rachael Holmes | rachel.holmes17@gmail.com |
| Jena Bailey | jenabailey.dpt@gmail.com |
| Miles Meredith | Mameredith9@gmail.com |

andytkim02@gmail.com, eneal14@apu.edu, jacob.singletondpt@gmail.com, esquerra.lucas@gmail.com, lamarksd@gmail.com, ko120789@gmail.com, , crmiskin@gmail.com, joe.chenghao.chen@gmail.com, jcossin11@yahoo.com, sarahmacca08@aim.com, allison.niederee@gmail.com, nmazmany@usc.edu, isaaauye@msmu.edu, eliznaka6781@msmu.edu, marknitake@gmail.com, rachel.holmes17@gmail.com, jenabailey.dpt@gmail.com, Mameredith9@gmail.com

|  |  |
| --- | --- |
| Date | **Fellows and Residents providing the services** |
|  |  |

|  |  |
| --- | --- |
| Tues, March 5 | (2/3 schedule), Eric Neal, Jordan Cossin, Mark Nitake |
| Tues, March 12 | (2/3 schedule) Lucas Esquerra, Sarah McCabe, Rachel Holmes, |
| Tues, March 19 | (2/3 schedule) Andrew Kim, Allison Niederee, Adam Bernardino, |
| Tues, March 26 | (2/3) schedule) Jacob Singleton, Narek Mazmanyan, Demi De Guia, |
|  |
| Tues, April 2 | (2/3 schedule) Julian La, Isaac Auyeung, Daniel Le |
| Tues, April 09 | Will Burns, Elizabeth Nakamura, Stacey Yates |
| Tues, April 16  | Joe Chen, Jena Bailey, Miles Meredith |
| Tues, April 23 | Eric Neal, Jordan Cossin, Mark Nitake |
| Tues, April 30th | Lucas Esquerra, Sarah McCabe, Rachael Holmes |
|  |
| Tues, May 7 | Andrew Kim, Allison Niederee, Crystal Miskin |
| Tues, May 14 | Jacob Singleton, Narek Mazmanyan, Jena Bailey |
| Tues, May 21 | Will Burns, Elizabeth Nakamura, Isaac Auyeung |
| Tues, May 28 | **No services due to holiday** |
|  |
| Tues, Jun 4 | Miles Meredith Joe Chen, Kevin Ozaki |
| Tues, Jun 11 | Eric Neal, Jordan Cossin, Mark Nitake |
| Tues, Jun 18 | Lucas Esquerra, Sarah McCabe, Rachael Holmes |
| Tues, Jun 25 | Andrew Kim, Allison Niederee, Crystal Miskin |

|  |  |
| --- | --- |
| Tues, Jul 2 | **No services due to holiday** |
| Tues, Jul 9 | Jacob Singleton, Narek Mazmanyan, Jena Bailey |
| Tues, Jul 16 | Will Burns, Elizabeth Nakamura, Isaac Auyeung,  |
| Tues, Jul 23 | Miles Meredith Joe Chen, Kevin Ozaki |
| Tues, Jul 30 | Eric Neal, Jordan Cossin, Mark Nitake |
|  |
| Tues, Aug 6 | Lucas Esquerra, Sarah McCabe, Rachael Holmes |
| Tues, Aug 13 | Andrew Kim, Allison Niederee, Crystal Miskin |
| Tues, Aug 20 | Jacob Singleton, Narek Mazmanyan, Jena Bailey |
| Tues, Aug 27 | Will Burns, Elizabeth Nakamura, Isaac Auyeung |

