Resident’s Handbook

2024/2025

Kaiser Permanente Southern California

Orthopaedic Physical Therapy Residency

2.13.24 version

Contents:

1. Curriculum Outline
2. 2024 Class Schedule
3. Residency Performance/Completion Requirements
4. Remediation Policy
5. Guidelines for Requirements Completion
6. 2023 Free Clinic Schedule and Information
7. Body Regions Log
8. Patient Demographic Data Reporting Table
9. Guest Lecturer Evaluation Form
10. Clinical Faculty Evaluation Form
11. Residency Program Evaluation Forms
12. CI Prep Form
13. Daily/Weekly Feedback Form
14. Ortho PT Procedures Performance Assessment Tool
15. Clinical Skills Performance Evaluation Tool
16. Legal Agreement

**CURRICULUM OUTLINE**

Each resident receives:

1344 hours of unsupervised clinical practice

288 hours of classroom/lab instruction

156 hours of clinical supervision

80 hours of resident directed learning activities, which include the following:

community service and research

The content of the classroom, lab and clinical training in this residency encompass the following areas:

* Clinical Reasoning
* Lower Quadrant Physical Examination and Manual Treatment Procedures
* Lower Quadrant Biomechanical Examination and Treatment
* Interviewing and Communication Skills
* Upper Quadrant Physical Examination and Manual Treatment Procedures
* Upper Quadrant Biomechanical Examination and Treatment
* Scientific Basis of Orthopaedic PT Clinical Practice

The director of the program is Renee Rommero DPT, MPA

The coordinator of the curriculum of the program is Jason Tonley DPT, OCS.

PROGRAM FACULTY

Tony Ahn DPT,OCS (West Los Angeles)

Won-Kay Ancheta MPT, OCS (South Bay)

Jiten Bhatt, PT, OCS (Panorama City)

Casey Brewer DPT, OCS, SCS (San Diego)

Ashley Calvillo DPT, OCS (Los Angeles)

CeCe Chin DPT, OCS Woodland Hills

Dashan David DPT, OCS, FAAOMPT (San Diego)

Sam Dehdashti PT, OCS, SCS, ATC (Orange)

Robert Dulay PT, DPT, OCS (Panorama City)

Francisco de la Cruz MPT, OCS (Baldwin Park)

Lucas Esquerra DPT,OCS, SCS (Riverside)

Randal Glaser DPT, OCS (Panorama City)

Ronnie Guirguis DPT, OCS (Orange)

Erik Haddick DPT, OCS, FAAOMPT (Los Angeles)

Sharon Hall PT, OCS (Fontana)

Estee Hook, DPT, OCS (Riverside)

Krysten Jackson, DPT, OCS (Orange)

Brandon King DPT, OCS (Downey)

Stephanie King DPT, OCS (Panorama City)

Anne LeMoine DPT, OCS (South Bay)

Marshall LeMoine DPT, OCS, FAAOMPT **(West Los Angeles)**

Ernest Linares DPT, OCS, FAAOMPT (Woodland Hills)

Michael Lockwood DPT, OCS (South Bay)

Nicole Lovett DPT, OCS (Downey)

Sarah McCabe DPT, OCS, (West Los Angeles)

Heather Mendez DPT, OCS (Los Angeles)

Margaret Morrison DPT, OCS, FAAOMPT

(South Bay)

Stephen Morrison DPT, OCS (West Los Angeles)

Rachael Nicolaisen MPT, OCS, FAAOMPT (Panorama City)

**Jessica Niebrugge DPT,OCS (San Diego)**

**Judy Pang DPT,OCS (South Bay)**

Lorinn Parchman DPT,OCS (Panorama City)

Darek Przebieda DPT, OCS (Sunset)

Sara Richardson DPT, OCS (Orange)

Amber Rho DPT, OCS, FAAOMPT (Los Angeles)

Shawn Roth DPT, OCS **(Downey)**

Allison Sapienza DPT,OCS (Woodland Hills)

Karina Smith DPT,OCS, SCS, (Orange)

Katherine Smith DPT, OCS (Baldwin Park)

Mark Thompson, DPT, OCS, FAAOMPT, CMP (San Diego)

Jason Tonley DPT, OCS, FAAOMPT (West Los Angeles)

LECTURERS

|  |  |
| --- | --- |
| Skulpan Asavasopon PhD, MPT, OCS, FAAOMPT  Nancy Adachi PT  Robert Klingman MPT, OCS  Ronald Kochevar DPT, OCS | Christopher Powers PT, PhD  Greg Wolfe CO  Michael Wong PT, OCS, FAAOMPT |

**Program Mission: Kaiser Permanente Southern California Orthopaedic Manual Therapy Fellowship**

**Program's Mission is to:**

**Provide clinical training of physical therapists that accelerates their professional development in becoming a resource, educator and mentor to others in the community that they serve as a:**

**• Highly skilled patient-care provider**

**• Fellow, American Academy of Orthopaedic Manual Physical Therapy**

**• Resource, clinical educator and mentor to physical therapists and other healthcare**

**providers**

**• Competent consumer and contributor to the scientific literature**

## GOAL #1: Exhibit the highest standards of professionalism.

Objectives:

1. Meet or exceed standards required of all physical therapists employed by the Southern California Permanente Medical Group (SCPMG).
2. Performs all tasks required of a physical therapy resident in a dependable and reliable manner including:
   * 1. Directed and self-directed learning of clinical skills
     2. Effective oral and written communication with patients, clinical faculty, administration, physicians, and other members of the health care team.
3. Assume an active role in addressing a need in the community

**Key Indicator are listed as objectives**

GOAL #2: Perform the highest standard of health care for the Kaiser Health Plan members.

Objectives:

(The following objectives are taken from Policy # 1004 of the Southern California Permanente Medical Group Physical Medicine and Rehabilitation Policy and Procedures Manual)

1. Restore or preserve the patient’s muscle strength, range of motion and/or coordination to the maximum extent possible during the course of, or recovery from a disabling disease, condition, or trauma.
2. Prevent or limit permanent disability, decrease in range of motion or loss of coordination resulting from a disease, condition, or trauma.
3. Facilitate the patient’s adaptation to, and use of, prescribed prosthetic and/or orthotic appliances.
4. Alleviate pain and discomfort related to diseases, conditions or trauma affecting the neuromusculoskeletal system.
5. Improve the patient’s functional abilities and promote maximum independence.
6. Facilitate the healing process.

**Key Indicator: Successfully pass three Clinical Performance Exams (at expected passing rates)**

**Key Indicator: Score 70% or higher on 2 written examinations**

### GOAL #3: Competence with utilizing, and contributing to, the evidence-based practice of physical therapy

Objectives:

1. Assist 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.

**Key Indicator: Assist 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.**

GOAL #4: Obtain ABPTS board certification as a clinical specialist in orthopaedic physical therapy.

Objectives:

1. Obtain *skills* in the six clinical responsibilities described in the current ABPTS Description of Specialty Practice of Orthopaedic Physical Therapy.
2. Obtain *knowledge* in the seven knowledge areas described in the current ABPTS Description of Specialty Practice of Orthopaedic Physical Therapy.
3. Obtain *ability* to perform the patient examination and treatment procedures described in the current ABPTS Description of Specialty Practice of Orthopaedic Physical Therapy

**Key Indicator: Maintain a program passing rate of 90% or higher on the OCS Exam.**

**Key Indicator: Maintain an updated curriculum that meets DRP for Orthopaedics**

Goal #5: The program maintains ABPTRFE accreditation**.**

Objectives:

1. Program submits annual reports and maintains accreditation on annual basis

**Key Indicator: Annual reports demonstrate compliance with residency quality standards.**

**Key Indicator: Maintains ongoing ABPTRFE accreditation**

Goal #6: Program to provide consistent clinical experience at all locations

Objectives:

1. Residents will be provided with similar patient exposure at all clinical sites throughout the year
2. Residents will be provided with a similar clinical mentoring experience at all sites

**Key Indicator: Program will provide exposure to a patient population consistent with DSP/DRP guideline**

**Key Indicator: The program will provide a consistent mentoring experience for residents all clinical sites**

Goal #7: Maintain a sustainable program

Objectives

1. Recruit adequate qualified applicants for the program on an annual basis
2. Maintain adequate qualified mentors for each locations
3. Program operates within program budget
4. Program to maintain updated curriculum annually

**Key Indicator: Attract adequate number of qualified candidates to fill all residency positions**

**Key Indicator: Maintain qualified mentoring pool**

**Key Indicator: Program operates within budget**

APTA Required Policies Disclosures

**Retention Policy:** Provided on page 7 of the Residency Handbook and

**Remediation Policy**- Provided on page 8 of the Residency Handbook

**Termination Policy**- Provided on pages 3-4 of the Residency Agreement

**The following polices are available in the** [**Program Policy Folder**](https://drive.google.com/drive/folders/1DFTFYxbijiG-PSU3w3xdIXt24ErbH50X?usp=share_link)

* **Program Grievance Policy**
* **Program Appeal Policy**
* **Leave Policy:**
* **Non-Discrimination/Privacy/ Confidentiality Policies:**
  + **Page 4 of the Residency Agreement**

**APTA Grievance policy** – <https://abptrfe.apta.org/complaints> - Reviewed at Orientation with all program participants annually.

**ABPTRFE Quality Standards**: [ABPTRFE Quality Standards for Clinical Residency and Fellowship Programs | American Board of Physical Therapy Education Residency and Fellowship (apta.org)](https://abptrfe.apta.org/for-programs/clinical-programs/quality-standards-clinical)

**2024-2025 Residency Class Schedule**

11.21.23 (Tentative)

|  |  |  |  |
| --- | --- | --- | --- |
| **March 2nd** | **Saturday** | **Orientation to the program**  **Skills workshop:  Effective History Taking Strategies**  **Clinical Reasoning- Introduction** | **Skulpan Asavasopon**  **Denis Dempsey** |
| March 3rd | Sunday | Pain Intelligence | Skulpan Asavasopon |
| **March 9th** | **Sat**  **KPWLA** | **Emotional Intelligence:  Understanding and Improving Communication with your patients – Part 1.** | **Renee Rommero** |
| March 10thh | Sunday | Clinical Reasoning 1 | Skulpan Asavasopon |
| March 23-24th | Sat/Sunday | RTB 1-2 Pelvic Girdle: - The Organized Interviewer- What you need to know Lumbar Spine: Movement Science Applications and Manipulative Procedures | Skulpan Asavasopon  Marshall LeMoine |
| March 30th | Sat | Subjective Interviewing workshop Part 1 | Skulpan Asavasopon |
| April 6th | Saturday | Advancements in Lumbar Spine Management | Marshall LeMoine |
| April 13th | Sat | Subjective Interviewing workshop Part 2 | Skulpan Asavasopon |
| April 20-21 | Sat Sun | RTB 3-4  Hip and Knee : Management of Lower Quarter Pathomechanics Lower Quarter Movement Science Principles and Manual  Procedures | Skulpan Asavasopon  Marshall LeMoine |
| April 27//28 | Saturday/Sunday  KPWLA | Critical Analysis of Scientific Literature, Presentation Proposals,  Gait Biomechanics and Pathomechanics | Chris Powers |
| May 4th | Sat 1/2 day | Intro to Pain Neuroscience | Stephen Morrison/Shawn Roth |
| May 11th | Saturday | Hip and Knee Rehabilitation | Marshall LeMoine |
| May 18st-19th | Sat/Sunday  KPWLA | Clinical Reasoning II-III:  Reasoning through Pain Presentations (at KPWLA) | Skulpan Asavasopon |
| Jun 1-2n | Sat/Sun | RTB 5-6Foot and Ankle: Management of Pathomechanics  Thoracic Spine: Manipulative Procedures  Raising Awareness of Personality Types and Pain-Prone Personalities                Counseling Strategies – “different strokes for different folks” | Skulpan Asavasopon  Marshall LeMoine |
| Jun 8/9 | Saturday/Sunday | Ankle and Foot Rehabilitation | Robert Kingman/Greg  Wolfe |
| Jun 10th-21st | Mon – Fri | 1st Mid-Year Clinical Performance Evaluation Weeks | Clinical Faculty |
| Jun 22-23 | Sat- Sun | RTB 7-8  Cervical Spine: Movement Science Applications and Manipulative                Procedures  Upper Cervical Spine and Headache: Manual Procedures and              Management of Pathomechanics | Skulpan Asavasopon  Marshall LeMoine |
| Jun 29th | Sat | Witten Exam, Clinical Skills Exam Pelvis, L/S, Hip, Knee, Foot , T/S |  |
| July 13-14 | Saturday/Sunday | RTB 9-10  Shoulder: Movement Science Applications of the Upper Quarter and              Manual Procedures  Elbow, Wrist, Hand: Application of Movement Sciences and Manual              Procedures  Educational Intervention- covering all the bases | Skulpan Asavasopon  Marshall LeMoine |
| **Jul 20** | **Saturday**  **KPWLA** | **Emotional Intelligence:  Understanding and Improving Communication**  **with your patients – Part 2** | **Renee Rommero** |
| August 3rd  (8-6 pm) | Sat  KP Downey | Muscle Balance Theory | Francisco De La Cruz/ Nicole Lovett |
| Aug 10h | Saturday  KPSB | Shoulder Rehabilitation | Ron Kochevar |
| Aug 17th | Sat 1/2 day | Intrro to Pain Neuroscience – Part 2 | Stephen Morrison/Shawn Roth |
| Aug24th | Saturday | Craniomandibular Rehabilitation | Nancy Adachi  Cece Chin |
| Sept 7th | Saturday | Elbow and Hand Rehabilitation- Residency | Michael Wong |
| **Sept 30-Oct 11** | **Mon – Fri** | **2nd Mid-Year Clinical Performance Evaluation Weeks** | **Clinical Faculty** |
| Oct 12th | Sat | Pilates for Rehabilitation:  Impairment-based Interventions | Judy Pang, |
| Nov 9-10th | Sat/Sun | Advanced Medical Screening | William Boissinault |
| Nov 16th | Sat | Written Exam, Clinical Skills Exam: C-S, Shld, Ebw, Wst, Hd |  |
| **TBD** | Sat | Shirley Sahrmann Seminar | Shirley Sahrmann |
| **Jan 20nd – Jan 31st** | **Mon – Fri** | **Final Clinical Performance Evaluation Weeks** | **Clinical Faculty** |
| Feb 1st | Saturday | Research Presentations (at KPWLA) | Chris Powers |
| Feb 17-21th | Monday-Friday | Last Scheduled Week of Clinical Practice |  |
| Feb 22th | Saturday | Graduation Dinner |  |

