Fellowship Handbook

2025/2026

Kaiser Permanente Southern California

Orthopaedic/Sports Rehabilitation Fellowship

2.7.25

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**Program Mission: Kaiser Permanente Southern California Orthopedic Fellowship in Sports Rehabilitation 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 5 of 7 Clinical Performance Exams (at expected passing rates))**

 **Key Indicator: Score 70% or higher on 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: The program maintains ACOMPTE/ABPTRFE accreditation**.**

Objectives:

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

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

**Key Indicator: Maintains ongoing ACOMPTE/ABPTRFE accreditation**

Goal #5: Program to provide consistent clinical experience at all locations

 Objectives:

1. Fellows will be provided with similar patient exposure at all clinical sites throughout the year
2. Fellows will be provided with a similar clinical mentoring experience at all sites
3. Provide each fellow with exposure to a patient population that is primarily (<50%) spine related in nature.

**Key Indicator: Program will provide exposure to a patient population consistent with DASP guideline that is 90% Orothpaedeic in nature.**

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

 **Key Indicator: Provide each fellow with a clinical experience where a minimum of 440 hours of clinical practice with an orthopedic manual physical therapist instructor available**

**Key Indicator: Provide each fellow with exposure to a patient population that is primarily (>40%) sports related in nature.**

Goal #6: Maintain a sustainable program.

 Objectives

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

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

**Key Indicator: Maintain qualified mentoring pool**

**Key Indicator: Program operates within budget**

**Key Indicator: Program will review and update curriculum annually**

Goal 7:Provide didactic training program that allows fellows to learn the highest standards of the highest standard of care to become a highly skilled patient care provider in the management of Orthopaedic spine-related disorders.

1. Provide a minimum of 360 educational hours (200 hours of theoretical/cognitive, 160 hours, including 100 hours spinal and 60 hours extremity) specifically related to the evaluation and management OrthopaedicSports related disorders
2. Provide a minimum of 850 hours of clinical practice with an orthopedic manual physical therapist instructor available
3. Provide a minimum of 150 hours of clinical practice must be under the direct clinical mentoring of the instructor in which the fellow must serve as the primary clinician responsible for the patient/client’s care.

**Key Indicator are listed as objectives**

APTA Required Policies Disclosures

**Retention Policy:** Provided on page 15 of the Residency Handbook and

**Remediation Policy**- Provided on page 16 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)

**2025/2026**

**CLASSROOM/LAB CONTENT SUMMARY**

**Required Content**

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

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

Sports Rehabilitation Content Areas: **104 hours**

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

Orthopaedic Content Areas: **184 hours**

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

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

 **Sports 11.21.24 (Tentative)**

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| --- | --- | --- | --- |
| Date | Day(s)ofWeek | Topics/Content of Instruction | Instructors |
| **March 1st** | **Saturday** | **Orientation to the program****Skills workshop: Effective History Taking Strategies****Clinical Reasoning- Introductions** | Skulpan Asavasopon Denis Dempsey |
| March 2nd | Sunday | Pain Intelligence | Skulpan Asavasopon  |
| **March 8th** | **Sat** **KPWLA** | **Emotional Intelligence: Understanding and Improving Communication with your patients – Part 1.** | **Renee Rommero** |
| March 9thh  | Sunday | Clinical Reasoning 1 | Skulpan Asavasopon  |
| March 15-16 | Sat and Sun | Spine Assessment WorkShop: Effective History Taking Strategies/ Data Collection | Denis DempseyTony |
| April 5th  | SaturdayKP Sunset8-6 pm | Movement System Impairment Model Movement Exam - Lumbar & Cervical  | Francisco De la Cruz |
| April 12th-13th | Sat & Sun | Lumbar Spine– Classification models, –Manual procedures andMovement coordination disorders | Denis DempseyErnie Linares/Tony Ahn |
| April 26-27 | Sat & Sun | Lumbo/Pelvic Girdle/Hip Manual procedures and Movement coordination disorders | Ernie Linares Tony |
| May 4th | Sun | Thoracic Spine/Ribs | Jim RiesTony |
| May 17/18 | Saturday/SundayKPWLA | Critical Analysis of Scientific Literature, Presentation Proposals,Gait Biomechanics and Pathomechanics  | Chris Powers |
| May 31./Jun 1  | Sat/SundayKPWLA  | Clinical Reasoning II-III: Reasoning through Pain Presentations (at KPWLA) | Skulpan Asavasopon |
| June 7th/8th  | Sat & Sun | Cervical Spine \_ Classification Models, Manual proceduresMovement coordination disorders | Denis DempseyMarshall LeMoine /Tony Ahn |
| Jun 14th  | Saturday | \*\*Manual Procedures: Knee, Ankle, and Foot | Ernie Linares &Jim Ries  |
| Jun 21/22 | Sat & Sun |  Cervical Spine # 2/Shoulder Manual procedures/Movement coordination disorders | Ernie LinaresTony |
| **Jun 28th** | **Saturday****KPWLA** | **Emotional Intelligence: Understanding and Improving Communication****with your patients – Part 2** | **Renee Rommero** |
| Jul 12th | Sat | Advanced Spine Mobilizations Cervical and Lumbar | Marshall LeMoine |
| Jul 13th | Sun | Cervicogenic Headaches | Ernie Linares |
| Jul 20th | Sun  | BFR Certification – ORS- Optional  | Kyle Kimbel |
| Jul 26/27 | Sat/Sun | Clinical Application of Technology in the Evaluation and Treatment of Gait-Related Pain and Dysfunction | Chris Powers |
| Aug 2/3   | Sat & Sun | \*Sports Class # 3 Shoulder, On Field orientation Strength Training, Swimming | Sam Dehdashti |
| Aug 9/10th | Sat & Sun | \*Sports Class # 4 Elbow, Wrist and Hand Injuries Throwing Mechanics  | Lucas Esquerra |
| Aug 23/24th | Sat & Sun | Clinical Applications of Technology in the Evaluation and Treatment of Running-Related Pain and Injury | Chris Powers |
| Sept 6th | Sat | Considerations for the training room and High-level athletes | Amdrew Morcos |
| Sept 7th | Sun | Training Room Secrets- Tapping for the UE and LE athletes  | Sam Dehdashti/ Maggie Morrison |
| *Sept 13/14* | Sat/Sun | Vestibular Rehabilitation | Ron Kochevar |
| Sept 27/28  | Sat & Sun | Clinical Applications of Technology for the Evaluation of Sport-Specific Movements | Chris Powers |
| Oct 4th  | Sat/Sun | CSCS/ Athletic Performance Training | Sean Gately/ Guillermo Escalante |
| Oct 11th | Sat  |  Elbow/Wrist/Hand (Michael) | Michael Wong |
| Oct 18-19 | Sat & Sun | Clinical Applications of Technology in the Evaluation and Treatment of Cycling-Related Pain and Injury | Chris Powers |
| Oct 25/26th | Sat/Sun | Advanced Medical Screening  | William Boissinault |
| Nov 8/9 | Sat and Sun | Combined Movements | Jack Dabbert |
| Nov 15-16 | Sat & Sun | Treatment of Lower Quarter Movement Impairments: Advanced Concepts for the Advanced Clinician | Chris Powers |
| Dec 13-14 | Sat and Sun | PNF  | Nicole Adachi.Olga Nazhenenko |
| **Dec 20th**  | Sat | Shirley Sahrmann Seminar  | Shirley Sahrmann |
| 31st Jan | Saturday  | Research Presentations (at KPWLA) | Chris Powers |
| Feb 17-20th | Monday-Friday | Last Scheduled Week of Clinical Practice |  |
| Feb 21st | Saturday  | Graduation Dinner  |  |
| TBD | TBD | Spine Review day- Exam  | Denis Dempsey |