|  |  |
| --- | --- |
| Tues, Sept 3 | Miles Meredith Joe Chen, Kevin Ozaki |
| Tues, Sept 10 | Eric Neal, Jordan Cossin, Mark Nitake |
| Tues, Sept 17 | Lucas Esquerra, Sarah McCabe, Rachael Holmes |
| Tues, Sept 24 | Andrew Kim, Allison Niederee, Crystal Miskin |
|  |
| Tues, Oct 1 | Jacob Singleton, Narek Mazmanyan, Jena Bailey |
| Tues, Oct 8 | Will Burns, Elizabeth Nakamura, Isaac Auyeung,  |
| Tues, Oct 15 | Miles Meredith Joe Chen, Kevin Ozaki |
| Tues, Oct 22 | Eric Neal, Jordan Cossin, Mark Nitake |
| Tues, Oct 29 | Lucas Esquerra, Sarah McCabe, Rachael Holmes |
|  |
| Tues, Nov 5 | Andrew Kim, Allison Niederee, Crystal Miskin |
| Tues, Nov 12 | Jacob Singleton, Narek Mazmanyan, Jena Bailey |
| Tues, Nov 19 | Will Burns, Elizabeth Nakamura, Isaac Auyeung |
| Tues, Nov 26 | **No services due to holiday** |
|  |
| Tues, Dec 3 | Miles Meredith Joe Chen, Kevin Ozaki |
| Tues, Dec 10 | Eric Neal, Jordan Cossin, Mark Nitake |
| Tues, Dec 17 | Lucas Esquerra, Sarah McCabe, Rachael Holmes |
| Tues, Dec 24 | **No services due to holiday** |
| Tues, Dec 31 | **No services due to holiday** |
|  |
| Tues, Jan 7 | Andrew Kim, Allison Niederee, Crystal Miskin |
| Tues, Jan 14 | Jacob Singleton, Narek Mazmanyan, Jena Bailey |
| Tues, Jan 21 | Will Burns, Elizabeth Nakamura, Isaac Auyeung |
| Tues Jan 28 | Miles Meredith Joe Chen, Kevin Ozaki |
|  |
| Tues, Feb 4 | Eric Neal, Jordan Cossin, Mark Nitake |
| Tues, Feb 11 | Lucas Esquerra, Sarah McCabe, Rachael Holmes |
| Tues, Feb 18 | **Last week of services** Andrew Kim, Allison Niederee, Crystal Miskin |
| Tues, Feb 27 | **No services this week** |

**KP PT Rotation at the VENICE FAMILY CLINIC/ Simms Mann Health and Wellness Center**

The Kaiser Permanente Physical Therapy Fellows and Residents provide individual physical therapy consultations for patients of the Venice Family Clinic on Tuesday mornings at the Simms/Mann Health and Wellness Center located at 2509 Pico Blvd in Santa Monica. Patient care starts at 8:45. Plan to arrive at 8:30 am

The above patient-scheduling plan is subject to change based on the needs of the clinic.

*SERVICES PROVIDED*

Each patient will have a patient chart. Provide a brief SOAP note for each patient at each visit in the patient’s chart. Often, the patient’s chart will contain a golden rod consult form from his/her physician at the Venice Family Clinic. There is space on this consult form for you to write your physical therapy summary note. You will also have “blank” progress note forms available.

The Clinic is in the process of modifying its encounter (billing) form which you will find on the front of the chart. We will be adding PT Procedures Codes to the encounter form in the near future. Until then, however, please do the following:

**Medical Visit Type:**

For now, please indicate under **Medical Visit Type**, Other: 97001 (brief). For group instruction, please indicate under **Education/Counseling** 99078. (Health Ed)

**Procedures:**

For the procedure codes please list under **999 Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

97110 PT Procedures (Therapeutic Exercise, Neuromuscular Reeducation, Manual Therapy)

97112 Balance Training

97535 Self Care/Home Management/ADL, Functional Activities -

Taping/strapping: toes – 29550

ankle – 29540

knee – 29530

hip – 29520

shoulder – 29240

elbow/wrist – 29260

hand/finger – 29280

Please write the diagnosis at the bottom of the encounter form. If you know the ICD-9 code, please list in the box on the lowerright-hand corner.

**LANGUAGE**

Please note that many of the patients at the Venice Family Clinic prefer Spanish. The Clinic’s staff is bilingual and is available to help you. But the better you are with your Spanish, the more beneficial you will be to your patients.

**LOGISTICS**

Physical Therapy services will be provided on Tuesday mornings at the Simms/Mann Health and Wellness Center located at 2509 Pico Blvd in Santa Monica, 90405. From the westbound 10 Fwy, take the Centinela exit; turn R on Centinela and R on Pico Blvd. Parking is available in the lot that surrounds the clinic. If the lot is full, you can park in the SGI lot to the east of the clinic. The clinic is on the 2nd floor. There is a combination lock to enter the clinical area from the patient waiting area which is 1234\* or the front desk can buzz you in.