2024/2025

Residency Performance/Completion Requirements

To successfully complete this clinical residency, the resident must achieve/complete the following:

1. Participate in the following clinical education:

1377 hours of unsupervised clinical practice

323 hours of classroom/lab instruction

159 hours of clinical supervision

50 hours of community service

30 hours of resident directed learning activities:

This community service requirement is fulfilled by completing all scheduled sessions of providing physical therapy services at the assigned Free Clinic.

1. Maintain the “Body Regions Log,” to be completed monthly, the “Patient Demographic Data needed for our Annual Report to the APTA Residency Credentialing Committee” complete the final update by Feb 21th, 2025. All updates will be submitted via the E-Value system.
2. Maintain ongoing electronic mentoring portfolio to be submitted at the mid-term and final program evaluation dates
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 orthopaedic physical therapy.
4. Perform at a satisfactory level during assessment of the resident’s performance during the 90 day and year-end review using the *Kaiser Permanente Physical Therapy Criteria-Based Performance Evaluation*.
5. Must attain a cumulative score of 70% two written examinations given throughout the program.
6. Successfully pass two technique examinations with a minimum score of 70% on each exam
7. Satisfactorily perform 100% of the procedures listed on the *Orthopaedic Physical Therapy Procedures Performance Assessment Tool*, to be documented via the E-value system.
8. Attain a total of 225 points (Minimum of 130 points by the end of the second competency, and a minimum score of 80 points on the final exam) for the three competencies observed during the clinical examinations periods (1st Mid-Year, 2nd Mid-Year, and Final) using the Orthopaedic Physical Therapy *Clinical Skills Performance Evaluation Tool*.
9. Complete all following feedback forms **within 2 weeks** of assignment completion using the E-value system including:
   1. Sept 30th, 2024 Residency Program Mid-year –Evaluation Form
   2. Feb 14th, 2025 Residency Program Final Evaluation Form
   3. Guest Lecturer Evaluation Forms
   4. Clinical Faculty Evaluation Forms for each Clinical Supervisor at your facility

2024/2025

Remediation Policy

Unsatisfactory performance on any of the nine “Residency Performance/Completion Requirements” will result in the resident being placed on probation for a 16-week period. If, 16 weeks later, the resident’s performance remains unsatisfactory, the resident will not receive a certificate of completion upon completion of the program for that year. In this case, the Department Administrator of the facility that employs the resident retains the option to allow the resident (if the resident so chooses) to remain employed as a resident in order to attempt to successfully complete the program in the subsequent year.

Scoring less than a summative score of 70% on written or 70 % on each technique examinations in this program will result in the resident being required to take a make-up examination within eight weeks of the last (and final) examination. If the resident scores less that 70% on the make-up examination, he/she will be given another make-up examination before Feb 1st, 2025. If a passing score of 70% is not received on this examination, the resident will not receive a certificate of completion from the program. In this case, the coordinator of the Program and the Department Administrator of the facility that employs the resident retain the option to create a remediation plan for the resident (if the resident so chooses), which would likely involve the resident participating in a 16 week directed study and/or directed clinical supervision program in the subsequent year.

## Guidelines for Completion of Clinical Practice and Clinical Supervision (Mentoring), Community Service and Resident Directed Learning Activities Requirements

Requirements:

Clinical Practice: 1377 hours

Clinical Supervision: 159 hours

Community Service: 50 hours

Resident Directed Learning Activities: 30 hours

Typical option for attainment of the ***clinical supervision*** hour requirement:

3 hours per week for 52 weeks

plus

6 hours per week for 3 weeks during the evaluation of the resident’s performance

Typical options for attainment of the ***clinical practice*** hour requirement:

The resident works three 10-hour days per week for 52 weeks. Three hours of each week is used for clinical supervision/mentoring. This provides 1377 hours of (unsupervised) clinical practice.

Note: If the resident desires to schedule a vacation week during the residency year, he or she will need to work additional hours at the end of the program to make up for the clinical practice hours not worked while on vacation.

For the required 1377 hours of clinical practice (30 hours per week for 52 weeks, the residents will be paid according to the current physical therapy resident’s pay rate ($39.1308/hour without benefits or $32.609/hour with benefits). If the Dept. Administrator has additional work hours available for the resident, beyond the required, the resident will be paid a hybrid rate (average of resident rate and staff rate) for all hours worked.

Options for attainment of the ***community service*** hour requirement:

All resident will participate in one of the following two options:

1. Provide physical therapy services at one of the assigned Free Clinic Mon-Wed mornings for up to a total of 10 sessions.

(Please refer to the information sheet on the following pages of this handbook for a further description and the role of the physical therapy residents and fellows).

Typical options for attainment of the *resident directed learning activities* hour requirement:

Below are *example activities* and *example hour totals* of additional resident directed learning activities that residents have used in the past to fulfill this requirement.

Example: Community Service Activities

Research

CSM and CAPTA conferences

Kaiser Hospital Orientation

CPR and/or Fire Safety Classes

Weekly In-service Training (2hr/mo x 10)

Kaiser sponsored CPTE or CME Seminars

Orthopaedic Section or CAPTA Con Ed

Specialty Practice Observation

Additional clinical practice hours

**SCHEDULE AND INFORMATION SHEET 2.7.24 update**

**2024/2025 Physical Therapy Services for Patients at the Hollywood Sunset Free Clinic**

To: 2024 Kaiser Permanente Residents and Fellows

|  |  |
| --- | --- |
| Nevin Poolpuong | nevinpoolpuong@gmail.com |
| Michael Hwang | m.hwang90@gmail.com |
| Rebecca McKim | becca.e.mckim@gmail.com; |
| Kira Konde | kcconde@usc.edu; |
| Cortez Espinoza | cortez.espinoza10@gmail.com; |
| Megan Lim | limmegane@gmail.com; |

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

|  |  |
| --- | --- |
| Mon, March 4 | Nevin Poolpuong |
| Mon, March 11 | Michael Hwang |
| Mon, March 18 | Rebecca McKim |
| Mon, March 25 | Kira Konde |
|  | |
| Mon, April 1 | Cortez Espinoza |
| Mon, April 8 | Megan Lim |
| Mon, April 15 | Nevin Poolpuong |
| Mon, April 22 | Michael Hwang |
| Mon, April 29 | Rebecca McKim |
|  | |
| Mon, May 6 | Kira Konde |
| Mon, May 13 | Cortez Espinoza |
| Mon, May 20 | Megan Lim |
| Mon May 27 | **No services due to holiday** |
|  | |
| Mon, Jun 3 | Nevin Poolpuong |
| Mon, Jun 10 | Michael Hwang |
| Mon, Jun 17 | Rebecca McKim |
| Mon, Jun 24 | Kira Konde |

|  |  |
| --- | --- |
| Mon, Jul 1 | Cortez Espinoza |
| Mon, Jul 8 | Megan Lim |
| Mon, Jul 15 | Nevin Poolpuong |
| Mon, Jul 22 | Michael Hwang |
| Mon, July 29 | Rebecca McKim |
|  | |
| Mon, Aug 5 | Kira Konde |
| Mon, Aug 12 | Cortez Espinoza |
| Mon, Aug 19 | Megan Lim |
| Mon, Aug 26 | Nevin Poolpuong |

|  |  |
| --- | --- |
| Mon, Sept 2 | **No services due to holiday** |
| Mon, Sept 9 | Michael Hwang |
| Mon, Sept 16 | Rebecca McKim |
| Mon, Sept 23 | Kira Konde |
| Mon, Sept 30 | Cortez Espinoza |
|  | |
| Mon, Oct 7 | Megan Lim |
| Mon, Oct 14 | Nevin Poolpuong |
| Mon, Oct 21 | Michael Hwang |
| Mon, Oct 28 | Rebecca McKim |
|  |  |
| Mon, Nov 4 | Cortez Espinoza |
| Mon, Nov 11 | Megan Lim |
| Mon, Nov 18 | Nevin Poolpuong |
| Mon, Nov 25 | **No services due to holiday** |
|  | |
| Mon, Dec 2 | Michael Hwang |
| Mon, Dec 9 | Rebecca McKim |
| Mon, Dec 16 | Kira Konde |
| Mon, Dec 24 | **No services due to holiday** |
| Mon, Dec 30 | **No services due to holiday** |
|  | |
| Mon, Jan 6 | Cortez Espinoza |
| Mon, Jan 13 | Megan Lim |
| Mon Jan 20 | Nevin Poolpuong |
| Mon Jan 27 | Michael Hwang |
|  | |
| Mon, Feb 3 | Rebecca McKim |
| Mon, Feb 10 | Kira Konde |
| Mon, Feb 17 | Megan Lim |
| Mon, Feb 24 | **No services this week** |

**KP PT Rotation at the Hollywood Sunset Free Clinic (HSFC)**

The Kaiser Permanente Physical Therapy Fellows and Residents provide individual physical therapy consultations for patients of the **HSFC** on Monday afternoons located at 3324 Sunset Blvd , LA, 90026. Patient care runs from 3:00 pm to 600 pm.

Free street parking is located on Micheltorena street (off of Sunset blvd, near Micheltorena Elementary school) there is no parking lot for the clinic

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 lower right hand corner.

**LANGUAGE**

Please note that many of the patients at the **HSFC** 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 Monday afternoons at the **HSFC** located at 3324 Sunset Blvd , LA, 90026. Free street parking is located on Micheltorena street (off of Sunset blvd, near Micheltorena Elementary school) there is no parking lot for the clinic

You will have one or two examination rooms to work from.

For scheduling changes, please notify Jason Tonley. The **HSFC** contact person is for schedule changes notify Victor Velez clinic manager, 213-392-0330. The clinic director is Teresa Pauda.