**2025/26**

**CLINICAL SUPERVISION (MENTORING) SCHEDULE *(2.7.25)***

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| **Week****#** | **Date** | **Day****of****Week** | **Times**  | **Location** | **Fellow** | Clinical Faculty |
|  |
| 1 | Mar 4 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Rachael Nicolaisen |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | San Dehdashti |
|  | Mar 6 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Karina Smith |
| 2 | Mar 11 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Rachael Nicolaisen |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | San Dehdashti |
| Mar 13 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Karina Smith |
| 3 | Mar 18 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Rachael Nicolaisen |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | San Dehdashti |
| Mar 20 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Karina Smith |
| 4 | Mar 25 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Rachael Nicolaisen |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | San Dehdashti |
| March 27 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Karina Smith |
| 5 | April 1 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Rachael Nicolaisen |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | San Dehdashti |
| April 3 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Karina Smith |
| 6 | April 8 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Rachael Nicolaisen |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | San Dehdashti |
| April 10 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Karina Smith |
| 7 | April 15 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Rachael Nicolaisen |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | San Dehdashti |
|  | April 17 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Karina Smith |

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

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| 8 | April 22 | Tues | 730 am- 10:30 am | LAMC | Matthew Jeffers | Karina Smith |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis |
| Apr 24 | Thurs | 100 pm-4:00 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Ernest Linares |
| 9 | Apr 29 | Tues | 730 am- 10:30 am | LAMC | Matthew Jeffers | Karina Smith |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis |
| May 1 | Thurs | 100 pm-4:00 pm | SB |  |  |
| Thurs | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Ernest Linares |
| 10 |  May 6 | Tues | 730 am- 10:30 am, | LAMC | Matthew Jeffers | Karina Smith |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis |
| May 8 | Thurs | 100 pm-4:00 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Ernest Linares |
| 11 | May 13 | Tues | 730 am- 10:30 am, | LAMC | Matthew Jeffers | Karina Smith |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis |
| May 15 | Thurs | 100 pm-4:00 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Ernest Linares |
| 12 | May 20 | Tues | 730 am- 10:30 am | LAMC | Matthew Jeffers | Karina Smith |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis |
| May 22 | Thurs | 100 pm-4:00 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Ernest Linares |
| 13 | May 27 | Tues | 730 am- 10:30 am | LAMC | Matthew Jeffers | Karina Smith |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis |
| May 29 | Thurs | 100 pm-4:00 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Ernest Linares |
| 14 | Jun 3 | Tues | 730 am- 10:30 am | LAMC | Matthew Jeffers | Karina Smith |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis |
| Jun 5 | Thurs | 100 pm-4:00 pm | SB |  |  |
| 1100 am -5:30 pm | WLA | Sean KimYves Vu | Ernest Linares |

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

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| 15 | Jun 10 | Tues | 1:00 pm- 4:00 pm | LAMC | Matthew Jeffers | Jason Tonley |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Manny Yung |
|  | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| Jun 10 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Shemiah Holness |
| 16 | Jun 17 | Tues | 1:00 pm- 4:00 pm | LAMC | Matthew Jeffers | Jason Tonley |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Manny Yung |
|  |  Thurs | 2:30 pm-5:30 pm | SB |  |  |
| Jun 17 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Shemiah Holness |
| 17 | June 24 | Tues | 1:00 pm- 4:00 pm | LAMC | Matthew Jeffers | Jason Tonley |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Manny Yung |
|  | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| June 24 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Shemiah Holness |
| 18 | Jul 1 | Tues | 1:00 pm- 4:00 pm | LAMC | Matthew Jeffers | Jason Tonley |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Manny Yung |
| July 6 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| Jul 1 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Shemiah Holness |

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| 19 | July 8 | Tues | 1:00 pm- 4:00 pm | LAMC | Matthew Jeffers | Jason Tonley |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Manny Yung |
| July  | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| July 8 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Shemiah Holness |
| 20 | July 15 | Tues | 1:00 pm- 4:00 pm | LAMC | Matthew Jeffers | Jason Tonley |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Manny Yung |
| July  | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| July 15 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Shemiah Holness |
| 21 | July 22 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Jason Tonley |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Manny Yung |
|  | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| July 22 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Shemiah Holness |

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

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| 22 | Jul 29 | Tues | 730 am- 10:30 am | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm -5:30 pm  | ORN | Nicholas Maeda | Ronnie Guirguis  |
| 1130 am-300 pm | SB |  |  |
| Jul 29 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |
| 23 | Aug 5 | Tues | 730 am- 10:30 am | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm -5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis  |
| 1130 am-300 pm | SB |  |  |
| Jul 29 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |
| 24 | Aug 12 | Tues | 730 am- 10:30 am | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm -5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis  |
| 1130 am-300 pm | SB |  |  |
| Jul 29 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |

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| 25 | Aug 19 | Tues | 730 am- 10:30 am | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm -5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis  |
| 1130 am-300 pm | SB |  |  |
| Jul 29 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |

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| 26 | Aug 26 | Tues | 730 am- 10:30 am, | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm -5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis  |
| 1130 am-300 pm | SB |  |  |
| Jul 29 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |
| 27 | Sept 2 | Tues | 730 am- 10:30 am, | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm -5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis  |
| 1130 am-300 pm | SB |  |  |
| Jul 29 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |
| 28 | Sept 9 | Tues | 730 am- 10:30 am, | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm -5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis  |
| 1130 am-300 pm | SB |  |  |
| Jul 29 | Tues | 1100 am -5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |

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

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| 29 | Sep 16 | Tues | 730 am- 10:30 am | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis  |
| Sep 18 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| Sep 16 | Tues | 11:00 am- 5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |
| 30 | Sep 23 | Tues | 730 am- 10:30 am, | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis  |
|  |  | 2:30 pm-5:30 pm | SB |  |  |
| Sep 23 | Tues | 11:00 am- 5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |

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| 31 | Sept 30 | Tues | 730 am- 10:30 am, | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm-5:30 pm | LAMC | Nicholas Maeda | Ronnie Guirguis  |
|  |  | 2:30 pm-5:30 pm | ORN |  |  |
| Sept 30 | Tues | 11:00 am- 5:30 pm | SB | Sean KimYves Vu | Sam Dehdashti  |
| 32 | Oct 7 | Tues | 730 am- 10:30 am, | WLA | Matthew Jeffers | Karina Smith  |
| 2:30 pm-5:30 pm | LAMC | Nicholas Maeda | Ronnie Guirguis  |
|  |  | 2:30 pm-5:30 pm | ORN |  |  |
| Oct 7 | Tues | 11:00 am- 5:30 pm | SB | Sean KimYves Vu | Sam Dehdashti  |

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| 33 | Oct 14 | Tues | 730 am- 10:30 am, | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis  |
|  |  | 2:30 pm-5:30 pm | SB |  |  |
| Oct 14 | Tues | 11:00 am- 5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |
| 34 | Oct 21 | Tues | 730 am- 10:30 am, | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis  |
|  |  | 2:30 pm-5:30 pm | SB |  |  |
| Oct 21 | Oct 22 | 11:00 am- 5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |

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

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| 35 | Oct 28 | Tues | 730 am- 10:30 am | LAMC | Matthew Jeffers | Karina Smith  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Ronnie Guirguis  |
|  |  | 2:30 pm-5:30 pm | SB |  |  |
| Oct 28 | Tues | 11:00 am- 5:30 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |
| 36 | Nov 4 | Tues | 2:30 pm-5:30 pm | LAMC | Matthew Jeffers | Amber Rho |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Sam Dehdashti |
| 1;30 pm – 4:30 pm | SB |  |  |
| Nov 6 | Thurs | 11:00 am:30 pm  | WLA | Sean KimYves Vu | Jason Tonley  |
| 37 | Nov 11 | Tues | 2:30 pm-5:30 pm | LAMC | Matthew Jeffers | Amber Rho |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Sam Dehdashti |
| 1;30 pm – 4:30 pm | SB |  |  |
| Nov 13 | Thurs | 11:00 am5:30 pm  | WLA | Sean KimYves Vu | Jason Tonley  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 38 | Nov 18 | Tues | 2:30 pm-5:30 pm | LAMC | Matthew Jeffers | Amber Rho |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Sam Dehdashti |
| 1;30 pm – 4:30 pm | SB |  |  |
| Nov 20 | Thurs | 11:00 am5:30 pm  | WLA | Sean KimYves Vu | Jason Tonley  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **39** | **Nov 26/28** |  |  | **No Mentoring Thanksgiving week** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 40 | Dec 2 | Tues | 2:30 pm-5:30 pm | LAMC | Matthew Jeffers | Amber Rho |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Sam Dehdashti |
| 1;30 pm – 4:30 pm | SB |  |  |
| Dec 4 | Thurs | 11:00 am5:30 pm  | WLA | Sean KimYves Vu | Jason Tonley  |
| 41 | Dec 9 | Tues | 2:30 pm-5:30 pm | LAMC | Matthew Jeffers | Amber Rho |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Sam Dehdashti |
| 1;30 pm – 4:30 pm | SB |  |  |
| Dec 11 | Thurs | 11:00 am5:30 pm  | WLA | Sean KimYves Vu | Jason Tonley  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 42 | Dec 16 | Tues | 2:30 pm-5:30 pm | LAMC | Matthew Jeffers | Amber Rho |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Sam Dehdashti |
| Dec 18 | Thurs | 1;30 pm – 4:30 pm | SB |  |  |
| 11:00 am5:30 pm  | WLA | Sean KimYves Vu | Jason Tonley  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 45 | Jan 6 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Ernie Linares  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Karina Smith |
| Jan 8 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 10:30 am -5:00 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |
| 46 | Jan 13 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Ernie Linares  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Karina Smith |
| Jan 15 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 10:30 am -5:00 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 47 | Jan 20 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Ernie Linares  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Karina Smith |
| Jan 22 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 10:30 am -5:00 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |
| 48 | Jan 27 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Ernie Linares  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Karina Smith |
| Jan 29 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 10:30 am -5:00 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 49 | Feb 3 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Ernie Linares  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Karina Smith |
| Feb 5 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 10:30 am -5:00 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |
| 50 | Feb 10 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Ernie Linares  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Karina Smith |
| Feb 12 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 10:30 am -5:00 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |
| 51 | Feb 17 | Tues | 2:30 pm -5:30 pm | LAMC | Matthew Jeffers | Ernie Linares  |
| 2:30 pm-5:30 pm | ORN | Nicholas Maeda | Karina Smith |
| Feb 19 | Thurs | 2:30 pm-5:30 pm | SB |  |  |
| 10:30 am -5:00 pm | WLA | Sean KimYves Vu | Sam Dehdashti  |

***\* February 19th, 2025 - Fellowship Program Evaluation Form Due***

## 2025/2026

## Clinical Performance Evaluation Periods

2.7.25 update

|  |  |  |
| --- | --- | --- |
| #1 Mar 4 – Apr 17(7 Weeks)  | Summative Review of Patient Care Activities on *Multiple* Patients | (LA/OC/WH/WLA)Ronnie/Sam/Karina |
| #2 Apr 22 –June 5 6(7 Weeks)  | Summative Review of Patient Care Activities on *Multiple* Patients | Karina/Ronnie/Ernie |
| #3 Jun 10 –July 24 (7 weeks) | Summative Review of Patient Care Activities on *Multiple* Patients | Jason/Manny/Shemiah |
| #4 July 29 - Sept 11 (7 Weeks)  | Extensive Review of Patient Care Activities on a *Single* Patient | Karina/Ronnie/Sam |
| #5 Sept 16 – Oct 30th(7 weeks) | Extensive Review of Patient Care Activities on a *Single* Patient | Sam/Karina/Shemiah |
| #6 Nov 4 – Dec 18 (6 weeks) | Summative Review of Patient CareActivities on *Multiple* Patients | Amber/Sam/Jason |
| #7 Jan 6 - Feb 19(7 Weeks) | Summative Review of Patient Care Activities on *Multiple* Patients | Ernie/Karina/Sam |

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

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

**Evaluation Period – Content Areas**

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

**2025/26**

**Fellowship Performance/Completion Requirements**

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

1. Participate in the following clinical education
* 750 hrs of unsupervised clinical practice a Kaiser Sports Clinic Facility
* Up to 100 hrs of patient care – collaborating with the medical, surgical, training, coaching professionals at the Kaiser Permanente Sports Family Medicine and Orthopaedics Department clinics
* 150 hours of 1:1 clinical supervision with Fellowship clinical faculty
* 40 hours of community service
* 368 hours of classroom/lab instruction
1. Maintain the “Body Regions Log,” to be completed monthly, the “Patient Demographic Data needed for our Annual Report to the APTA Residency Credentialing Committee” complete the final update by Feb 17th, 2022. All updates will be submitted via the E-Value system.
2. Effective participation in the design, literature review, proposal submission, data collection, data analysis, or manuscript preparation of a controlled, clinical trial in an area of orthopaedic/sports physical therapy.
3. Successfully pass **five** clinical performance evaluations, two of which must be a single patient.
4. Demonstrate satisfactory performance on one written examination.
5. Demonstrate satisfactory performance on four technique examinations.
6. As a group - Successful instruct a one day (6-8 hours) community seminar on the topic of Orthopaedic/Sports injuries.
7. Complete all following feedback forms **within 2 weeks** of assignment completion using the E-value system including:
	1. Sept 30th, 2025 Fellowship Program Mid-year –Evaluation Form
	2. Feb 16th, 2026 Fellowship Program Final Evaluation Form
	3. Guest Lecturer Evaluation Forms
	4. Clinical Faculty Evaluation Forms for each Clinical Supervisor at your facility

## 2025/2026

Remediation Policy

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

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

**SCHEDULE AND INFORMATION SHEET 2.7.25 update**

**2025/2026 Physical Therapy Services for Patients at the Hollywood Sunset Free Clinic**

To: 2025 Kaiser Permanente Residents and Fellows

|  |  |
| --- | --- |
| Matthew Jeffers | carolinebao3@gmail.com |
| Danlin Bao | mdjeffers101@gmail.com |
| Erika Olofson | erikaolofson97@gmail.com |
| Alec Berberian | aberberian21@apu.edu |
| Yvonne Rivera | yrivera21@apu.edu |
| Alejandro Estrada -Ceders Resident | alejandro.estrada@westernu.edu |