We will have two to four examination rooms to work from.

For scheduling changes, please notify Jason Tonley. The Venice Family Clinic contact person is Alejandra Tejeda, at 310-664-7662 or atejeda@mednet.ucla.edu. The Clinic’s Medical Director is Dr. Karen Lamp, 310-664-7648 or klamp@mednet.ucla.edu. The on-site RN is Patricia Mendez.

**PHYSICAL THERAPY SUPPLIES**

There is a “Physical Therapy Supplies” cabinet in the clinic for us. It has a folder of common exercises and other simple supplies such as tape and theraband. Exercise Pro is also loaded on the computer in the charting area, and there is a printer that is easily accessible. Please bring your own equipment and other supplies that you feel that you will need. Depending on your preferences, this may include a goniometer, reflex hammer, patient exercise handouts, patient education booklets, etc. Basically, bring what you feel you commonly use – including the Spanish language versions of handouts. We continually assess the particular needs of the patients at the Clinic allowing us to arrange to have commonly used examination equipment, supplies, and patient education handouts available – and stored in the Physical Therapy Supplies” cabinet. Let me know if there are supplies that you feel would be beneficial to have on hand in the physical therapy supply cabinet.

Feel free to contact me if you have any questions.

Jason Tonley

Email: Jason.C.Tonley@kp.org, Tonley00@aol.com

Phone: 310-739-7606 KP Voice Mail: 323-857-2531

Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship

**Guidelines for Completing the**

**Body Regions Log**

1. Each fellow is required to log everybody region of the patients that he/she evaluates and treats during 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 |
| Cranio/MandibularCervical SpineThoracic Spine/RibsLumbar SpineShoulder/Shoulder GirdleArm/ElbowWrist/HandPelvic Girdle/Sacroiliac/ Coccyx/AbdomenHipThigh/KneeLeg/Ankle/Foot | TMJCSTSLSSHAEWHPGHPKNAF |

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

5. Example entry:

# Date Name Body Region(s) Examined and Treated Body Region Code

2/1/00 John Smith lumbar spine LS

2/1/00 Mary Smith lumbar spine/pelvic girdle/hip LS, PG, HP

2/3/00 Sara Smith lumbar spine/knee/foot LS, KN, AF

2/3/00 Ted Smith cervical/elbow/wrist CS, AE, WH

6. Near the end of the year, complete the “Patient Demographic Data Needed for our Annual Report to the APTA Residency Credentialing Committee” using the E-value system by **Saturday, December 14, 2012**

**Body Regions Log**

Resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Patient Nameor MR# | Body Region(s) Examined and Treated | Body Region Code(s) |
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| --- | --- | --- | --- |
| Body Region | Code | Body Region | Code |
| Cranio/MandibularCervical SpineThoracic Spine/RibsLumbar SpineShld/Shoulder GirdleArm/Elbow | TMJCSTSLSSHAE | WristHandPelvic Girdle/SI/AbdHipThigh/KneeAnkleFoot | WHHDPGHPKNAKFT |

Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship

Patient Demographic Data Needed for our Annual Report to the

APTA Residency Credentialing Committee

|  |  |  |
| --- | --- | --- |
| DIAGNOSTIC GROUP OR CATEGORY | **NUMBER OF PATIENTS/CLIENTS SEEN PER YEAR** *(not # of visits within last 12 months)* | **% 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 |  |  |
| PAIN |  |  |
|  |  |  |
| Total |  |  |

Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship

**Example:**

|  |  |  |
| --- | --- | --- |
| DIAGNOSTIC GROUP OR CATEGORY | **NUMBER OF PATIENTS/CLIENTS SEEN PER YEAR** *(not # of visits within last 12 months)* | **% OF TOTAL PATIENTS/****CLIENTS SEEN IN LAST YEAR** |
| Lumbar Spine | 102 | 28 |
| Thoracic Spine | 15 | 4 |
| Cervical Spine | 42 | 12 |
| Hip/Pelvic Region | 26 | 7 |
| Knee/Lower Leg Region | 67 | 16 |
| Ankle | 13 | 3.5 |
| Foot | 12 | 3.5 |
| Shoulder | 76 | 19 |
| Elbow | 11 | 2 |
| Wrist | 1 | 1 |
| Hand/Thumb | 2 | 1 |
| TMJ | 1 | 1 |
| PAIN | 23 | 7 |
|  |  |  |
| Total | 400 | 100 |