**PHYSICAL THERAPY SUPPLIES**

There will be a “Physical Therapy Supplies” cabinet in the clinic for us. It has simple supplies such as tape and theraband. Exercise Pro should be accessible 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](mailto:Jason.C.Tonley@kp.org), [Tonley00@aol.com](mailto:Tonley00@aol.com)

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

**SCHEDULE AND INFORMATION SHEET 1.25.24 update**

**2024/2025 Physical Therapy Services for Patients at the Venice Family Clinic**

To: 2024 Kaiser Permanente Residents and Fellows

**SCHEDULE AND INFORMATION SHEET 1.25.24 update**

**2024/2025 Physical Therapy Services for Patients at the Venice Family Clinic**

To: 2024 Kaiser Permanente Residents and Fellows

|  |  |
| --- | --- |
| Jose Aguinada | jayaguinada@gmail.com |
| Aliya Jafar | aliya.jafar@gmail.com |
| Edward Fu | edward.fu12@gmail.com |
| Lucky Maze | luckymazephysicaltherapy@gmail.com |
| Alysha Terrell | afdeltoro@gmail.com |
| Jon Sumilat | johnsumilat@gmail.com |
| Sidney Rose | sbortega3@gmail.com; |
| Melanie Bobila | mbobila20@apu.edu; |
| Daniel Hines | 92hdan@gmail.com |
| Danlin Bao | carolinebao3@gmail.com; |
| Clarissa Briones | clarissamaybriones@gmail.com |
| Janet Duong | duongjanetha@gmail.com; |
| Katrina Lim | katrina.t.lim@gmail.com; |
| Joseph Abdulmasih | clarissamaybriones@gmail.com |

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

|  |  |
| --- | --- |
| Tues, March 5 | **No Clinic Services** |
| Tues, March 12 | , (2/3 Schedule) Jose Aguinada, Sidney Rose, Danlin Bao |
| Tues, March 19 | (2/3 Schedule) Aliya Jafar, Melanie Bobila, Katrina Lim |
| Tues, March 26 | (2/3 Schedule) Edward Fu, Jon Sumilat, Clarissa Briones (Late Start 945 am) |
|  | |
| Tues, April 2 | **No Clinic Services** |
| Tues, April 9 | (2/3 Schedule) Lucky Maze, Daniel Hines, Janet Duong |
| Tues, April 16 | (2/3 Schedule) Alysha Terrell, Joseph Abdulmasih, |
| Tues, April 23 | Jose Aguinada, Sidney Rose, Danlin Bao |
| Tues, April 30 | Aliya Jafar, Melanie Bobila, Katrina Lim |
|  | |
| Tues, May 7 | **No Clinic Services** |
| Tues, May 14 | Edward Fu, Jon Sumilat, Clarissa Briones |
| Tues, May 21 | Lucky Maze, Daniel Hines, Janet Duong |
| Tues, May 28 | Alysha Terrell, Joseph Abdulmasih, (Late start – 945 am) |
|  | |
| Tues, Jun 4 | **No Clinic Services** |
| Tues, Jun 11 | Aliya Jafar, Melanie Bobila, Katrina Lim |
| Tues, Jun 18 | Edward Fu, Jon Sumilat, Clarissa Briones |
| Tues, Jun 25 | Lucky Maze, Daniel Hines, Janet Duong |

|  |  |
| --- | --- |
| Tues, Jul 2 | **No Clinic Services** |
| Tues, Jul 9 | Alysha Terrell, Joseph Abdulmasih, |
| Tues, Jul 16 | Jose Aguinada, Sidney Rose, Danlin Bao |
| Tues, Jul 23 | Aliya Jafar, Melanie Bobila, Katrina Lim |
| Tues, Jul 30 | Edward Fu, Jon Sumilat, Clarissa Briones |
|  | |
| Tues, Aug 6 | **No Clinic Services** |
| Tues, Aug 13 | Lucky Maze, Daniel Hines, Janet Duong |
| Tues, Aug 20 | Alysha Terrell, Joseph Abdulmasih, |
| Tues, Aug 27 | Jose Aguinada, Sidney Rose, Danlin Bao |

|  |  |
| --- | --- |
| Tues, Sept 3 | **No Clinic Services** |
| Tues, Sept 10 | Aliya Jafar, Melanie Bobila, Katrina Lim |
| Tues, Sept 17 | Edward Fu, Jon Sumilat, Clarissa Briones |
| Tues, Sept 24 | Lucky Maze, Daniel Hines, Janet Duong |
|  | |
| Tues, Oct 1 | **No Clinic Services** |
| Tues, Oct 8 | Alysha Terrell, Joseph Abdulmasih, |
| Tues, Oct 15 | Jose Aguinada, Sidney Rose, Danlin Bao |
| Tues, Oct 22 | Aliya Jafar, Melanie Bobila, Katrina Lim |
| Tues, Oct 29 | Edward Fu, Jon Sumilat, Clarissa Briones |
|  | |
| Tues, Nov 5 | **No Clinic Services** |
| Tues, Nov 12 | Lucky Maze, Daniel Hines, Janet Duong |
| Tues, Nov 19 | Alysha Terrell, Joseph Abdulmasih, |
| Tues, Nov 26 | Jose Aguinada, Sidney Rose, Danlin Bao |
|  | |
| Tues, Dec 3 | **No Clinic Services** |
| Tues, Dec 10 | Aliya Jafar, Melanie Bobila, Katrina Lim |
| Tues, Dec 17 | Edward Fu, Jon Sumilat, Clarissa Briones |
| Tues, Dec 24 | **No services due to holiday** |
| Tues, Dec 31 | **No services due to holiday** |
|  | |
| Tues, Jan 9 | **No Clinic Services** |
| Tues, Jan 14 | Lucky Maze, Daniel Hines, Janet Duong |
| Tues, Jan 21 | Alysha Terrell, Joseph Abdulmasih, |
| Tues Jan 28 | Jose Aguinada, Sidney Rose, Danlin Bao |
|  | |
| Tues, Feb 4 | **No Clinic Services** |
| Tues, Feb 11 | Aliya Jafar, Melanie Bobila, Katrina Lim |
| Tues, Feb 18 | Edward Fu, Jon Sumilat, Clarissa Briones |
| Tues, Feb 25 | **No Clinic Services** |

**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 8:00.

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 lower right 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 west bound 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](mailto:atejeda@mednet.ucla.edu). The Clinic’s Medical Director is Dr. Karen Lamp, 310-664-7648 or [klamp@mednet.ucla.edu](mailto: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](mailto:Jason.C.Tonley@kp.org), [Tonley00@aol.com](mailto:Tonley00@aol.com)

Phone: 310-739-7606 KP Voice Mail: 323-857-253

**SCHEDULE AND INFORMATION SHEET 11.20.23 update**

**2024/2025 Physical Therapy Services for Patients at the Lestonnac Clinic**

To: 2024 Kaiser Permanente Residents and Fellows

|  |  |
| --- | --- |
| Emily Reinking | [reinking.emily@gmail.com](mailto:reinking.emily@gmail.com) |
| Katrina Dorado | Kalinadee15@gmail.com; |
| Luke Tsai | tsailuke13@gmail.com; |
| Alex Christian | achristian88@gmail.com; |
| Claire Gerona | clairegerona@gmail.com; |
| Mathew Jeffers | mdjeffers101@gmail.com; |
| Nicholas Maeda | NickMaeda8@gmail.com; |
| Katrina Wong, | katrinawongsy@gmail.com; |
| Abigail Estrada | aestrada20@apu.edu; |
| Tim Christopher | levichris24@gmail.com; |
| Robert Iwasaki | RobertIwasaki1@gmail.com; |
| Natalie Cerda | ncerda20@apu.edu; |
| Ryan Plaugher | rplaugher16@apu.edu; |
|  |  |

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

|  |  |
| --- | --- |
| Tues, March 5 | Emily Reinking, Katrina Dorado |
| Tues, March 12 | Luke Tsai, Alex Christian |
| Tues, March 19 | Claire Gerona, Mathew Jeffers |
| Tues, March 26 | Nicholas Maeda, Katrina Wong, |
|  | |
| Tues, April 2 | Abigail Estrada, Tim Christopher |
| Tues, April 9 | Robert Iwasaki, Natalie Cerda |
| Tues, April 16 | Ryan Plaugher, Emily Reinking |
| Tues, April 23 | Katrina Dorado, Luke Tsai |
|  | |
| Tues, May 7 | Alex Christian, Claire Gerona |
| Tues, May 14 | Mathew Jeffers, Nicholas Maeda |
| Tues, May 21 | Katrina Wong, Abigail Estrada |
| Tues, May 28 | Tim Christopher, Robert Iwasaki |
|  | |
| Tues, Jun 4 | Natalie Cerda, Ryan Plaugher |
| Tues, Jun 11 | Emily Reinking, Katrina Dorado |
| Tues, Jun 18 | Luke Tsai, Alex Christian |
| Tues, Jun 25 | Claire Gerona, Mathew Jeffers |

|  |  |
| --- | --- |
| Tues, Jul 2 | **No services due to holiday** |
| Tues, Jul 9 | Nicholas Maeda, Katrina Wong |
| Tues, Jul 16 | Abigail Estrada, Tim Christopher |
| Tues, Jul 23 | Robert Iwasaki, Natalie Cerda |
| Tues, Jul 30 | Ryan Plaugher, Emily Reinking |
|  | |
| Tues, Aug 6 | Katrina Dorado, Luke Tsai |
| Tues, Aug 13 | Alex Christian, Claire Gerona |
| Tues, Aug 19 | Mathew Jeffers, Nicholas Maeda |
| Tues, Aug 27 | Katrina Wong, Abigail Estrada |

|  |  |
| --- | --- |
| Tues, Sept 3 | **No services due to holiday** |
| Tues, Sept 10 | Tim Christopher, Robert Iwasaki |
| Tues, Sept 17 | Natalie Cerda, Ryan Plaugher |
| Tues, Sept 24 | Emily Reinking, Katrina Dorado |
|  | |
| Tues, Oct 1 | Luke Tsai, Alex Christian |
| Tues, Oct 8 | Claire Gerona, Mathew Jeffers |
| Tues, Oct 15 | Nicholas Maeda, Katrina Wong |
| Tues, Oct 22 | Abigail Estrada, Tim Christopher |
| Tues, Oct 29 | Robert Iwasaki, Natalie Cerda |
|  | |
| Tues, Nov 5 | Ryan Plaugher, Emily Reinking |
| Tues, Nov 12 | Katrina Dorado, Luke Tsai |
| Tues, Nov 19 | Alex Christian, Claire Gerona |
| Tues, Nov 26 | **No services due to holiday** |
|  | |
| Tues, Dec 3 | Mathew Jeffers, Nicholas Maeda |
| Tues, Dec 10 | Katrina Wong, Abigail Estrada |
| Tues, Dec 17 | Tim Christopher, Robert Iwasaki |
| Tues, Dec 24 | **No services due to holiday** |
| Tues, Dec 31 | **No services due to holiday** |
|  | |
| Tues, Jan 7 | Natalie Cerda, Ryan Plaugher |
| Tues, Jan 14 | Emily Reinking, Katrina Dorado |
| Tues, Jan 21 | Luke Tsai, Alex Christian |
| Tues Jan 28 | Claire Gerona, Mathew Jeffers |
|  | |
| Tues, Feb 4 | Nicholas Maeda, Katrina Wong |
| Tues, Feb 11 | Abigail Estrada, Tim Christopher |
| Tues, Feb 18 | Robert Iwasaki, Natalie Cerda |
| Tues, Feb 25 | **No Clinic Services** |

**KP PT Rotation at the Lestonnac Free Clinic (LFC)**

The Kaiser Permanente Physical Therapy Fellows and Residents provide individual physical therapy consultations for patients of the **Lestonnac Free Clinic** on Tuesday afternoons located at 1215 E Chapman Ave, Orange, CA 92866 in Orange County. Patient care starts at 1:30 p.m.

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 lower right hand corner.

**LANGUAGE**

Please note that many of the patients at the **LFC** 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 afternoons at the **Lestonnac Free Clinic** located at 1215 E Chapman Ave, Orange, CA 92866 in Orange County. Parking is available in the lot that surrounds the clinic. If the lot is full, you can park at the Calvary Chapel Old Towne located at 221 N Waverly Street, Orange, CA 92866 (it’s just around the corner, down on Monterrey Road and left on Maple Street).