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

|  |  |
| --- | --- |
| Mon, March 3 | Matthew Jeffers |
| Mon, March 10 | Danlin Bao |
| Mon, March 17 | Erika Olofson |
| Mon, March 24 | Alec Berberian |
| Mon, March 31 | Yvonne Rivera |
|  |
| Mon, April 7 | Alejandro Estrada |
| Mon, April 14 | Matthew Jeffers |
| Mon, April 21 | Danlin Bao |
| Mon, April 28 | Erika Olofson |
|  |
| Mon, May 5 | Alec Berberian |
| Mon, May 12 | Yvonne Rivera |
| Mon, May 19 | Alejandro Estrada |
| Mon May 26 | **No services due to holiday** |
|  |
| Mon, Jun 2 | Matthew Jeffers |
| Mon, Jun 9 | Danlin Bao |
| Mon, Jun 16 | Erika Olofson |
| Mon, Jun 23 | Alec Berberian |
| Mon, Jun 30 | Yvonne Rivera |

|  |  |
| --- | --- |
| Mon, Jul 7 | Alejandro Estrada |
| Mon, Jul 14 | Matthew Jeffers |
| Mon, Jul 21 | Danlin Bao |
| Mon, July 28 | Erika Olofson |
|  |
| Mon, Aug 4 | Alec Berberian |
| Mon, Aug 11 | Yvonne Rivera |
| Mon, Aug 18 | Alejandro Estrada |
| Mon, Aug 25 | Matthew Jeffers |

|  |  |
| --- | --- |
| Mon, Sept 1 | **No services due to holiday** |
| Mon, Sept 8 | Danlin Bao |
| Mon, Sept 15 | Erika Olofson |
| Mon, Sept 22 | Alec Berberian |
| Mon, Sept 29 | Yvonne Rivera |
|  |
| Mon, Oct 6 | Alejandro Estrada |
| Mon, Oct 13 | Matthew Jeffers |
| Mon, Oct 20 | Danlin Bao |
| Mon, Oct 27 | Erika Olofson |
| Mon, Nov 3 | Alec Berberian |
| Mon, Nov 10 | Yvonne Rivera |
| Mon, Nov 17 | Alejandro Estrada |
| Mon, Nov 24 | **No services due to holiday** |
|  |
| Mon, Dec 1 | Matthew Jeffers |
| Mon, Dec 8 | Alejandro Estrada |
| Mon, Dec 15 | Erika Olofson |
| Mon, Dec 22 | **No services due to holiday** |
| Mon, Dec 29 | **No services due to holiday** |
|  |
| Mon, Jan 5 | Alec Berberian |
| Mon, Jan 12 | Yvonne Rivera |
| Mon Jan 19 | **No services due to holiday** |
| Mon Jan 26 | Alejandro Estrada |
|  |
| Mon, Feb 2 | Matthew Jeffers |
| Mon, Feb 9 | **Last week of services -** Danlin Bao |
| Mon, Feb 16 | **No services due to holiday** |
| 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, Tonley00@aol.com

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

**SCHEDULE AND INFORMATION SHEET 2.7.25 update**

**2025/2026 Physical Therapy Services for Patients at the Venice Family Clinic**

To: 2025 Kaiser Permanente Residents and Fellows

|  |  |
| --- | --- |
| Sidney Ortega | sbortega3@gmail.com |
| Sean Kim | skim0804@gmail.com |
| Yves Vu | vuy22@yahoo.com |
| Benjamin Garson | bdgarson1@gmail.com |
| Stephen Mathew. | stephenjmathew90@gmail.com |
| Ashley Briones. | ashleyrjb24@gmail.com |
| Natalie Nisperos. | natalie.nisperos@gmail.com |
| Harvey Gan | ganharvey@gmail.com |
| Nazaree Puma | npuma13@apu.edu |
| Sean Choi | hchoi311@gmail.com |
| Clarissa Briones  | clarissamaybriones@gmail.com |
| WLA Resident 5 | NA |
| Natalie Cerda  | Natalie Cerda  |

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

|  |  |
| --- | --- |
| Tues, March 4 | **No Clinic Services** |
| Tues, March 11 |  (2/3 Schedule) Sidney Ortega, Stephen Mathew.  |
| Tues, March 18 |  (2/3 Schedule) Ashley Briones. Natalie Cerda  |
| Tues, March 25 |  (2/3 Schedule) Sean Kim, Natalie Nisperos **(945 am start)**  |
|  |
| Tues, April 1 |  (2/3 Schedule) Yves Vu, Harvey Gan, Clarissa Briones |
| Tues, April 8 |  **No Clinic Services** |
| Tues, April 15 |  (2/3 Schedule), Benjamin Garson, Nazaree Puma, Sean Choi |
| Tues, April 22 | Sidney Ortega, Stephen Mathew **(945 am start)** |
| Tues, April 29 | Ashley Briones. Natalie Cerda |
|  |
| Tues, May 6 | **No Clinic Services** |
| Tues, May 13 | Sean Kim, Natalie Nisperos  |
| Tues, May 20 | Yves Vu, Harvey Gan, Clarissa Briones |
| Tues, May 27 |  Benjamin Garson, Nazaree Puma, Sean Choi **(945 am start)** |
|  |
| Tues, Jun 3 | **No Clinic Services** |
| Tues, Jun 10 | Sidney Ortega, Stephen Mathew |
| Tues, Jun 17 | Ashley Briones. Natalie Cerda |
| Tues, Jun 24 | Sean Kim, Natalie Nisperos **(945 am start)** |

|  |  |
| --- | --- |
| Tues, Jul 1 | **No Clinic Services** |
| Tues, Jul 8 | Yves Vu, Harvey Gan, Clarissa Briones |
| Tues, Jul 15 | Benjamin Garson, Nazaree Puma, Sean Choi |
| Tues, Jul 22 | Sidney Ortega, Stephen Mathew **(945 am start)** |
| Tues, Jul 29 | Ashley Briones. Natalie Cerda |
|  |
| Tues, Aug 5 | **No Clinic Services** |
| Tues, Aug 12 | Sean Kim, Natalie Nisperos  |
| Tues, Aug 18 | Yves Vu, Harvey Gan, Clarissa Briones |
| Tues, Aug 26 |  Benjamin Garson, Nazaree Puma, Sean Choi **(945 am start)** |