## *Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship*

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

**CI PREP FORM- RETURN PATIENT**

**Patient Initials: Time: Visit #:**

**Irritability: Min/Mod/Severe**

|  |
| --- |
| **Profile/Particpation:(Include patients primary complaint, patient persepective of the problem):** |

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

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

**DX:**

|  |  |  |
| --- | --- | --- |
| **Nature/Patho-anatomy:** (Local/ Somatic Ref/ Neuro Ref/ Visc Ref/ Central processing)**Tissue Stress:** (Tensile/ Compressive/ Shearing/ None)**ICF Diagnostic Category Deficits Referring to Nature:** (Central Processing, Cognitive/ Affective, Radiating pain, Related extremity pain, Muscle power deficits, Mobility deficits, Movement coordination impairment deficits)**Movement Coordination Fault/ MSI Syndrome (Motion causing pain/Increasing symptoms):** (If Any)**Secondary Impairments Found Leading to Movement Coordination/ Nature:** (Flex/Strength/ Endurance):  |  |  |

**Intervention:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Treatment** | **Expected Response** | **Actual Response** | **Impairment** |
|  |  |  |  |
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|  |
| --- |
| **HEP:** |

|  |
| --- |
| **Subjective Plan/ Re-assessment:** |

|  |
| --- |
| **Objective Exam/Re-assessment:**  |

|  |
| --- |
| **Treatment Plan:**  |

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

Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship

**CI PREP FORM: NEW PATIENT**

**Patient Initials: Time: 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 |
|  |  |  |
|  |  |  |

**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:

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

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

 non moderate severe

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

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

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?

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

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

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

## *Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship*

**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? \_\_\_ \_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 activity \_\_\_\_\_ \_ \_\_\_\_\_\_\_

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

Identify specific barriers to treatment \_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_

**CLINICAL REASONING FORM**

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?

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

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

* 1. 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 a \* 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 0--------------------|--------------------10

 low high

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

 non-irritable very irritable

Irritability: Symptom 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

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

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

The extent of impairment and associated tissue damage

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

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

Implications for planning the physical examination

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

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

Progression since onset

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

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

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

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

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

**8 Precautions and contraindications 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 - R2 |

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?

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

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

1. Interpretation of posture and functional movementsand Physical impairments

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 the 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?

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

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

10.8 Identify the key impairments from the physical examination that may require management and reassessment:

1…………………………………………………………………………………………..

2…………………………………………………………………………………………..

3…………………………………………………………………………………………..

4…………………………………………………………………………………………..

5…………………………………………………………………………………………..

1. **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. Do your physical examination findings alter the interpretations made following the subjective examination with regard to the stage of the inflammatory/healing process?
	2. 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**

A. 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?…………………………………………

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

If manual therapy/passive treatment was used, what procedure(s) were used?……………….

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

If manual therapy/passive treatment procedures were used, what physical examination findings supported the choice of the predominately used procedure? Include in your answer a movement diagram of the most comparable sign……………………………………….

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



Movement Diagram

* 1. If you provided treatment on day one, what was the effect of this treatment?………………..

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

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?…………………………………………………………………………

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

1. **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?……………………………………………………………

* 1. 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** |
|  |  |

Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship

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

Date: Fellow: Patient: Instructor:

PATIENT PROFILE: Occupation Fitness Level

Recreational Activities Age Gender Handedness

|  |  |
| --- | --- |
| SUBJECTIVE EXAMINATION | Feedback/Comments |
| Start Time:1. **ESTABLISHES PATIENT'S PROBLEM(S)/ CHIEF COMPLAINT**
 |  • Unsatisfactory• Satisfactory (-)• Satisfactory• 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 (-)• Satisfactory• 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 (-)• Satisfactory• Satisfactory(+)• Superior |
| **4. PRECAUTIONS/CONTRAINDICATIONS TO PHYSICAL/MANUAL INTERVENTION*** 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 (-)• Satisfactory• Satisfactory(+)• Superior |