For scheduling changes, please notify Jason Tonley. The **LFC** contact person is Andrea Rodriguez, (714) 583-6431 or arodriguez@lestonnacfreeclinic.org. The on-site RN is Valerie Coppola, (714) 592-2633 or [vcoppola@lestonnacfreeclinic.org](mailto:vcoppola@lestonnacfreeclinic.org).

**PHYSICAL THERAPY SUPPLIES**

There will be a “Physical Therapy Supplies” cabinet in the clinic for us. It has simple supplies such as tape and theraband. Exercise Pro should be accessible 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](mailto:Jason.C.Tonley@kp.org), [Tonley00@aol.com](mailto:Tonley00@aol.com)

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

**SCHEDULE AND INFORMATION SHEET 2.7.24 update**

**2024/2025 Physical Therapy Services for Patients at the Simi Valley Free Clinic**

To: 2024 Kaiser Permanente Residents and Fellows

|  |  |
| --- | --- |
| Alex Chwa | alexanderchwa@gmail.com; |
| Sanjay Ghai | sghai001@gmail.com; |
| Jonathan Hinich | jhinich19@gmail.com; |
| Brando Barron | brando.barron@yahoo.com; |
| Antonio Porreco | aporreco14@gmail.com; |
| Alberto Galvan | albertogalvanatc@gmail.com |

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

|  |  |
| --- | --- |
| Wed, March 6 | **No Clinic Services-** |
| Wed, March 13 | Alex Chwa |
| Wed, March 20 | Sanjay Ghai |
| Wed, March 27 | Jonathan Hinich |
|  | |
| Wed, April 3 | Brando Barron |
| Wed, April 10 | Antonio Porreco |
| Wed, April 17 | Alberto Galvan |
| Wed, April 24 | Alex Chwa |
|  | |
| Wed, May 1 | Sanjay Ghai |
| Wed, May 8 | Jonathan Hinich |
| Wed, May 15 | Brando Barron |
| Wed, May 22 | Antonio Porreco |
| Wed, May 29 | **No services due to holiday** |
|  | |
| Wed, Jun 5 | Alberto Galvan |
| Wed, Jun 12 | Alex Chwa |
| Wed, Jun 19 | Sanjay Ghai |
| Wed, Jun 26 | Jonathan Hinich |

|  |  |
| --- | --- |
| Wed, Jul 3 | **No services due to holiday** |
| Wed, Jul 10 | Brando Barron |
| Wed, Jul 17 | Antonio Porreco |
| Wed, Jul 24 | Alberto Galvan |
| Wed, Jul 31 | Alex Chwa |
|  | |
| Wed, Aug 7 | Sanjay Ghai |
| Wed, Aug 14 | Jonathan Hinich |
| Wed, Aug 21 | Brando Barron |
| Wed Aug 28 | Antonio Porreco |

|  |  |
| --- | --- |
| Wed, Sept 4 | **No services due to holiday** |
| Wed, Sept 11 | Alberto Galvan |
| Wed, Sept 18 | Alex Chwa |
| Wed, Sept 25 | Sanjay Ghai |
|  | |
| Wed, Oct 2 | Jonathan Hinich |
| Wed, Oct 9 | Brando Barron |
| Wed, Oct 16 | Antonio Porreco |
| Wed, Oct 23 | Alberto Galvan |
| Wed, Oct 30 | Alex Chwa |
|  | |
| Wed, Nov 6 | Alex Chwa |
| Wed, Nov 13 | Sanjay Ghai |
| Wed, Nov 20 | **No services due to holiday** |
| Wed, Nov 27 | Jonathan Hinich |
|  | |
| Wed, Dec 4 | Brando Barron |
| Wed, Dec 11 | Antonio Porreco |
| Wed, Dec 18 | Alberto Galvan |
| Wed, Dec 25 | **No services due to holiday** |
|  | |
| Wed, Jan 1 | **No services due to holiday** |
| Wed, Jan 8 | Alex Chwa |
| Wed, Jan 15 | Sanjay Ghai |
| Wed Jan 22 | Jonathan Hinich |
| Wed Jan, 29 | Brando Barron |
|  | |
| Wed, Feb 5 | Antonio Porreco |
| Wed, Feb 12 | Alberto Galvan |
| Wed, Feb 19 | **Last week of services -** Alex Chwa |
| Wed Feb 26, | **No Services** |

**KP PT Rotation at The Free Clinic of Simi Valley (FCSV)**

The Kaiser Permanente Physical Therapy Fellows and Residents provide individual physical therapy consultations for patients of **The Free Clinic of Simi Valley** on Wednesday afternoons located at **2003 Royal Ave, Simi Valley 93065** in Simi Valley. Patient care starts at 2:00pm. Plan to arrive at 1:45pm.

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. The clinic uses the EHR MD Rhythm for documentation. It is a very basic EHR, you will be taught by the community medicine fellow how to use it on your first day.

Please write the diagnosis at the bottom of the encounter form. If you know the ICD-10 code, please list in the box on the lower right hand corner

**LANGUAGE**

Please note that many of the patients at the **SVFC** 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 at the **The Free Clinic of Simi Valley** on Wednesday afternoons located at 2060 Tapo Street, Simi Valley, CA 93063 in Simi Valley.

From the 118 Fwy, exit at Stearns street, continue straight onto Barnard St. Make a left on Tapo St. The free clinic will be on your left at the corner of Tapo St. and Industrial St. (next to the car wash). There is plenty of parking in the clinic’s parking lot.

PT will have one dedicated treatment room to work from.

For scheduling changes, please notify Jason Tonley. The **SVFC** contact person is Lupita Gonzalez at (805) 522-3733 or (805)587-1741 (cell) or [lupita@freeclinicsv.com](mailto:lupita@freeclinicsv.com). The clinic’s executive director is Fred Bauermeister fred@freeclinicsv.com

**PHYSICAL THERAPY SUPPLIES**

There will be a “Physical Therapy Supplies” cabinet in the clinic for us. It has simple supplies Such as theraband. Exercise Pro should be accessible 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](mailto:Jason.C.Tonley@kp.org), [Tonley00@aol.com](mailto:Tonley00@aol.com)

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

**Guidelines for Completing the**

**Diagnosis  Log**

1.  Each resident is required to log every diagnosis of the patients that he/she evaluates  and treats during the residency clinical hours (both mentor and non-mentor time).

2.  Should a patient require examination and/or treatment to more diagnoses, remember to log all relevant diagnosis codes.

3.  **A patient and his/her diagnosis should be counted only once**.

4.  Diagnosis should be categorized using the following region categories:

**Diagnosis Tracking List**

|  |  |
| --- | --- |
|  | |
| Carpal Tunnel Syndrome |  |
| Cervical Radicuopathy |  |
| Cubital Tunnel Sundrom |  |
| Lumbar Radiculaothy |  |
| Chronic Pain Syndromes (eg, fibromyalgia) |  |
| Ankle / Foot Fracture |  |
| Ankle / Foot Ligamentous Injuries |  |
| Ankle / Foot Tendinopathies |  |
| Hallux Valgus |  |
| Other Disorders of the Lower Leg, Ankle and Foot |  |
| Plantar Fasciitis |  |
| Elbow / Forearm Fracture |  |
| Elbow Instability (eg, subluxation/dislocation, ligamentous) |  |
| Elbow Tendinopathies |  |
| Other Disorders of the Elbow and Forearm |  |
| Wrist, Hand, Finger Fracture |  |
| Wrist, Hand, Finger Instability (eg, subluxation/dislocation, ligamentous) |  |
| Wrist, Hand, Finger Tendinopathies |  |
| Other Disorders of the Wrist and/or Hand |  |
| Cervical Disc Pathologies (eg, DDD, protrusion, herniation) |  |
| Cervical Instability |  |
| Cervical Sprain/Strain |  |
| Cervicogenic Headache |  |
| Other Disorders of Cervical Spine |  |
| Temporomandibular Dysfunction |  |
| Femoroacetabular Impingement |  |
| Hip Fracture |  |
| Hip Osteoarthritis |  |
| Hip Tendinopathies |  |
| Trochanteric Bursitis |  |
| Other Disorders of the Hip and Thigh |  |
| Knee Fracture |  |
| Knee Ligamentous Injuries |  |
| Knee Osteoarthritis |  |
| Knee Tendinopathies |  |
| Meniscal Pathology |  |
| Patellofemoral Dysfunction |  |
| Other Disorders of the Knee |  |
| Lumbar Disc Pathologies (eg, DDD, protrusion, herniation) |  |
| Lumbar Instability |  |
| Lumbar Spondylosis / Spondylolisthesis |  |
| Lumbar Strain |  |
| Other Disorders of the Lumbar Spine |  |
| Piriformis Syndrome |  |
| Sacroiliac Dysfunction |  |
| Other Disorders of the Pelvic Girdle |  |
| Rotator Cuff Pathology |  |
| Shoulder Adhesive Capsulitis |  |
| Shoulder Labral Pathology |  |
| Shoulder Complex / Arm Fracture |  |
| Shoulder Instability (eg, subluxation/dislocation, ligamentous) |  |
| Shoulder Osteoarthritis |  |
| Other Disorders of the Shoulder Complex |  |
| Rib Dysfunction |  |
| Thoracic Sprain/Strain |  |
| Other Disorders of the Thoracic Spine |  |

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GUEST LECTURER EVALUATION FORM

(To be completed using E-value)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Guest Lecturer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Topic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| *The Guest Lecturer mentioned above:* | Consistently | Occasionally | Infrequently |
|  |  |  |  |
| Began presentation(s) promptly on time. |  |  |  |
|  |  |  |  |
| Was able to identify the learning needs of the residents. |  |  |  |
|  |  |  |  |
| Clearly communicated the objectives on the instruction. |  |  |  |
|  |  |  |  |
| Utilized content that was appropriate to the level  of instruction and interest to the resident. |  |  |  |
|  |  |  |  |
| Has a through understanding of the content area  of the topic(s) presented. |  |  |  |
|  |  |  |  |
| Utilized audiovisuals/explanations that were helpful in  describing the key concepts of the presentation. |  |  |  |
|  |  |  |  |
| Is a skilled and effective teacher/educator. |  |  |  |
|  |  |  |  |
| Has a pleasant demeanor and mood. |  |  |  |
|  |  |  |  |
| Ended presentation(s) at an appropriate time. |  |  |  |
|  |  |  |  |
| The content of this presentation was appropriate for the  6-8 hour block(s) of instruction provided |  |  |  |

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

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

CLINICAL FACULTY EVALUATION FORM

(To be completed using E-value)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Resident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Clinical Faculty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| *The Clinical Faculty Member mentioned above:* | Consistently | Occasionally | Infrequently |
|  |  |  |  |
| Is able to build rapport with patients. |  |  |  |
|  |  |  |  |
| Is able to identify the needs of the patients. |  |  |  |
|  |  |  |  |
| Is able to identify my needs as a resident. |  |  |  |
|  |  |  |  |
| Demonstrates superior clinical reasoning. |  |  |  |
|  |  |  |  |
| Demonstrates superior treatment skills. |  |  |  |
|  |  |  |  |
| Is able to provide the cues I need to improve  my clinical reasoning and treatment skills. |  |  |  |
|  |  |  |  |
| Is on time and fully present during our designated  clinical 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 and  performance measures utilized in this residency. |  |  |  |
|  |  |  |  |
| Has a pleasant demeanor and mood. |  |  |  |

Up to this point, the aspects most valuable to me during our clinical supervision periods are:

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

RESIDENCY PROGRAM EVALUATION FORM

(To be completed using E-value)

Date: **September 30, 2024**  Name of Resident:

|  |  |  |  |
| --- | --- | --- | --- |
| *Up to this point in the Residency program, with regard to the following points, I am* | 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 Residency for me are:

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

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

RESIDENCY PROGRAM EVALUATION FORM

(To be completed using E-value)

Date: **Feb 15th, 2025**  Name of Resident:

|  |  |  |  |
| --- | --- | --- | --- |
| *At this point in the Residency program, with regard to the following points, I am* | 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 Residency for me have been:

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

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

**NEW PATIENT CHART REVIEW FORM**

**Appointment Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Patient: age, and gender:**  **Referring Dx:**  **Referring MD and Specialty:**  **Pertinent Referring Provider Notes:** |

|  |
| --- |
| **Pertinent Diagnostic Tests** (imaging, labs) **and Results:** |

|  |
| --- |
| **Pertinent Medications** (include purpose): |

|  |
| --- |
| **Pertinent Medical Provider Visits** (prior medical provider visits and interventions – chiropractor, PT, PM&R, orthopaedics, etc ): |

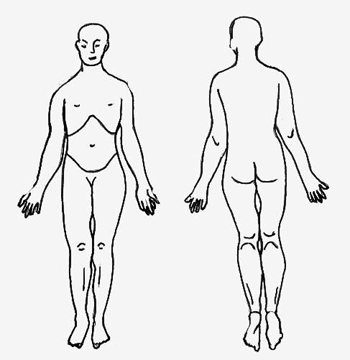
|  |
| --- |
| **Pertinent Concurrent Medical Problems:** |

**RETURN PATIENT PREP FORM**

**Appointment Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit #:\_\_\_\_\_\_\_\_\_**

**Irritability: Min/Mod/Severe**

|  |
| --- |
| **#1 Patient Profile** (Who is this patient?) |



|  |
| --- |
| **#2 Activity Limitations** (How does the pain behave?) |

|  |
| --- |
| **#3 Body Structure and Function** (Which physical and movement impairments are contributing to the activity limitations/problems?)   * Movement impairments * Postural impairments * ROM impairments * Muscle performance impairments |

|  |
| --- |
| **#4 PT Diagnosis** (Why does the patient have this pain?) |

|  |
| --- |
| **#5 Intervention**s (Which treatments will you deploy to normalize the physical impairments in #3?  **Manual Therapy:**  **Exercise Therapy:**  **Other:** |

|  |
| --- |
| **#6 Subjective Examination Plan** (What will you ask the patient about when they return?) |

|  |
| --- |
| **#7 Objective Examination Plan** (What will you objectively recheck?) |

|  |
| --- |
| **#8 Treatment Plan for Today** (What treatment are you going to do today?) |

|  |
| --- |
| **#9 Progress Check Summary** (Are you and the patient on track with making progress?) |

|  |
| --- |
| **#10 Mentoring Reason** (What do you need help with?) |

**SHORT CLINICAL REASONING FORM**

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

**(PLANNING THE OBJECTIVE EXAMINATION)**

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

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

1.2 Give your interpretation for each of the following:

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

non moderate severe

Give specific example:

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

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

non moderate severe

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

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

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2. PLANNING THE PHYSICAL EXAMINATION

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

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

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

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

Local Pain Referred Pain Paraesthesia Dizziness/

Anaesthesia Other VBI SX's

Short of P1 Short of Pro- Short of D1

duction Point of Onset/

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

increase in increase in increase in increase in

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

partial partial partial partial

reproduction reproduction reproduction reproduction

total total

reproduction reproduction

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

ACTIVE EXAMINATION PASSIVE EXAMINATION

•Active movement short of limit •Passive short of R1

•Active limit •Passive movement into

•Active limit plus overpressure moderate resistance

•Additional tests •Passive movement to R2

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

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

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

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**SHORT CLINICAL REASONING FORM**

(To be completed immediately following Initial Objective Examination)

**INTERPRETATION OF OBJECTIVE DATA**

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

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

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How did you empirically validate your hypothesis?

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

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

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

# PLANNING THE TREATMENT

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

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

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

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

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

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

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

Identify specific barriers to treatment

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

**Daily/Weekly Feedback Form**

RESIDENT: DATE:

PATIENT:

SKILL LEVEL COMMENTS

EXAMINATION TASKS

Identify Problems/Concerns \_\_\_\_\_\_\_\_\_\_\_

Obtain Symptom History \_\_\_\_\_\_\_\_\_\_\_

Screen for Disease/Complications \_\_\_\_\_\_\_\_\_\_\_

Administer Tests and Measures \_\_\_\_\_\_\_\_\_\_\_

Community/work integration \_\_\_\_\_\_\_\_\_\_\_\_

Level of pain \_\_\_\_\_\_\_\_\_\_\_\_

Posture/structural assessment \_\_\_\_\_\_\_\_\_\_\_\_

Gait/balance assessment \_\_\_\_\_\_\_\_\_\_\_\_

Integumentary tissue quality \_\_\_\_\_\_\_\_\_\_\_\_

Circulatory assessment \_\_\_\_\_\_\_\_\_\_\_\_

Sensory integrity \_\_\_\_\_\_\_\_\_\_\_\_

Reflex integrity \_\_\_\_\_\_\_\_\_\_\_\_

Active range of motion \_\_\_\_\_\_\_\_\_\_\_\_

Motor function/coordination \_\_\_\_\_\_\_\_\_\_\_\_

Joint integrity \_\_\_\_\_\_\_\_\_\_\_\_

Muscle performance \_\_\_\_\_\_\_\_\_\_\_\_

EVALUATION TASKS

Interpret Data from History \_\_\_\_\_\_\_\_\_\_\_

Develop Working Hypothesis \_\_\_\_\_\_\_\_\_\_\_

Determine Appropriateness of PT \_\_\_\_\_\_\_\_\_\_\_

Plan Tests and Measures (i.e., P.E.) \_\_\_\_\_\_\_\_\_\_\_

Respond to Emerging Data from P.E. \_\_\_\_\_\_\_\_\_\_\_

Interpret Data from Physical Exam \_\_\_\_\_\_\_\_\_\_\_

Correlate History & P.E. Findings \_\_\_\_\_\_\_\_\_\_\_

Identify Cause of Problem \_\_\_\_\_\_\_\_\_\_\_

Select Intervention Approach \_\_\_\_\_\_\_\_\_\_\_

Respond to Emerging Data from Rx \_\_\_\_\_\_\_\_\_\_\_

DIAGNOSIS TASKS

Establish Diagnosis \_\_\_\_\_\_\_\_\_\_\_

Determine Intervention Approach \_\_\_\_\_\_\_\_\_\_\_

PROGNOSIS TASKS

Predict Optimal Level of Function \_\_\_\_\_\_\_\_\_\_\_

Establish Plan of Care \_\_\_\_\_\_\_\_\_\_\_

Choose Assessment Measures \_\_\_\_\_\_\_\_\_\_\_

INTERVENTION TASKS

Provide Patient Education \_\_\_\_\_\_\_\_\_\_\_

Implement Therapeutic Exercise Instruction \_\_\_\_\_\_\_\_\_\_\_

Implement Functional Training \_\_\_\_\_\_\_\_\_\_\_

Implement Manual Therapy Procedures \_\_\_\_\_\_\_\_\_\_\_

Administer Protective/Assistive Devices \_\_\_\_\_\_\_\_\_\_\_

OUTCOMES REVIEW

Review Outcomes Related to Prevention \_\_\_\_\_\_\_\_\_\_\_

Review Functional Limitations Outcomes \_\_\_\_\_\_\_\_\_\_\_

Review Disability Remediation Outcomes \_\_\_\_\_\_\_\_\_\_\_

Review Patient Satisfaction Outcomes \_\_\_\_\_\_\_\_\_\_\_

Scores

0 = Not Acceptable

1 = Minimal Level of Competence

2 = Superior Level of Competence

3 = Exceptional Level of Competence

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

Date: Resident: 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  Superior |
| **2. BODY CHART**   * all areas of symptoms * details of symptom areas * most symptomatic area * type/description * constant/intermittent * relationship of symptoms * initial hypothesis | Unsatisfactory  Satisfactory  Superior |
| **3. BEHAVIOR OF SYMPTOMS**   * aggravation factors * easing factors * irritability * severity * functional limitations * relationship of symptoms * rest * night * morning * through day * sustained postures * movement from sustained postures | Unsatisfactory  Satisfactory  Superior |
| **4. PRECAUTIONS/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  Superior |

|  |  |
| --- | --- |
| **5. HISTORY – PRESENT**   * onset * predisposing factors * progression * treatment/effect | Unsatisfactory  Satisfactory  Superior |
| **6. HISTORY – PAST**   * onset * predisposing factors * progression * treatment/effect   End Time: | Unsatisfactory  Satisfactory  Superior |
| **7. CLINICAL REASONING**   * data interpretation | Unsatisfactory  Satisfactory  Superior |
| **8. CLINICAL REASONING**   * treatment planning | Unsatisfactory  Satisfactory  Superior |
| **9. CLINICAL REASONING**   * short planning sheet | Unsatisfactory  Satisfactory  Superior |

|  |  |
| --- | --- |
| PHYSICAL EXAMINATION | Feedback/Comments |
| **10. RESTING SYMPTOMS**   * establish baseline * patient communication | Unsatisfactory  Satisfactory  Superior |
| **11. OBSERVATION**   * posture * willingness to move * correcting deformity | Unsatisfactory  Satisfactory  Superior |
| **12. FUNCTIONAL ASSESSMENT**   * squat, stairs, open jars etc. | Unsatisfactory  Satisfactory  Superior |
| **13. ROUTINE ACTIVE MOVEMENTS**   * range * quality * behavior of symptoms - for most relevant areas | Unsatisfactory  Satisfactory  Superior |

|  |  |
| --- | --- |
| 14. SPECIAL TESTS (RELEVANT TO THE PATIENT’S CONDITION)   * vertebral artery tests * ligamentous integrity tests * other relevant tests\_\_\_\_\_\_\_\_\_\_\_ | Unsatisfactory  Satisfactory  Superior |
| **15. NEUROLOGICAL EXAMINATION**   * sensation * strength * reflexes | Unsatisfactory  Satisfactory  Superior |
| **16. PALPATION**   * temperature * sweating * swelling * soft tissue * bony displacement | Unsatisfactory  Satisfactory  Superior |
| **17. PASSIVE MOVEMENT TESTS**   * range * quality * behavior of symptoms   **VERTEBRAL JOINTS**   * PAIVMs * correct segmental level/joint | Unsatisfactory  Satisfactory  Superior |
| **18. PASSIVE MOVEMENT TESTS**   * range * quality * behavior of symptoms   **PERIPHERAL JOINTS**   * physiological * accessory | Unsatisfactory  Satisfactory  Superior |
| **19. MUSCLE**   * length * strength * endurance * coordination * motor control * pain response | Unsatisfactory  Satisfactory  Superior |

|  |  |
| --- | --- |
| **20. NERVE MOBILITY TESTS**   * patient position * therapist position * therapist handling * movement/pain relation | Unsatisfactory  Satisfactory  Superior |
| **21. 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  Superior |
| **22. POST EXAMINATION REASSESSMENT**   * justification for use/non-use * active/passive mvt examination order | Unsatisfactory  Satisfactory  Superior |
| **23. INTERPRETATION AND PLANNING** | Unsatisfactory  Satisfactory  Superior |

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| **INTERVENTION AND RE-EVALUATION** | **Feedback/Comments** |
| **24. TREATMENT**   * goal determination * technique selection * accuracy of technique * communication * treatment intensity * treatment progression * treatment duration | Unsatisfactory  Satisfactory  Superior |
| **25. REASSESSMENT**   * subjective reassessment   + body chart   + baseline level of symptoms   + response to movement | Unsatisfactory  Satisfactory  Superior |
| **26. REASSESSMENT**   * objective reassessment   + active   + passive physiologic   + passive accessory | Unsatisfactory  Satisfactory  Superior |

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| **PATIENT MANAGEMENT SKILLS** | **Feedback/Comments** |
| **27. TIME MANAGEMENT** | Unsatisfactory  Satisfactory  Superior |
| **28. INTERPRETATION AND CORRELATION OF HISTORY, PHYSICAL EXAMINATION AND REASSESSMENT DATA** | Unsatisfactory  Satisfactory  Superior |
| 1. **TREATMENT PLANNING** | Unsatisfactory  Satisfactory  Superior |
| 1. **DOCUMENTATION/RECORDING** | Unsatisfactory  Satisfactory  Superior |
| 1. **CLINICAL REASONING/ORAL DEFENSE**    * severity    * irritability    * nature    * stage    * diagnosis | Unsatisfactory  Satisfactory  Superior |
| 1. **CLINICAL REASONING/ORAL DEFENSE**    * goals    * treatment plan | Unsatisfactory  Satisfactory  Superior |
| 1. **CLINICAL REASONING/ORAL DEFENSE**    * treatment progression    * discharge plan | Unsatisfactory  Satisfactory  Superior |