|  |  |
| --- | --- |
| Tues, Sept 2 | **No Clinic Services** |
| Tues, Sept 9 | Sidney Ortega, Stephen Mathew |
| Tues, Sept 16 | Ashley Briones. Natalie Cerda |
| Tues, Sept 23 | Sean Kim, Natalie Nisperos **(945 am start)** |
| Tues, Sept 30 | Yves Vu, Harvey Gan, Clarissa Briones |
|  |
| Tues, Oct 7 | **No Clinic Services** |
| Tues, Oct 14 | Benjamin Garson, Nazaree Puma, Sean Choi |
| Tues, Oct 22 | Sidney Ortega, Stephen Mathew |
| Tues, Oct 28 | Ashley Briones. Natalie Cerda **(945 am start)** |
|  |
| Tues, Nov 4 | **No Clinic Services** |
| Tues, Nov 11 | Sean Kim, Natalie Nisperos  |
| Tues, Nov 18 | Yves Vu, Harvey Gan, Clarissa Briones |
| Tues, Nov 25 | Benjamin Garson, Nazaree Puma, Sean Choi **(945 am start)**  |
|  |
| Tues, Dec 2 | **No Clinic Services** |
| Tues, Dec 9 | Sidney Ortega, Stephen Mathew |
| Tues, Dec 16 | Ashley Briones. Natalie Cerda **(945 am start)** |
| Tues, Dec 23 | **No services due to holiday** |
| Tues, Dec 30 | **No services due to holiday** |
|  |
| Tues, Jan 6 | **No Clinic Services** |
| Tues, Jan 13 | Sean Kim, Natalie Nisperos  |
| Tues, Jan 20 | Yves Vu, Harvey Gan, Clarissa Briones |
| Tues Jan 27 | Benjamin Garson, Nazaree Puma, Sean Choi **(945 am start)** |
|  |
| Tues, Feb 3 | **No Clinic Services** |
| Tues, Feb 10 | Sidney Ortega, Stephen Mathew |
| Tues, Feb 17 | **Last week of services -** Ashley Briones. Natalie Cerda |
| Tues, Feb 24 | **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. The Clinic’s Medical Director is Dr. Karen Lamp, 310-664-7648 or klamp@mednet.ucla.edu. The on-site RN is Patricia Mendez.

**PHYSICAL THERAPY SUPPLIES**

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

Feel free to contact me if you have any questions.

Jason Tonley

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

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

**SCHEDULE AND INFORMATION SHEET 2-7.25 update**

**2025/2026 Physical Therapy Services for Patients at the Lestonnac Clinic**

To: 2025 Kaiser Permanente Residents and Fellows

|  |  |
| --- | --- |
| Nicholas Maeda | NickMaeda8@gmail.com |
| Ryan Inumberable | rjfinumerable@gmail.com |
| Will Wang | willwang1294@gmail.com |
| Sarah Tritz  | sarahtritz97@gmail.com |
| Kiana Moin | kiana.moin@gmail.com |
| Amrita Dhinsa | AmritaKaurDhinsa@gmail.com |
| Alyssa Callanta | alyssa.callanta102@gmail.com |
| June Thompson | junehigashi@gmail.com |
| Jerry Wu | jerry.wu14@gmail.com |
| Alison Kung | alison.kung.2014@gmail.com |
| Frederick Viray | freddyviray@gmail.com |
| Andre Phonpradit | andrephonpradith@gmail.com |
| Robert Sullivan  | robsullivan@chapman.edu |

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

|  |  |
| --- | --- |
| Tues, March 4 | Nicholas Maeda, Ryan Inumberable |
| Tues, March 11 | Will Wang, Sarah Tritz |
| Tues, March 18 | Amrita Dhinsa, Alyssa Callanta |
| Tues, March 25 | June Thompson, Jerry Wu |
|  |
| Tues, April 1 | Alison Kung, Frederick Viray |
| Tues, April 8 | Andre Phonpradit, Kiana Moin |
| Tues, April 15 | Nicholas Maeda, Robert Sullivan |
| Tues, April 22 | Will Wang, Sarah Tritz |
| Tues, April 29 | Amrita Dhinsa, Alyssa Callanta |
|  |
| Tues, May 6 | June Thompson, Jerry Wu |
| Tues, May 13 | Alison Kung, Frederick Viray |
| Tues, May 20 | Andre Phonpradit, Kiana Moin |
| Tues, May 27 | **No services due to holiday** |
|  |
| Tues, Jun 3 | Nicholas Maeda, Ryan Inumberable |
| Tues, Jun 10 | Robert Sullivan, Sarah Tritz |
| Tues, Jun 17 | Amrita Dhinsa, Alyssa Callanta |
| Tues, Jun 24 | June Thompson, Jerry Wu |

|  |  |
| --- | --- |
| Tues, Jul 1 | **No services due to holiday** |
| Tues, Jul 8 | Alison Kung, Frederick Viray |
| Tues, Jul 15 | Andre Phonpradit, Kiana Moin |
| Tues, Jul 22 | Nicholas Maeda, Ryan Inumberable |
| Tues, Jul 29 | Will Wang, Sarah Tritz |
|  |
| Tues, Aug 5 | Amrita Dhinsa, Robert Sullivan |
| Tues, Aug 12 | June Thompson, Jerry Wu |
| Tues, Aug 18 | Alison Kung, Frederick Viray |
| Tues, Aug 26 | Andre Phonpradit, Kiana Moin |

|  |  |
| --- | --- |
| Tues, Sept 2 | Nicholas Maeda, Ryan Inumberable |
| Tues, Sept 9 | Will Wang, Sarah Tritz |
| Tues, Sept 16 | Amrita Dhinsa, Alyssa Callanta |
| Tues, Sept 23 | Robert Sullivan, Jerry Wu |
| Tues, Sept 30 | Alison Kung, Frederick Viray |
|  |
| Tues, Oct 7 | Alison Kung, Robert Sullivan |
| Tues, Oct 14 | Nicholas Maeda, Ryan Inumberable |
| Tues, Oct 22 | Will Wang, Sarah Tritz |
| Tues, Oct 28 | Amrita Dhinsa, Alyssa Callanta |
|  |
| Tues, Nov 4 | June Thompson, Jerry Wu |
| Tues, Nov 11 | **Alison Kung, Frederick Viray- Cancelled Veterans day**  |
| Tues, Nov 18 | Andre Phonpradit, Kiana Moin |
| Tues, Nov 25 | **No services due to holiday** |
|  |
| Tues, Dec 2 | Nicholas Maeda, Ryan Inumberable |
| Tues, Dec 9 | Will Wang, Sarah Tritz |
| Tues, Dec 16 | Amrita Dhinsa, Alyssa Callanta |
| Tues, Dec 23 | **No services due to holiday** |
| Tues, Dec 30 | **No services due to holiday** |
|  |
| Tues, Jan 6 | June Thompson, Jerry Wu |
| Tues, Jan 13 | Robert Sullivan, Frederick Viray |
| Tues, Jan 20 | Andre Phonpradit, Kiana Moin |
| Tues Jan 27 | Nicholas Maeda, Ryan Inumberable |
|  |
| Tues, Feb 3 | Will Wang, Sarah Tritz |
| Tues, Feb 10 | Amrita Dhinsa, Alyssa Callanta |
| Tues, Feb 17 | **Last week of services -** June Thompson Robert Sullivan |
| Tues, Feb 24 | **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.