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

End Time: | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **8. CLINICAL REASONING: DATA INTERPRETATION** *(short planning form)** identify SINS
* identify contributing factors
* identify contraindications to PT examination and treatment
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• 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 (-)• Satisfactory• Satisfactory(+)• Superior  |
| 1. **ESTABLISH PAIN TYPE:**
* Central
* Peripherial Neurogenic
* Periphrial Nocioceptive
* Mixed
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior |
| **11. CLINICAL REASONING*** short planning sheet
* Patient Safe to proceed
* Proceed with caution
* Unsafe to proceed
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |

|  |  |
| --- | --- |
| PHYSICAL EXAMINATION | Feedback/Comments |
| **12. RESTING SYMPTOMS*** establish baseline
* patient communication
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **12. OBSERVATION*** posture
* willingness to move
* correcting deformity

**Detailed Alignment/Muscle Analysis** * Upper quarter
* Lower quarter
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **13. FUNCTIONAL ASSESSMENT*** supine to sit
* sit to stand
* stairs
* reach
* bend
* respiration
* other \_\_\_\_\_\_\_\_\_\_\_\_
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **14. GAIT ANALYSIS (critical events)*** weight acceptance
* single limb support
* swing limb advancement
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **15. ROUTINE ACTIVE MOVEMENTS*** range
* quality
* behavior of symptoms - for most relevant areas
* quick tests to prove or disprove hypothesis
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **16. SPECIAL TESTS (RELEVANT TO THE PATIENT’S CONDITION)*** vertebral artery tests
* ligamentous integrity tests
* other relevant tests\_\_\_\_\_\_\_\_\_\_\_
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |

|  |  |
| --- | --- |
| **17. NEUROLOGICAL EXAMINATION*** sensation
* strength
* reflexes
* upper motor neuron
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **18. PALPATION*** temperature
* sweating
* swelling
* soft tissue
* bony displacement
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **19. PASSIVE MOVEMENT TESTS*** range
* quality
* behavior of symptoms

 **VERTEBRAL JOINTS*** PAIVMs
* PPIVMs
* correct segmental level/joint
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **20. ACTIVE/PASSIVE MOVEMENT TESTS*** range
* quality
* behavior of symptoms

 **PERIPHERAL JOINTS*** physiological
* accessory
* differentiation

 **SPECIFIC MVT DEVIATIONS*** identify PICR deviations
* identify stiff vs. short muscles
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **21. MUSCLE*** length
* strength
* endurance
* coordination
* motor control
* pain response
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |

|  |  |
| --- | --- |
| **22. NERVE MOBILITY TESTS*** patient position
* therapist position
* therapist handling
* movement/pain relation
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **23. INQUIRY*** 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 (-)• Satisfactory• Satisfactory(+)• Superior  |
| **24. POST EXAMINATION** **REASSESSMENT*** justification for use/non-use
* active/passive mvt examination order
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **25. INTERPRETATION AND PLANNING** | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |

|  |  |
| --- | --- |
| **INTERVENTION AND RE-EVALUATION** | **Feedback/Comments** |
| **26. TREATMENT*** goal determination
* technique selection
* accuracy of technique
* communication
* treatment intensity
* treatment progression
* treatment duration
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **27. REASSESSMENT*** subjective reassessment
* body chart
* baseline level of symptoms
* response to movement
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **28. REASSESSMENT*** objective reassessment
* active
* passive physiologic
* passive accessory
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |

|  |  |
| --- | --- |
| **PATIENT MANAGEMENT SKILLS** | **Feedback/Comments** |
| **29. TIME MANAGEMENT*** subjective exam within 20 minutes
* full exam, treatment, pt. ed and HEP
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **30. INTERPRETATION AND CORRELATION**  **OF HISTORY, PHYSICAL EXAMINATION**  **AND REASSESSMENT DATA** | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **31. 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 keywords
* recognizes non-verbal cues
* parallels
* clarifies/does not assume
* makes features fit/pursues
* controls the interview
* demonstrates Empathy
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **32. DIAGNOSTIC PROCESS: MUTUAL INQUIRY*** physical & movement diagnosis
* identify disease beliefs
* identify treatment beliefs’
* identify potential barriers to treatment
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **33. 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; designself-reminder strategies
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **34. 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 (-)• Satisfactory• Satisfactory(+)• Superior  |
| **35. CLINICAL REASONING/ORAL DEFENSE*** severity
* irritability
* nature
* stage
* diagnosis
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• 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 *SATISFACTORY* marks: \_\_\_\_\_ X 3 = \_\_\_\_\_points(d)Total number of *SATISFACTORY* marks: \_\_\_\_\_ X 4 = \_\_\_\_\_points(e)Total number of *SUPERIOR* marks: \_\_\_\_\_ X 5 = \_\_\_\_\_pointsTotal Number of Components Measured (a+b+c+d+e):\_\_\_\_ X5 = \_\_\_\_\_maximum points possible |