# FEEDBACK/CLINICAL PERFORMANCE EVALUATION • RETURN PATIENT

Date: Fellow: Patient: Instructor:

Return Visit Number:

|  |  |
| --- | --- |
| SUBJECTIVE EXAMINATION | Feedback/Comments |
| Start Time:  **1. SUBJECTIVE ASSESSMENT**   * response from the last treatment * level of treatment tolerance | Unsatisfactory  Satisfactory  Superior |
| **2. BODY CHART**   * notes pertinent modifications | Unsatisfactory  Satisfactory  Superior |
| **3. SUBJECTIVE ASTERISKS SIGNS**   * use of scanning questions * obtains relevant additional data   End Time: | Unsatisfactory  Satisfactory  Superior |
| **PHYSICAL EXAMINATION** | **Feedback/Comments** |
| **4. EVALUATION PREVIOUS INTERVENTION**   * appearance * resting symptoms | Unsatisfactory  Satisfactory  Superior |
| **5. ACTIVE MOVEMENT EXAMINATION**   * range of motion * quality of motion * functional tasks | Unsatisfactory  Satisfactory  Superior |
| **6. SPECIFIC PASSIVE TESTING**   * physiological * accessory * range * quality * behavior of symptoms | Unsatisfactory  Satisfactory  Superior |
| **7. POST EXAMINATION REASSESSMENT**   * justification for use/non-use * active/passive mvt examination order | Unsatisfactory  Satisfactory  Superior |

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

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

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

# 2024/2025 Kaiser Permanente Orthopaedic Physical Therapy Residency

**Orthopaedic Physical Therapy Procedures Performance Assessment Tool**

Name of Resident**: Zachary Dair**

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| BODY AREA | Clinical Evaluator/Date | SUPERIOR PERFORMANCE | SATISFACTORY PERFORMANCE | UNSATISFACTORY PERFORMANCE |
| PELVIC GIRDLE |  |  |  |  |
| **Mobility Exams** |  |  |  |  |
| March Test – Post.and Ant. Rotation of the Innominates |  |  |  |  |
| PSIS/ASIS Palpation for Symmetry |  |  |  |  |
| Long Posterior SI Ligament Palpation |  |  |  |  |
| Short Posterior SI Ligament Palpation |  |  |  |  |
| Sacrotuberous Ligament Palpation |  |  |  |  |
| **Treatment** |  |  |  |  |
| Innominate Isometric Mobilization (using hip flexors/extensors) |  |  |  |  |
| Innominate Isometric Mobilization (using hip adductors/extensors) |  |  |  |  |
| Innominate Posterior Rotation Mobilization |  |  |  |  |
| Innominate Anterior Rotation Mobilization |  |  |  |  |
| Prone Innominate Inferior Translation Mobilization |  |  |  |  |
| Supine Innominate Inferior Translation Mobilization |  |  |  |  |
| Lumbopelvic Region Manipulation |  |  |  |  |

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| LUMBAR |  |  |  |  |
| **Static postural exam:** |  |  |  |  |
| Lordotic/Extension |  |  |  |  |
| Flat |  |  |  |  |
| Paraspinal asymmetry |  |  |  |  |
| **Mobility Exams** |  |  |  |  |
| L/S AROM/PROM movement pain relationships exam |  |  |  |  |
| Unilateral Segmental Mobility Exam |  |  |  |  |
| **Movement Coordination Exams** |  |  |  |  |
| Return from Flexion |  |  |  |  |
| Normal Lumbo-pelvic rhythm |  |  |  |  |
| Excessive L/S extension |  |  |  |  |
| **Muscle Power Exam** |  |  |  |  |
| Abdominal Strength/Coordination Test |  |  |  |  |
| *Quadratus Lumborum Palpation* |  |  |  |  |
| **L/S and Radiating Pain Exams** |  |  |  |  |
| Repeated Movements Examination |  |  |  |  |
| Lateral Shift procedures |  |  |  |  |
| Slump Test |  |  |  |  |
| Sciatic Nerve Tension Test |  |  |  |  |
| Lower Quarter Neuro Status Exam |  |  |  |  |
| Lumbar Sidebending/Rot. In Neutral |  |  |  |  |
| Lumbar Sidebending/Rot. In Extension |  |  |  |  |
| Spinal Groove STM |  |  |  |  |
| *Quadratus Lumborum STM* |  |  |  |  |
| Abdominal strengthening/re-education |  |  |  |  |
| Lumbar Mobility Exercise |  |  |  |  |

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| THORACIC |  |  |  |  |
| **Static postural exam** |  |  |  |  |
| Kyphosis vs Normal |  |  |  |  |
| **Mobility Exam** |  |  |  |  |
| AROM/PROM movement pain relationships exam |  |  |  |  |
| Unilateral Segmental Mobility Exam |  |  |  |  |
| Rib AP Pressures |  |  |  |  |
| Rib PA Pressures |  |  |  |  |
| Palpation of intercostal muscles |  |  |  |  |
| Rotation/Sidebending in Flexion |  |  |  |  |
| Rotation/Sidebending in Extension |  |  |  |  |
| Rib Posterior Glide w/ Isometric Mob |  |  |  |  |
| Rib Anterior Glide w/ Isometric Mob |  |  |  |  |

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| BODY AREA | Clinical Evaluator/Date | SUPERIOR PERFORMANCE | SATISFACTORY PERFORMANCE | UNSATISFACTORY PERFORMANCE |
| UPPER THORACIC |  |  |  |  |
| Static postural exam |  |  |  |  |
| Upper Thoracic Flex/ext |  |  |  |  |
| Mobility Exam |  |  |  |  |
| AROM/PROM movement pain relationships exam |  |  |  |  |
| Unilateral Segmental Mobility Exam |  |  |  |  |
| Unilat. PAs (sup/ant glides using TPs) |  |  |  |  |
| Rotation in Neutral (using adj. SP’s) |  |  |  |  |
| Rotation in Neutral (neutral gap) |  |  |  |  |
| Scaleni STM |  |  |  |  |

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| CERVICAL |  |  |  |  |
| **Mobility Exam** |  |  |  |  |
| AROM/PROM movement pain relationships exam |  |  |  |  |
| Unilateral Segmental Mobility Exam |  |  |  |  |
| Acc Mvt Tests – Ant/Superior Glide |  |  |  |  |
| **Movement Coordination Exams** |  |  |  |  |
| Cervical rotation  (Extension/Rotation) |  |  |  |  |
| **Cervical pain with related UE**  **radiating pain** |  |  |  |  |
| Ext., SBing and Rot. to the Same Side |  |  |  |  |
| Upper Quarter Neuro Status Exam |  |  |  |  |
| Cervical SNAG |  |  |  |  |
| Cervical Superior/Anterior Glide |  |  |  |  |
| Cervical Rotation in Neutral |  |  |  |  |
| Contract/Relax of Extensors/SBndrs |  |  |  |  |
| Contract/Relax Flexors/SBndrs |  |  |  |  |

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| UPPER CERVICAL |  |  |  |  |
| **Static postural exam:** |  |  |  |  |
| Upper Cervical Extension |  |  |  |  |
| **Mobility Exams** |  |  |  |  |
| C1-2 rotation |  |  |  |  |
| **Cervicogenic Headaches** |  |  |  |  |
| Deep Neck Flexor MMT |  |  |  |  |
| **Movement Coordination Exams** |  |  |  |  |
| Vertebrobasilar Insufficiency Eval |  |  |  |  |
| C1 Lateral Translation |  |  |  |  |
| C1 Anterior Glide/Occiput Post. Glide |  |  |  |  |
| Occiput/C1 Contract/Relax of Segmental Extensors and SBndrs |  |  |  |  |
| Occipital Gap (added) |  |  |  |  |
| C1/C2 Contract/Relax |  |  |  |  |
| C1/C2 Rotation |  |  |  |  |

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| SHOULDER |  |  |  |  |
| **Static Functional Exam** |  |  |  |  |
| Standing |  |  |  |  |
| **Mobility Exam** |  |  |  |  |
| AROM movement pain relationships exam (Pain tracking) |  |  |  |  |
| PROM movement pain relationships exam (Pain tracking) |  |  |  |  |
| Pectoralis Minor |  |  |  |  |
| Pectoralis Major |  |  |  |  |
| Latissimus Dorsi |  |  |  |  |
| Posterior Cuff |  |  |  |  |
| Subscapularis ( ER at 45/90 deg) |  |  |  |  |
| **Movement Coordination Exam** |  |  |  |  |
| Overhead reaching |  |  |  |  |
| Lateral Reaching |  |  |  |  |
| Behind the Back |  |  |  |  |
| Scapular Assist test |  |  |  |  |
| Humeral Relocation Assist |  |  |  |  |
| **Muscle Power exam:** |  |  |  |  |
| MMT: Middle Trapezius |  |  |  |  |
| MMT: Lower Trapezius |  |  |  |  |
| MMT: RTC exam |  |  |  |  |
| MMT: Serratus Screen (Push-up) |  |  |  |  |
| **Treatment** |  |  |  |  |
| GHJ Mobilization |  |  |  |  |
| Passive GHJ Stretching |  |  |  |  |
| Scapulo-humeral MWM’s |  |  |  |  |
| Elevation |  |  |  |  |
| Upward Rotation |  |  |  |  |
| Abduction |  |  |  |  |
| Quadrangular space STM |  |  |  |  |
| Cervical/Shoulder Strengthening/Re-education Progression |  |  |  |  |

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| ELBOW |  |  |  |  |
| **Mobility Exams** |  |  |  |  |
| *Radioulnar Accessory Mvt Tests:*  *Radial Posterior Glide* |  |  |  |  |
| *Radial Anterior Glide* |  |  |  |  |
| *Radial Distraction* |  |  |  |  |
| *Elbow Acc Mvt Test: Ulnar Distraction* |  |  |  |  |
| **Muscle Power exam** |  |  |  |  |
| *Ext. Carpi Radialis Brevis and ECRL Manual Resistive Test* |  |  |  |  |
| *Extensor Tendons Palp/Provocation* |  |  |  |  |
| **Elbow/Forearm Radiating Pain** |  |  |  |  |
| Palpation |  |  |  |  |
| Supinator |  |  |  |  |
| Pronator Teres |  |  |  |  |
| Arcade of Struthers |  |  |  |  |
| Cubital Tunnel |  |  |  |  |
| **Movement Coordination Treatment** |  |  |  |  |
| Elbow Flexion MWM |  |  |  |  |
| Elbow Extension MWM |  |  |  |  |
| Forearm Pronation MWM |  |  |  |  |
| Ulnar Distraction |  |  |  |  |
| *Radial Posterior Glide* |  |  |  |  |
| *Radial Anterior Glide* |  |  |  |  |

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| WRIST/HAND |  |  |  |  |
| **Mobility Exams** |  |  |  |  |
| Wrist Accessory Movement Tests:  Distal Radioulnar Joint |  |  |  |  |
| Ulnomeniscotriquetral Joints |  |  |  |  |
| Radiocarpal Joints |  |  |  |  |
| Intercarpal Joints |  |  |  |  |
| Ulnar Anterior & Posterior Glides |  |  |  |  |
| **Muscle Power/Sensory Exams** |  |  |  |  |
| Manual Resistive Tests:  Abductor Pollicis Brevis |  |  |  |  |
| Abductor Pollicis Longus |  |  |  |  |
| Extensor Pollicis Brevis |  |  |  |  |
| *1st Dorsal Interosseous* |  |  |  |  |
| *Finkelstein’s Test* |  |  |  |  |
| *Provocation of APL and EPB Tendons* |  |  |  |  |
| *Provocation of: Guyon’s Tunnel* |  |  |  |  |

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| Wrist Extension MWM |  |  |  |  |
| Scaphoid/Lunate Volar Glide |  |  |  |  |
| Wrist Flexion MWM |  |  |  |  |
| Hamate or Capitate Volar Glide |  |  |  |  |
| Proximal Carpal Row Ulnar Glide |  |  |  |  |
| Intercarpal Dorsal/Volar Glides |  |  |  |  |