**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, Tonley00@aol.com

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

**SCHEDULE AND INFORMATION SHEET 2.7.25 update**

**20252026 Physical Therapy Services for Patients at the Simi Valley Free Clinic**

To: 2025 Kaiser Permanente Residents and Fellows

|  |  |
| --- | --- |
| Jonthan Hinich | jhinich19@gmail.com |
| Pain Fellow | NA |
| Arl Justin Magunayao | justin.magundayao@gmail.com |
| Cortez Espinoza | cortez.espinoza10@gmail.com |
| Hugo Delgado  | hugo.delgado52@gmail.com |
| Sebastian Chou | sebchouse1010@gmail.com |
| Jacob Maniti | jacobmaniti94@gmail.com |

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

|  |  |
| --- | --- |
| Wed, March 5 | Jonthan Hinich |
| Wed, March 12 | Arl Justin Magunayao |
| Wed, March 19 | Cortez Espinoza |
| Wed, March 26 | Hugo Delgado |
|  |
| Wed, April 2 | Sebastian Chou |
| Wed, April 9 | Jacob Maniti |
| Wed, April 16 | Jonthan Hinich |
| Wed, April 23 | Arl Justin Magunayao |
| Wed, April 30 | Cortez Espinoza |
|  |
| Wed, May 7 | Hugo Delgado  |
| Wed, May 14 | Sebastian Chou |
| Wed, May 21 | Jacob Maniti |
| Wed, May 28 | **No services due to holiday** |
|  |
| Wed, Jun 4 | Jonthan Hinich |
| Wed, Jun 11 | Arl Justin Magunayao |
| Wed, Jun 18 | Cortez Espinoza |
| Wed, Jun 25 | Hugo Delgado |

|  |  |
| --- | --- |
| Wed, Jul 2 | **No services due to holiday** |
| Wed, Jul 9 | Sebastian Chou |
| Wed, Jul 16 | Jacob Maniti |
| Wed, Jul 23 | Jonthan Hinich |
| Wed, Jul 30 | Arl Justin Magunayao |
|  |
| Wed, Aug 6 | Cortez Espinoza |
| Wed, Aug 13 | Hugo Delgado |
| Wed, Aug 20 | Sebastian Chou |
| Wed Aug 27 | Jacob Maniti |

|  |  |
| --- | --- |
| Wed, Sept 3 | **No services due to holiday** |
| Wed, Sept 10 | Jonthan Hinich |
| Wed, Sept 17 | Arl Justin Magunayao |
| Wed, Sept 24 | Cortez Espinoza |
|  |
| Wed, Oct 1 | Hugo Delgado |
| Wed, Oct 7 | Sebastian Chou |
| Wed, Oct 14 | Jacob Maniti |
| Wed, Oct 21 | Jonthan Hinich |
| Wed, Oct 28 | Arl Justin Magunayao |
|  |
| Wed, Nov 5 | Cortez Espinoza |
| Wed, Nov 12 | Hugo Delgado |
| Wed, Nov 19 | Sebastian Chou |
| Wed, Nov 26 | **No services due to holiday** |
|  |
| Wed, Dec 3 | Jacob Maniti |
| Wed, Dec 10 | Jonthan Hinich |
| Wed, Dec 17 | Arl Justin Magunayao |
| Wed, Dec 24 | **No services due to holiday** |
| Wed, Dec 31 | **No services due to holiday** |
|  |
| Wed, Jan 7 | Cortez Espinoza |
| Wed, Jan 14 | Hugo Delgado |
| Wed Jan 21 | Sebastian Chou |
| Wed Jan, 28 | Jacob Maniti |
|  |
| Wed, Feb 4 | Jonthan Hinich |
| Wed, Feb 11 | Arl Justin Magunayao |
| Wed, Feb 18 | **Last week of services -** Cortez Espinoza |
| Wed Feb 25, | **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. 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, Tonley00@aol.com

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

**Guidelines For Completing New Patient Log**

**Body Regions Log**

 Primary Health Conditions – Generic Form

Please complete the chart below by filling in the primary health conditions seen by the program participant over the course of the program. Patients evaluated, treated, or managed by the program participant as part of the participant’s education throughout the course of the program should be included within the template.

The patient’s primary health condition is only counted during the first patient encounter. **Patient encounters beyond the initial visit should not be included in the frequency count.**

|  |
| --- |
| **Name of Graduate:**       |
| Primary Health Conditions**Generic Form** | **Number of Patients Evaluated, Treated, or Managed by the Program Participant as Part of the Program’s Curriculum** |
| **CARDIOVASCULAR SYSTEM** |
|  |  |
| **PULMONARY SYSTEM** |
|  |  |
| **ENDOCRINE SYSTEM** |
|  |  |
| **INTEGUMENTARY SYSTEM** |  |
|  |  |
| **NERVOUS SYSTEM** |
|  |  |
| **MUSCULOSKELETAL SYSTEM** |
|  |  |
| **INVOLVEMENT OF MULTIPLE SYSTEMS** |
|  |  |
| **OTHER** |
|  |  |

6. Monthly updates of the “Patient Demographic Data”, needed for our Annual Report to the APTA Residency Credentialing Committee, in E-value.

**Body Regions Log**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Patient Nameor MR# | Body Region(s) Examined and Treated | Body Region Code(s) |
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***Code Key:*** *1 = CV 6 = MSK*

*2 = Pulmonary 7 = Multiple*

*3 = Endocrine 8 = Other*

*4 =Integumentary \* = Sports PT case*

*5= Nervous System*

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

**Procedures Performance Assessment Tool**

**Lower Quarter**

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

**Lower Quarter**

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

**Lower Quarter**

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

**LowerQuarter**

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

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

**Upper Quarter**

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

Observational Gait Analysis Assessment Form

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

Assistive Device:

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

**CI PREP FORM: NEW PATIENT**

**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:

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

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

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

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

 non moderate severe

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

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

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

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

2. PLANNING THE PHYSICAL EXAMINATION

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

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

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

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

Local Pain Referred Pain Paraesthesia Dizziness/

 Anaesthesia Other VBI SX's

 Short of P1 Short of Pro- Short of D1

 duction Point of Onset/

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

increase in increase in increase in increase in

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

partial partial partial partial

reproduction reproduction reproduction reproduction

total total

reproduction reproduction

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

 ACTIVE EXAMINATION PASSIVE EXAMINATION

 •Active movement short of limit •Passive short of R1

 •Active limit •Passive movement into

 •Active limit plus overpressure moderate resistance

 •Additional tests •Passive movement to R2

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

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

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

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

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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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

# PLANNING THE TREATMENT

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

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

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

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

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

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

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

Identify specific barriers to treatment

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

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

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

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

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

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

1 **Activity and participation capabilities/restrictions**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. **The behavior of the symptoms**

6.1 Give your interpretation for each of the following:

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

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

 low high

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

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

 non-irritable very irritable

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

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

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

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

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

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

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

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

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

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

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

List those factors that support your decision

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

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

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

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

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

Nature of the onset

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

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

Extent of impairment and associated tissue damage

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

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

Implications for planning the physical examination

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

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

Progression since onset

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

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

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

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

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

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

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

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

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

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

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

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

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

(*circle the relevant description*)

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

At which point will you limit your physical examination?

(*check the relevant description*)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# 10. Interpretation of posture and functional movements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

* 1. Indicate your principal hypothesis regarding the:

Primary syndrome/disorder

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

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

Dominant pathobiological mechanism

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

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

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

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

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

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

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

1. **Management**

**12.1 Interpretation of the Physical Exam**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**After the third visit**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**15 After discharge**

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

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

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

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

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

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

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

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



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

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

Date: Fellow: Patient: Instructor:

PATIENT PROFILE: Occupation Fitness Level

Recreational Activities Age Gender Handedness

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

|  |  |
| --- | --- |
| **5.HISTORY – PRESENT*** onset
* predisposing factors
* progression
* treatment/effect
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **6.HISTORY – PAST*** onset
* predisposing factors
* progression
* treatment/effect

End Time: | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **7.BIOPSYCHOSOCIAL/YELLOW FLAGS*** Attitudes
* Behaviors
* Compensation issues
* Diagnosis and treatment issues
* Emotions
* Family
* Work
* Patient’s Goals

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

|  |  |
| --- | --- |
| PHYSICAL EXAMINATION | Feedback/Comments |
| **11. RESTING SYMPTOMS*** establish baseline
* patient communication
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **12. OBSERVATION*** posture
* willingness to move
* correcting deformity