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# 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 (-)• Satisfactory• Satisfactory(+)• Superior  |
| **2. BODY CHART*** notes pertinent modifications
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **3. SUBJECTIVE ASTERISKS SIGNS*** use of scanning questions
* obtains relevant additional data
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| 4. **REASSSESSMENT OF PATIENT**  **EDUCATION** * obtains relevant understadining of patients perception
* determine need for additional education

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

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

|  |  |
| --- | --- |
| **POSTTREATMENT REASSESSMENT** | Feedback/Comments |
| **11. SUBJECTIVE REASSESSMENT** * justification for use/non-use
* examination order
* communication skills
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior |
| **12. OBJECTIVE REASSESSMENT** * justification for use/non-use
* examination order
* examination precision
* communication skills

 | • Unsatisfactory• Satisfactory (-)• Satisfactory• 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 (-)• Satisfactory• Satisfactory(+)• Superior  |

|  |  |
| --- | --- |
| **PATIENT MANAGEMENT SKILLS** | Feedback/Comments |
| 1. **CLINICAL REASONING/ORAL DEFENSE**
* severity
* irritability
* nature
* stage
* diagnosis
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **15. CLINICAL REASONING: TEACH AND PROBLEM SOLVE*** teach performance skills, provide knowledge of how to implement and monitor self- treatment; designself-reminder strategies
* evaluate for treatment effect
* evaluate for adherence
* problem solve to eliminate barriers to adherence
* modify success indicators as the patient progresses
* identify best treatment patient is likely to follow - linked to valued activity
* identify specific barriers to treatment
* assess self-efficacy discharge plan
	+ treatment plan
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |
| **16. CLINICAL REASONING/ORAL DEFENSE*** goals
* treatment progression
* discharge plan
 | • Unsatisfactory• Satisfactory (-)• Satisfactory• Satisfactory(+)• Superior  |

|  |
| --- |
| **SUMMARY: CLINICAL PERFORMANCE EVALUATION PERIOD - RETURN VISIT** |
| (a)Total number of *UNSATISFACTORY* marks: \_\_\_\_\_ X 1 = \_\_\_\_\_points(b)Total number of *SATISFACTORY* marks: \_\_\_\_\_ X 2 = \_\_\_\_\_points(c)Total number of *SATISFACTORY* marks: \_\_\_\_\_ X 3 = \_\_\_\_\_points(d)Total number of *SATISFACTORY* marks: \_\_\_\_\_ X 4 = \_\_\_\_\_points(e)Total number of *SUPERIOR* marks: \_\_\_\_\_ X 5 = \_\_\_\_\_pointsTotal Number of Components Measured (a+b+c+d+e):\_\_\_\_ X5 = \_\_\_\_\_maximum points possible |

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# Clinical Performance Evaluation

### SUMMARY

Fellow:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Evaluation Period Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary: Clinical Performance Evaluation - **New Patient**

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

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

(d)Total number of *Satisfactory(-)*points: \_\_\_\_\_

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

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

Summary: Clinical Performance Evaluation - **New Patient/Return**

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

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

(d)Total number of *Satisfactory(-)*points: \_\_\_\_\_

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

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

Summary: Clinical Performance Evaluation - **Return**

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

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

(d)Total number of *Satisfactory(-)*points: \_\_\_\_\_

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

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

Summary: Clinical Performance Evaluation - **Return**

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

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

(d)Total number of *Satisfactory(-)*points: \_\_\_\_\_

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

D. Maximal Points Possible: \_\_\_\_\_

Summary

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+D): \_\_\_\_\_

Final Score for this Clinical Performance Evaluation Period

Total Number of Points / Total Maximal Points Possible X 100 = \_\_\_\_\_%

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**Scoring Procedures for Clinical Performance Evaluations -**

1. For each of the 34 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 5 points. Five points are scored for superior performance, four points for Satisfactory +, Three points are scored for satisfactory performance, Two points for Satisfactory (-) 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 five - providing the maximal points possible.
3. The number of points actually scored during the new and return patient evaluations are 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 70% demonstrate satisfactory performance.