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| BODY AREA | Clinical Evaluator/Date | SUPERIOR PERFORMANCE | SATISFACTORY PERFORMANCE | UNSATISFACTORY PERFORMANCE |
| HIP |  |  |  |  |
| **Posture Exam** |  |  |  |  |
| Flexion |  |  |  |  |
| Internal rotation (term change) |  |  |  |  |
| External rotation (term change) |  |  |  |  |
| **Mobility Exams** |  |  |  |  |
| External Rot ROM at 900of hip flexion |  |  |  |  |
| External Rot ROM at 00 of hip flexion |  |  |  |  |
| Internal Rot ROM at 900 of hip flexion |  |  |  |  |
| Internal Rot ROM at 00 of hip flexion |  |  |  |  |
| Hip Flexor Muscle Length: One Joint |  |  |  |  |
| Two Joint |  |  |  |  |
| Ober’s Test |  |  |  |  |
| **Muscle Power Exams** |  |  |  |  |
| Hamstring Muscle Length |  |  |  |  |
| Stretch Tests: Lateral Hamstring |  |  |  |  |
| Medial Hamstrings |  |  |  |  |
| Rectus Femoris |  |  |  |  |
| Hip Adductors |  |  |  |  |
| Resistive Tests: Lateral Hamstring |  |  |  |  |
| Medial Hamstrings |  |  |  |  |
| Gluteus Maximus MMT |  |  |  |  |
| Gluteus Minimus MMT |  |  |  |  |
| **Movement Coordination Exams** |  |  |  |  |
| See Knee |  |  |  |  |
| **Hip and Radiating Pain Exams** |  |  |  |  |
| SLR/Hip Adduction |  |  |  |  |
| Piriformis Stretch Tests |  |  |  |  |
| Piriformis Palpation/Provocation |  |  |  |  |
| *Femoral Anterior Glide* |  |  |  |  |
| Hip Rotation MWM/Contract/Relax |  |  |  |  |
| Iliacus/Psoas STM |  |  |  |  |
| Hip External Rotation/Piriformis STM/ Contract/Relax |  |  |  |  |
| Gluteus Max Strengthening/Re-edu |  |  |  |  |
| Gluteus Medius Strengthening/Re-edu |  |  |  |  |

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| KNEE |  |  |  |  |
| **Posture Exam** |  |  |  |  |
| Hyperextension |  |  |  |  |
| Flexion |  |  |  |  |
| Varus |  |  |  |  |
| Valgus |  |  |  |  |
| **Mobility Exams** |  |  |  |  |
| Hyperflexion Test |  |  |  |  |
| Hyperextension Test |  |  |  |  |
|  |  |  |  |  |
| **Movement Coordination Exams** |  |  |  |  |
| Lachman’s Test |  |  |  |  |
| Squat test |  |  |  |  |
| Step up/Down test |  |  |  |  |
| *Thessley’s test* |  |  |  |  |
| **Knee and Radiating Pain Exams** |  |  |  |  |
| Peroneal Nerve Tension Test Palp/Provovation |  |  |  |  |
| Knee Flexion Mobilization/Stretch |  |  |  |  |
| Knee Extension Mobilization/Stretch |  |  |  |  |
| *Fibular Posterior/Medial Glide* |  |  |  |  |
| *Fibular Anterior/Lateral Glide* |  |  |  |  |

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| BODY AREA | Clinical Evaluator/Date | SUPERIOR PERFORMANCE | SATISFACTORY PERFORMANCE | UNSATISFACTORY PERFORMANCE |
| ANKLE |  |  |  |  |
| **Postural Exam** |  |  |  |  |
| Pronation |  |  |  |  |
| Supination |  |  |  |  |
| Calcaneal inversion |  |  |  |  |
| Calcaneal eversion |  |  |  |  |
| **Mobility Exams** |  |  |  |  |
| *DF in STJN* |  |  |  |  |
| **Muscle Power Exams** |  |  |  |  |
| Posterior Tibialis MMT |  |  |  |  |
| Peroneus Longus/Brevis MMT |  |  |  |  |
| **Movement Coordination Exam** |  |  |  |  |
| Inversion Stress Test (Talar Tilt)/ with/out fibular glide. |  |  |  |  |
| **Ankle/Foot Radiating Pain** |  |  |  |  |
| Tibial Nerve Tension Test/Provocation in Tarsal Tunnel |  |  |  |  |
| Fibular Posterior Glide |  |  |  |  |
| Distal Tibiofibular MWM |  |  |  |  |
| Ankle Dorsiflexion MWM |  |  |  |  |
| Talar Posterior Glide |  |  |  |  |
| Ankle Plantarflexion MWM |  |  |  |  |

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| FOOT |  |  |  |  |
| **Posture Exam** |  |  |  |  |
| Base of support |  |  |  |  |
| **Mobility Exams** |  |  |  |  |
| Calcaneal Eversion |  |  |  |  |
| MT Accessory Movement Tests: |  |  |  |  |
| Talus – Navicular |  |  |  |  |
| Navicular – 1st Cuneiform |  |  |  |  |
| Calcaneus – Cuboid |  |  |  |  |
| Navicular/3rd Cuneif – Cuboid |  |  |  |  |
| 1st MTP Extension ROM |  |  |  |  |
| 1st MTP Accessory Movement Test: Dorsal Glide of Proximal Phalanx |  |  |  |  |
| **Movement Coordination Exams** |  |  |  |  |
| Tibial Internal Rotation/Foot Pronation |  |  |  |  |
| Tibial External Rotation/Foot Supination |  |  |  |  |
| Longitudinal Mid Tarsal Joint Mobility with Calcaneal Eversion and Inversion |  |  |  |  |
| Oblique Mid Tarsal Joint Mobility with Calcaneal Eversion and Inversion |  |  |  |  |
| Heel raise test |  |  |  |  |
| Calcaneal Lateral Glides |  |  |  |  |
| Navicular Dorsal Mobilization  (Whip)\_ |  |  |  |  |
| Cuboid Dorsal Mobilization (Whip) |  |  |  |  |

Clinical Skills Performance Evaluation Tool Name of Resident:\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation: 1st Mid-Year 2nd Mid-Year Final Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| First Name of Patient | Observations/Comments/Feedback | Corresponding  Ortho PT  Clinical Skill |
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| PRACTICE DIMENSIONS EXPECTED OF ORTHOPAEDIC CLINICAL SPECIALISTS  **EXAMINATION** | | | |
| Directions: Place an “X” in the box that BEST reflects the behavior observed. | **Unsatisfactory**Performance | **Satisfactory**  Performance | **Superior**  Performance |
| **1**. **Examination** | | | |
| a. Obtain a history/perform an interview | | | |
| (1) Adjust communication style to best build rapport with the patient |  |  |  |
| (2) Adjust communication to best match the patient’s cognitive level and learning style |  |  |  |
| (3) Identify the patient’s current level of activity and ability to participate in desired tasks |  |  |  |
| (4) Identify the *area(s)* of the patient’s symptoms |  |  |  |
| (5) Identify the *type/nature* of the patient’s symptoms |  |  |  |
| (6) Identify the *time behavior* of the symptoms. |  |  |  |
| (7) Identify the *level of irritability or severity* of the symptoms |  |  |  |
| (8) Identify the symptom’s *aggravating factors* |  |  |  |
| (9) Identify the symptom’s *easing factors* |  |  |  |
| (10) Identify other therapeutic interventions employed by the patient - and their usefulness |  |  |  |
| (11) Identify the patient’s response to his/her current clinical situation (including psychosocial factors) |  |  |  |
| b. Examination/Re-examination. Administration of selected specific tests and measures, when appropriate. | | | |
| (1) Assess current level of function using a self report questionnaire |  |  |  |
| (2) Assess pain levels |  |  |  |
| (3) Assess postural alignment during static and dynamic activities |  |  |  |
| (4) Assess gait, locomotion, and/or balance |  |  |  |
| (5) Assess integumentary and joint tissue quality (e.g., signs of inflammation, effusion) |  |  |  |
| (6) Assess circulation (e.g., VBI, PVD) |  |  |  |
| (7) Assess sensation, proprioception, and reflexes |  |  |  |
| (8) Assess active range of motion and movement/pain relations |  |  |  |
| (9) Assess joint passive mobility (range of motion, movement/pain relations) |  |  |  |
| (10) Assess extremity joint accessory/joint play motions |  |  |  |
| (11) Assess spinal segmental mobility (mobility and movement/pain relations) |  |  |  |
| (12) Assess joint integrity (e.g., ligamentous stress tests) |  |  |  |
| (13) Assess muscle flexibility/muscle length |  |  |  |
| (14) Assess nerve mobility (range of motion, movement/pain relations) |  |  |  |
| (15) Assess soft tissue mobility (e.g., fascia, myofascia, nerve entrapment sites) |  |  |  |
| (16) Assess response of connective tissues (e.g., ligament, bone) to palpatory provocation. |  |  |  |
| (17) Assess response of muscle tissues (e.g., trigger points) to palpatory provocation. |  |  |  |
| (18) Assess muscle power – strength, endurance |  |  |  |

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| --- | --- | --- | --- |
| (19) Assess muscle power – force/pain relations (e.g., contractile tissue response to tests) |  |  |  |
| (20) Assess movement coordination |  |  |  |
| (21) Assess motor learning |  |  |  |

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| PRACTICE DIMENSIONS EXPECTED OF ORTHOPAEDIC CLINICAL SPECIALISTS  **EVALUATION** | | | |
| Directions: Place an “X” in the box that BEST reflects the behavior observed. | **Unsatisfactory**  Performance | **Satisfactory**  Performance | **Superior**  Performance |
| **2**. **Evaluation** | | | |
| a. Interpret data from history | | | |
| (1) Identifying relevant, consistent, and accurate data |  |  |  |
| (2) Prioritize reported functional limitations and activity restrictions |  |  |  |
| (3) Assess the patient’s needs, motivations, and goals |  |  |  |
| b. Develop working diagnosis (hypothesis) | | | |
| (1) Develop working diagnosis (hypothesis) for *possible contraindications for physical therapy intervention* |  |  |  |
| (2) Develop working diagnosis (hypothesis) for the *stage of condition* |  |  |  |
| (3) Develop working diagnosis (hypothesis) for the *anatomical structures* involved with the complaint(s) |  |  |  |
| (4) Develop working diagnosis (hypothesis) for the *probable cause(s)* of the complaint(s) |  |  |  |
| c. Plan the physical examination/select tests and measures | | | |
| (1) Select tests and measures that are *consistent with the history* for verifying or refuting the working diagnosis |  |  |  |
| (2) Select tests and measures that are *appropriately sequenced* for verifying or refuting the working diagnosis |  |  |  |
| (3) Select tests and measures that *have acceptable measurement properties* to verify or refute the working diagnosis |  |  |  |
| d. Interpret data from the physical examination | | | |
| (1) Interpret data from the physical examination – related to the *stage of the condition(s)* |  |  |  |
| (2) Interpret data from the physical examination – related to the *irritability of the condition(s)* |  |  |  |
| (3) Interpret data from the examination – related to *psychosocial factors* |  |  |  |
| e. Select intervention approach | | | |
| (1) Select intervention approach, as appropriate, to include *referral to another health care professional* |  |  |  |
| (2) Select intervention approach, as appropriate, to include *physical therapy intervention* |  |  |  |
| (3) Select intervention approach, as appropriate, to include *further examination* |  |  |  |
| f. Respond to emerging data from examinations and interventions | | | |
| (1) Respond to emerging data from examinations and interventions by *modifying* the intervention |  |  |  |
| (2) Respond to emerging data from examinations and interventions by *redirecting* the intervention |  |  |  |

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| PRACTICE DIMENSIONS EXPECTED OF ORTHOPAEDIC CLINICAL SPECIALISTS  **DIAGNOSIS** | | | |
| Directions: Place an “X” in the box that BEST reflects the behavior observed. | **Unsatisfactory**  Performance | **Satisfactory**  Performance | **Superior**  Performance |
| **3**. **Diagnosis** | | | |
| a. Based on the evaluation, organize data into recognized clusters, syndromes, or categories |  |  |  |
| b. Based on the diagnosis, determine the most appropriate intervention approach |  |  |  |