**Detailed Alignment/Muscle Analysis** * Upper quarter
* Lower quarter
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **12. FUNCTIONAL ASSESSMENT*** supine to sit
* sit to stand
* stairs
* reach
* bend
* respiration
* other \_\_\_\_\_\_\_\_\_\_\_\_
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **13. GAIT ANALYSIS (critical events)*** weight acceptance
* single limb support
* swing limb advancement
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior

  |
| **14.ROUTINE ACTIVE MOVEMENTS*** range
* quality
* behavior of symptoms - for most relevant areas
* quick tests to prove or disprove hypothesis
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior

  |
| **15.SPECIAL TESTS (RELEVANT TO THE PATIENT’S CONDITION)*** vertebral artery tests
* ligamentous integrity tests
* other relevant tests\_\_\_\_\_\_\_\_\_\_\_
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior

  |

|  |  |
| --- | --- |
| **16. NEUROLOGICAL EXAMINATION*** sensation
* strength
* reflexes
* upper motor neuron
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **17.PALPATION*** temperature
* sweating
* swelling
* soft tissue
* bony displacement
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **18.PASSIVE MOVEMENT TESTS*** range
* quality
* behavior of symptoms

**VERTEBRAL JOINTS*** PAIVMs
* PPIVMs
* correct segmental level/joint
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **19.ACTIVE/PASSIVE MOVEMENT TESTS*** range
* quality
* behavior of symptoms

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

**SPECIFIC MVT DEVIATIONS*** identify PICR deviations
* identify stiff vs. short muscles
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **20. MUSCLE*** length
* strength
* endurance
* coordination
* motor control
* pain response
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |

|  |  |
| --- | --- |
| **21.NERVE MOBILITY TESTS*** patient position
* therapist position
* therapist handling
* movement/pain relation
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **22.INQUIRY*** gains patient's confidence
* shows interest/concern
* brief questions
* elicits spontaneous information
* picks up key words
* recognizes non-verbal cues
* parallels
* clarifies/does not assume
* makes features fit/pursues
* controls the interview
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **23. POST EXAMINATION REASSESSMENT*** justification for use/non-use
* active/passive mvt examination order
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior

  |
| **24. INTERPRETATION AND PLANNING** | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |

|  |  |
| --- | --- |
| **INTERVENTION AND RE-EVALUATION** | **Feedback/Comments** |
| **25. TREATMENT*** goal determination
* technique selection
* accuracy of technique
* communication
* treatment intensity
* treatment progression
* treatment duration
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **26. REASSESSMENT*** subjective reassessment
* body chart
* baseline level of symptoms
* response to movement
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **27. REASSESSMENT*** objective reassessment
* active
* passive physiologic
* passive accessory
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |

|  |  |
| --- | --- |
| **PATIENT MANAGEMENT SKILLS** | **Feedback/Comments** |
| **28. TIME MANAGEMENT*** subjective exam within 20 minutes
* full exam, treatment, pt. ed and HEP
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **29. INTERPRETATION AND CORRELATION**  **OF HISTORY, PHYSICAL EXAMINATION**  **AND REASSESSMENT DATA** | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior

  |
| **30. ESTABLISH THERAPEUTIC RELATIONSHIP/COMMUNICATION*** positive verbal & nonverbal instruction
* active listening
* responsive touch
* gains patient's confidence
* shows interest/concern
* brief questions
* elicits spontaneous information
* picks up key words
* recognizes non-verbal cues
* parallels
* clarifies/does not assume
* makes features fit/pursues
* controls the interview
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **31. DIAGNOSTIC PROCESS: MUTUAL INQUIRY*** physical & movement diagnosis
* identify disease beliefs
* identify treatment beliefs’
* identify potential barriers to treatment
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **32.INTERVENTION AND FOLLOW-UP:** **TEACH AND PROBLEM SOLVE*** evaluate for treatment effect
* evaluate for adherence
* problem solve to eliminate barriers to adherence
* modify success indicators as patient progresses
* teach performance skills, provide knowledge of how to implement and monitor self- treatment; design self reminder strategies
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **33.NEGOTIATE COMMON GROUND*** make a mutual agreement for long and short term goals
* identify best treatment patient is likely to follow- linked to valued activity
* identify specific barriers to treatment
* assess self-efficacy
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **34. CLINICAL REASONING/ORAL DEFENSE*** severity
* irritability
* nature
* stage
* diagnosis
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |

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

*Kaiser Permanente Southern California Spine Rehabilitation Fellowship*

# FEEDBACK/CLINICAL PERFORMANCE EVALUATION • RETURN PATIENT

Date: Fellow: Patient: Instructor:

Return Visit Number: \_

|  |  |
| --- | --- |
| SUBJECTIVE EXAMINATION | Feedback/Comments |
| Start Time:**1.SUBJECTIVE ASSESSMENT** * response from the last treatment
* level of treatment tolerance
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **2.BODY CHART*** notes pertinent modifications
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior

  |
| **3.SUBJECTIVE ASTERISKS SIGNS*** use of scanning questions
* obtains relevant additional data

End Time: | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **PHYSICAL EXAMINATION** | **Feedback/Comments** |
| **4.EVALUATION PREVIOUS INTERVENTION*** appearance
* resting symptoms
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superio

r  |
| **5.ACTIVE MOVEMENT EXAMINATION*** range of motion
* quality of motion
* functional tasks
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior

  |
| **6. SPECIFIC PASSIVE TESTING*** physiological
* accessory
* range
* quality
* behavior of symptoms
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **7.POST EXAMINATION REASSESSMENT*** justification for use/non-use
* active/passive mvt examination order
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |

|  |  |
| --- | --- |
| INTERVENTION | Feedback/Comments |
| **8.MANUAL THERAPY PROCEDURES*** patient positioning
* therapists position
* handling skills
* techniques application accuracy
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior

  |
| **9. THERAPEUTIC EXERCISE OR PATIENT EDUCATION PROCEDURES*** neuromuscular/movement re-education
* ergonomic modification
* appropriateness of exercise
* manual cues
* verbal cues
* teaching skills
* facilitation techniques
* inhibitory techniques
* sensorimotor training
* reflexive stabilization
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |
| **10.TREATMENT PROGRESSION*** selection
* variation
* intensity
* duration
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |

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

|  |  |
| --- | --- |
| **PATIENT MANAGEMENT SKILLS** | Feedback/Comments |
| 1. **CLINICAL REASONING/ORAL DEFENSE**
	* severity
	* irritability
	* nature
	* stage
	* diagnosis
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior

  |
| **15. CLINICAL REASONING: TEACH AND PROBLEM SOLVE*** teach performance skills, provide knowledge of how to implement and monitor self- treatment; 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-
* Satisfactory
* Satisfactory+
* Superior
 |
| **16. CLINICAL REASONING/ORAL DEFENSE*** + goals
	+ treatment progression
	+ discharge plan
 | * Unsatisfactory
* Satisfactory-
* Satisfactory
* Satisfactory+
* Superior
 |

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

## *Kaiser Permanente Southern California Spine Rehabilitation Fellowship*

# Single Patient – Clinical Performance Evaluation

### SUMMARY

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

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

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

Name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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

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

Summary: Clinical Performance Evaluation - **Return Visit #1**

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

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

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

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

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

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

Summary: Clinical Performance Evaluation - **Return Visit #2**

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

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

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

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

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

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

Summary of **New Patient**, **Return Visit #1**, and **Return Visit #2**

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

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

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

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

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

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

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

Final Score for this Clinical Performance Evaluation Period

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

*Kaiser Permanente Southern California Spine Rehabilitation Fellowship*

**Scoring Procedures for Clinical Performance Evaluations - Single Patient**

1. For each of the 34 components that are evaluated during the *Clinical Performance Evaluation • New Patient* and for each of the 16 components that are evaluated during the *Clinical Performance Evaluation • Return Patient,* the fellow can score a maximum of three points. Three points are scored for superior performance, two points are scored for satisfactory performance, and one point is scored for unsatisfactory performance.
2. The total number of components evaluated during the new and return patient evaluations is multiplied by three - providing the maximal points possible.
3. The number of points actually scored during the new and return patient evaluations is summed.
4. The sum of the points scored is divided by the maximal points possible - providing the final score
5. Final scores that are greater than 60% demonstrate satisfactory performance.