Example:

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

components and scores **60 points** on those **20 components**.

* During the first *Clinical Performance Evaluation • Return Patient* the fellow is evaluated on 10 components and scores **40 points** on those **10 components**.
* During the second *Clinical Performance Evaluation • Return Patient,* the fellow is evaluated on 10 components and scores **45 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 5 = **200 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: 60 points + 40 points + 45 points = **145 points**

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

In this example: 145 points / 200 maximal possible points = .725 or 72.5 %

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**PRESENTATION EVALUATION FORM**

( To completed through E-Value)

Name of Guest Lecturer:

Topic:

|  |  |  |  |
| --- | --- | --- | --- |
| *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 were most valuable to me were:

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

Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship

**CLINICAL FACULTY EVALUATION FORM** -

( To 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:

Kaiser Permanente Southern California Persistent Pain Rehabilitation Fellowship

**FELLOWSHIP PROGRAM EVALUATION FORM**

( To 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 be made:

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

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**FELLOWSHIP PROGRAM EVALUATION FORM**

( To 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 be made:

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

AGREEMENT FOR ADVANCED FELLOWSHIP PROGRAM IN

PERSISTENT PAIN REHABILITATION

February 26th, 2019 through February 22, 2020

 This AGREEMENT FOR ADVANCED FELLOWSHIP PROGRAM IN PERSISTENT PAIN 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:

 A. WHEREAS, Medical Group operates an advanced fellowship training program for eligible physical therapists (“Fellows”) seeking an educational experience (both academic and clinical) and

 B. WHEREAS, Fellow desires to participate in the Program to obtain the educational experience to qualify for the above referenced status.

 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;

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

14. Report for work no later than the date for the hospital orientation date for your facility/service area of employment.

 B. Participate in the Program as follows: 1) 560 hours of classroom/lab training, 2) 150 hours of clinical training, 3) 1060 clinical practice hours, 4) Up to 40 hours of community service experience by providing up to 10 sessions of physical therapy services at the Venice Free clinic, 5) participation in a research-related project, and 6) completion of body region’s logs and feedback forms essential for the program’s ongoing review, 7) completion of a 1 day community education seminar of the Kaiser Physical Therapy Community. The curriculum for the Program will be determined by the Medical Group in accordance with the guidelines developed by the American Academy of Orthopaedic Manual Physical Therapist as published in "Guidelines for Orthopaedic Physical Therapy and Manual Therapy Clinical Education." Fellow agrees to perform at a satisfactory level as determined by the Medical Group.

 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 ($3000.00). 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:

1. Develop the curriculum for the Program in accordance with the guidelines developed by the

American Academy of Orthopaedic Manual Physical Therapist as published in "Guidelines for Orthopaedic Physical Therapy and Manual Therapy Clinical Education.", and the Orthopaedic Specialty Council of the American Board of Physical Therapy Specialties as published in "Description of Specialty Practice in Orthopaedic Physical Therapy."

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 two of three clinical performance evaluations – and during clinical performance evaluation periods, 3) 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; 4) participation in all scheduled days, a maximum of 40 hours of community service 5) Complete and present a 6-8 hour one day community course in the area of Persistent Pain 6) complete the feedback forms required by the Fellowship as directed by the APTA’s clinical residency and fellowship credentialing committee 7) completion of a one day community education seminar.

4. COMPENSATION

 A. Wages

Clinical services under the Program, which will total a minimum of 1080 hours, will be paid on a bi-weekly basis in accordance with the following rate schedule:

Job Code: Physical Therapist, Clinical Specialist Fellow, 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, research, community service/teaching 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 canceled.

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: Fellow:

\_6041 Cadillac Ave\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_Department of Physical Therapy, Ste 140 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_Los Angeles\_\_\_\_\_\_ California 90036 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, California 9\_\_\_\_\_\_

Attn.: Jason Tonley\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attn.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Coordinator

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

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