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| PRACTICE DIMENSIONS EXPECTED OF ORTHOPAEDIC CLINICAL SPECIALISTS  **PROGNOSIS** | | | |
| Directions: Place an “X” in the box that BEST reflects the behavior observed. | **Unsatisfactory**  Performance | **Satisfactory**  Performance | **Superior**  Performance |
| **4**. **Prognosis** | | | |
| a. Choose assessment measures | | | |
| (1) Choose re-assessment measures to determine *initial* responses to intervention |  |  |  |
| (2) Choose re-assessment measures to determine *long-term* responses to intervention |  |  |  |
| b. Establish plan of care | | | |
| (1) Establish plan of care, *selecting* specific interventions based on impairments |  |  |  |
| (2) Establish plan of care, *prioritizing* specific interventions based on impairments |  |  |  |
| c. Prognosticate regarding function | | | |
| (1) Predict the *optimal level* of function that the patient will achieve |  |  |  |
| (2) Predict the *amount of time* needed to reach the optimal level of function |  |  |  |

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| PRACTICE DIMENSIONS EXPECTED OF ORTHOPAEDIC CLINICAL SPECIALISTS  **INTERVENTION** | | | |
| Directions: Place an “X” in the box that BEST reflects the behavior observed. | **Unsatisfactory**  Performance | **Satisfactory**  Performance | **Superior**  Performance |
| **5**. **Intervention** | | | |
| a. Provide patient education related to the plan of care | | | |
| (1) Educate patient on his/her *diagnosis* |  |  |  |
| (2) Educate patient on his/her *prognosis* |  |  |  |
| (3) Educate patient on his/her *treatment* |  |  |  |
| (4) Educate patient on his/her *responsibility* |  |  |  |
| (5) Educate patient on *self-management* strategies |  |  |  |
| b. Implement therapeutic exercise | | | |
| (1) Implement therapeutic exercise to improve *mobility* |  |  |  |
| (2) Implement therapeutic exercise to improve *muscle performance* |  |  |  |
| c. Implement functional training | | | |
| (1) Implement functional training for *injury prevention* |  |  |  |
| (2) Implement functional training *using orthotic, protective, or supportive devices* |  |  |  |
| (3) Implement functional training for *assistive or adaptive devices or equipment* |  |  |  |

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| (4) Implement functional training using *movement cuing and/or ergonomic instruction* |  |  |  |
| (5) Implement functional training using *work conditioning/endurance training* |  |  |  |
| d. Implement manual therapy procedures | | | |
| (1) Implement manual therapy procedures – s*oft tissue mobilization* |  |  |  |
| (2) Implement manual therapy procedures – *joint mobilization* |  |  |  |
| (3) Implement manual therapy procedures – *joint manipulation* |  |  |  |
| (4) Implement manual therapy procedures – *passive range of motion* |  |  |  |
| (5) Implement manual therapy procedures – *neuromuscular facilitation* |  |  |  |
| (6) Implement manual therapy procedures – *mobilization with movement* |  |  |  |
| e. Apply physical agents | | | |
| (1) Apply physical agents – *to facilitate tissue healing* |  |  |  |
| (2) Apply physical agents – *to modulate pain* |  |  |  |
| f. Apply taping or external devices | | | |
| (1) Apply taping or external devices *to prevent tissue injury* |  |  |  |
| (2) Apply taping or external devices *to facilitate tissue healing or edema management* |  |  |  |
| (3) Apply taping or external devices *for neuromuscular re-education* |  |  |  |

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| PRACTICE DIMENSIONS EXPECTED OF ORTHOPAEDIC CLINICAL SPECIALISTS  **OUTCOMES** | | | |
| Directions: Place an “X” in the box that BEST reflects the behavior observed. | **Unsatisfactory**  Performance | **Satisfactory**  Performance | **Superior**  Performance |
| **6**. **Outcomes** | | | |
| a. Review outcomes of care related to optimization of patient satisfaction |  |  |  |
| b. Review outcomes of care related to remediation of functional limitations |  |  |  |
| c. Review outcomes of care related to remediation of disability/participation restrictions |  |  |  |
| d. Review outcomes of care related to promotion of secondary prevention |  |  |  |
| e. Review outcomes of care related to promotion of primary prevention |  |  |  |

Summary: Of the \_\_\_ practice dimensions that I of served related to the APTA’s Clinical Skills Performance Evaluation Tool, you were Superior or Satisfactory on \_\_\_ of the areas and Unsatisfactory on \_\_\_ of the areas. Thus, you performed satisfactorily on \_\_\_ % of the skills observed ( \_\_\_ divided by \_\_\_ times 100).

Passing Criteria:

Overall Cumulative Total: Total of 225 percentage points on three Clinical Performance Evaluations

The Passing Criteria is based on the following performance expectations:

1st Clinical Performance Evaluation: Satisfactory or Superior Performance on 60% of Practice Dimensions Observed

2nd Clinical Performance Evaluation: Satisfactory or Superior Performance on 75% of Practice Dimensions Observed

3rd Clinical Performance Evaluation: Satisfactory or Superior Performance on 90% of Practice Dimensions Observed

**Attaining a Cumulative Total for the 1st and 2nd Mid-Year Clinical Performance Evaluations of less than 130 percentage points will place the resident on probation and result in the resident being required to add an additional 16 weeks and a 4th Clinical Performance Evaluation to the his/her residency program. Resident must attain a minimum score of 80% on the final exam, in order to successfully complete the program.**

Summary Comments

Areas to work on in the upcoming week/months:

AGREEMENT FOR ADVANCED RESIDENCY PROGRAM IN

ORTHOPAEDIC PHYSICAL THERAPY

February 26th, 2024 through February 22nd, 2025

            This AMENDED AND RESTATED AGREEMENT FOR ADVANCED RESIDENCY PROGRAM IN ORTHOPAEDIC PHYSICAL THERAPY ("Agreement") dated as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is entered into by and between SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP, a California partnership ("Medical Group"), and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_("RESIDENT").

R E C I T A L S:

                        A.        WHEREAS, Medical Group operates an advanced residency training program for eligible physical therapists (RESIDENTS) seeking an educational experience (both academic and clinical) to qualify for the examination for a Specialist Certification in Orthopaedic Physical Therapy sponsored by the American Board of Physical Therapy Specialties (“Program”); and

                        B.         WHEREAS, RESIDENT desires to participate in the Program to obtain the educational experience to qualify for the above-referenced examination.

                        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 RESIDENT:

                        RESIDENT SHALL:

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

1.         Hold a valid California Physical Therapy License; or licensed applicant

2.         Have at least six months clinical experience in physical therapy direct patient care as a physical therapy student intern or as a physical therapist;

3.         Have excellent communication skills;

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

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 Subparagraphs 2A.1 through 2A.5 of this Paragraph I and a review of certain other factors, including, but not limited to, RESIDENT'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 RESIDENT 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, and (iv) varicella chicken pox.

8.         Submit to Medical Group an application for employment;

9.         Report for work no later than the last February 2024 date of the hospital orientation for your facility where you will be employed.

B.         Participate in the Program as follows, or as otherwise directed or required by Medical Group in accordance with the clinical hours required for graduation as set forth by the American Board of Physical Therapy: 1) 323 hours of classroom/lab training, 2) 159 hours of clinical training, 3) 1377 clinical practice hours, 4) 50 hours of resident direct learning activities, including community service experience by providing physical therapy services at the Venice Free Clinic or other community service activities approved by the residency coordinator, 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.  The curriculum for the Program will be determined by the Medical Group in accordance with the guidelines developed by the Orthopaedic Specialty Council of the American Board of Physical Therapy Specialties as published in "Description of Specialty Practice in Orthopaedic Physical Therapy."  Resident agrees to perform at a satisfactory level as determined by the Medical Group.

C.         Pay to Medical Group within 5 days of acceptance to the Program the non-refundable tuition fee to participate in the educational experience of the Program in the amount of Two Thousand Dollars ($2000). 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). RESIDENT 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 RESIDENT hereby agrees to be bound by and adhere to any such amendments.

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

            3.         OBLIGATIONS OF KAISER:

Medical Group shall:

                        A.        Develop the curriculum for the Program in accordance with the guidelines developed by the Orthopaedic Specialty Council of the American Board of Physical Therapy Specialties as published in "Description of Specialty Practice in Orthopaedic Physical Therapy."

                        B.         Supervise RESIDENT'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 RESIDENT with orientation information about the Program and Clinical Facilities.

                        E.         Prior to permitting RESIDENT access to the Clinical Facilities determine that RESIDENT 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 RESIDENT'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 RESIDENT from participation in the Program, if Medical Group determines that RESIDENT is not performing satisfactorily, or fails to continue to meet the eligibility standards set forth in Paragraphs 2.A.1 – 2.A.5 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 RESIDENT fails to perform at a satisfactory level during assessment of the RESIDENT’s performance on any of the following seven criteria: 1) The *Kaiser Permanente Criteria-Based Performance Evaluation*; 2) 100% of the procedures listed on the *Orthopaedic Physical Therapy Procedures Performance Assessment Tool*; 3) Attain 225 points on the competencies observed during practical examinations using the orthopaedic physical therapy *Clinical Skills Performance Evaluation Tool*; 4) Attain 70% or higher on the Written Exams given throughout the program; 5) Attain 70% or higher on each technique exams given throughout the program; 6) A 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; 7) participation in all scheduled days, a maximum of 50 hours of community service, 8) completion of the body region’s patient logs and feedback forms required for the program’s ongoing review.

4.         COMPENSATION

                        A.        Wages

Clinical services under the Program, which will total up to 1560 hours, will be paid on a bi-weekly basis in accordance with the following rate schedule:

                        Job Code:         Clinical Specialist Resident                   Job # 65373

                        Hourly Pay:      $**$33.264/hour** (with benefits)

or

                        Job Code:         Clinical Specialist Resident                   Job # 65374

                        Hourly Pay:      **$39.916/hour** (alternative compensation without benefits)

                        Job Code:         Clinical Specialist Resident- 40 hour     Job # 65374

                        Hourly Pay:      **$36.896/hr** (with benefits)

It is agreed that time spent in classroom instruction, community clinics, and while receiving classroom/lab instruction, will be unpaid.

B.         Benefits

Benefit Package:         Health, hospital, and disability insurance

5.         TERMINATION:

A.        This Agreement shall be effective commencing on February 26th, 2024 and terminating February 24th, 2025. This Agreement may also be terminated immediately without notice if the Medical Group, in its sole discretion, concludes that Resident’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 RESIDENT’S academic progress is unsatisfactory, or RESIDENT fails to continue to meet the eligibility standards set forth in Paragraphs 2.A.1 – 2.A.5 above.

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

                        C.         Participation in the Program does not entitle RESIDENT to employment by Kaiser Permanente upon completion of the Program.  RESIDENT understands and agrees that RESIDENT will not be given special consideration for employment and that Medical Group has not made any representation as to the availability of future employment.

                        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 An 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.        RESIDENT 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, RESIDENT 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 RESIDENT as confidential.

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

C.         Upon Kaiser’s request, or at termination or expiration of this Agreement, RESIDENT 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 RESIDENT’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 Permanente West Los Angeles:                           RESIDENT:

6041 Cadillac Ave\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Los Angeles\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

California 90034                            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, California 9\_\_\_\_\_\_

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

Program Coordinator

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

10.       COMPLIANCE WITH LAWS:

RESIDENT shall perform all work under this Agreement in strict compliance with all applicable federal, state and local laws and regulations. The parties agree that the performance of each party under this Agreement shall at all times comply with, and conform to all governmental executive and agency orders, directives, advisories and guidelines, and with those of the American Board of Physical Therapy Residency and Fellowship Education.

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 Resident 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 RESIDENT                                Date

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

Title:        Physical Therapist Resident  (2024/25 Class)

SOUTHERN CALIFORNIA PERMANENTE

MEDICAL GROUP

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

                                                                                                                        Date

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

Title:                Program Director or Program Coordinator

**APTA Required Attestation**

**Attestation: “I received the Participant Handbook prior to signing the program contract. I certify that I have read, understood, and agreed to all policies and procedures outlined in the Participant Handbook.”**

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

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

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