Example:

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

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

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

Thus,

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

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

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

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

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

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

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

## *Kaiser Permanente Southern California Spine Rehabilitation Fellowship*

# Clinical Performance Evaluation -- Summative Review on Multiple Patients

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

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

|  |  |  |
| --- | --- | --- |
| Clinical Skill | Performance Level | Comments |
| **Subjective****Examination** | Unsatisfactory* Satisfactory -
* Satisfactory
* Satisfactory +
* Superior
 |  |
| **Physical****Examination** | Unsatisfactory* Satisfactory -
* Satisfactory
* Satisfactory +
* Superior
 |  |
| **Intervention** | Unsatisfactory* Satisfactory -
* Satisfactory
* Satisfactory +
* Superior
 |  |
| **Reassessment** | Unsatisfactory* Satisfactory -
* Satisfactory
* Satisfactory +
* Superior
 |  |
| **Clinical****Reasoning** | Unsatisfactory* Satisfactory -
* Satisfactory
* Satisfactory +
* Superior
 |  |
| **Patient Management** | Unsatisfactory* Satisfactory -
* Satisfactory
* Satisfactory +
* Superior
 |  |

|  |
| --- |
| **SUMMARY OF THIS FEEDBACK/CLINICAL PERFORMANCE EVALUATION PERIOD** |
| (a)Total number of *UNSATISFACTORY* marks: \_\_\_\_\_ X 1 = \_\_\_\_\_points(b) Total number of *SATISFACTORY(-)* marks: \_\_\_\_\_ X 2 = \_\_\_\_\_points(c)Total number of *SATISFACTORY* marks: \_\_\_\_\_ X 3 = \_\_\_\_\_points(d)Total number of *SATISFACTORY(+)* marks: \_\_\_\_\_ X 4 = \_\_\_\_\_points(e)Total number of *SUPERIOR* marks: \_\_\_\_ X 5 = \_\_\_\_\_ pointsTotal Number of Components Measured (a+b+c+d+e): \_\_\_\_\_ maximum points possible |
| **SUMMARY SCORE** |
| Unsatisfactory (less than 60%)* + Satisfactory (60% - 80%)
	+ Superior (80% - 100%
 |
|  |

**GUEST LECTURER EVALUATION FORM**

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

Name of Guest Lecturer:

Topic:

Consistently

Occasionally

Infrequently

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

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

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

**CLINICAL FACULTY EVALUATION FORM**

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

Name of Clinical Faculty:

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

The most valuable aspects of our clinical supervision periods were:

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

**FELLOWSHIP PROGRAM EVALUATION FORM**

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

Date:  Name of Fellow:

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

Please provide any feedback you have regarding the above issues.

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

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

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

**FELLOWSHIP PROGRAM EVALUATION FORM**

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

Date:

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

Please provide any feedback you have regarding the above issues.

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

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

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

AGREEMENT FOR ADVANCED FELLOWSHIP PROGRAM IN

ORTHOPAEDIC/SPORTS REHABILITATION

February 24th, 2025 through February 21st, 2026

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

R E C I T A L S:

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

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

1. INCORPORATION OF RECITALS:

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

2. OBLIGATIONS OF FELLOW:

 FELLOW SHALL:

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

1. Hold a valid California Physical Therapy License;

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

3. Have excellent communication skills;

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

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

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

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

8. Submit to Medical Group an application for employment;

9. Successfully pass a criminal background/record search;

10 Submit to and pass drug screening;

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

 programs and in federal procurement or non procurement programs;

12. Provide a valid social security number;

13. Demonstrate eligibility to work in the United States;

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

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

 where you will be employed.

B. Participate in the Program as follows, 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) 368 hours of classroom training, 2) 150 hours of 1:1 clinical supervision, 3) a minimum of 868 clinical practice hours, 4) provide clinical supervision to staff, residents or interns per week per the needs of the facility where the fellow is employed, 4) provide training periods for the staff per the needs of the facility where the fellow is employed, and/or, provide with the other fellows in the program, 5) 5-6 hour weekend seminar on a sports therapy topic for Kaiser Permanente physical therapists and/or physical therapists in the community, 6) participation in a research related project, 7) participation in a community services program.

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

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

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

 3. OBLIGATIONS OF KAISER:

Medical Group shall:

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

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

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

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

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

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

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

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

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

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

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

4. COMPENSATION

 A. Wages

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

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

Hourly Pay: at least $48.47/hour ($48.47 hour is the with benefits rate – the alternative compensation rate – without benefits – is $58.16/hour)

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

B. Benefits

Benefit Package: Health, hospital, and disability insurance

5. TERMINATION:

A. This Agreement shall be effective commencing on February 24th, 2025 and terminating February 21st, 2026. This Agreement may also be terminated immediately without notice if the Medical Group, in its sole discretion, concludes that Fellow’s behavior, performance or professional conduct does not comply with the terms of the Kaiser Permanente policies and procedures, rules of conduct, professional or ethical standards, or with any other requirements of this Agreement, or Fellow’s academic progress is unsatisfactory, or Fellow fails to continue to meet the eligibility standards set forth above.

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

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

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

 SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP

 Attention: Physical Medicine Department Administrator

 at the address set forth on Exhibit A attached hereto.

6. CANCELLATION:

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

7. CONFIDENTIALITY AND PROPRIETARY MATTERS:

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

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

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

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

8. PUBLICITY:

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

9. NOTICES:

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

Kaiser Permanente West Los Angeles: RESIDENT:

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

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

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

Attn.: Renee Rommero/Jason Tonley Attn.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director/Program Coordinator

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

10. COMPLIANCE WITH LAWS:

Fellow shall perform all work under this Agreement in strict compliance with all applicable federal, state and local laws and regulations. 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 Fellow or Medical Group. Section headings in this Agreement are for convenience only and are not to be construed as a part of this Agreement or in any way limiting or amplifying the provisions hereof. All pronouns and any

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

15. ENTIRE AGREEMENT:

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

16. JURISDICTION:

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

17. EXECUTION:

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

18. SEVERABILITY:

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

19. AUTHORIZATION:

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

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

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

Print or Type Name of Fellow Date

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

Title: Physical Therapist Fellow (2025/26 Class)

SOUTHERN CALIFORNIA PERMANENTE

MEDICAL GROUP

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

 Date

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

Title: Program Director or Program Coordinator

**ACOMPT/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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_