EIM OMPT FELLOWSHIP: PLANNING THE EXAMINATION

The FiT should either document or verbalize key points noted on this form before performing the PE. This discussion can occur with or without the patient present, as is most appropriate based on the decision of the mentor & FiT.

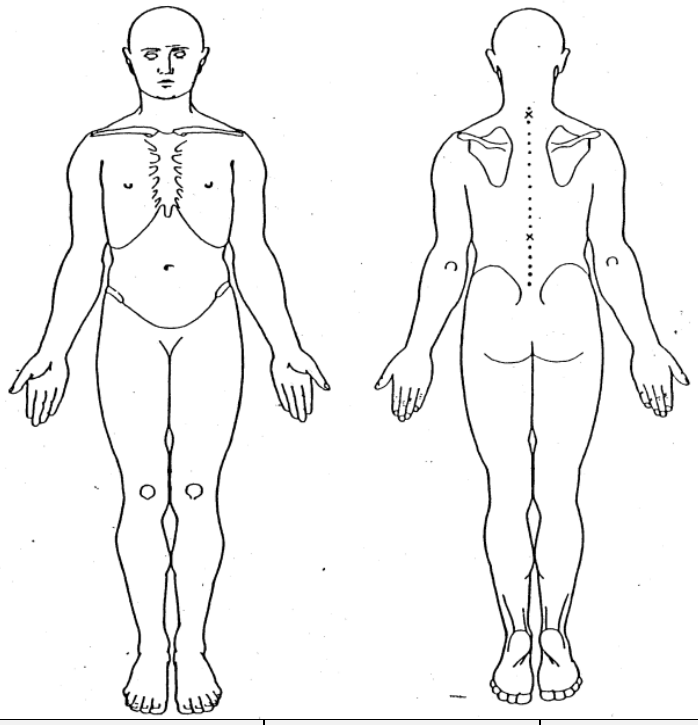
Patient profile:

Reason for seeking treatment & patient goals

Main functional restrictions/problems & **impact on life**:

Key Patient Intake Information & Self-Assessment Scores:

Body Chart, Aggs/Eases, and 24 hr pattern Summary - Use these notes to guide body chart discussion
(Do not fill out here if the FiT is already using another body chart that you can both FiT and Mentor can view)



- Is there any indication from the body chart that the patient will need a heavy emphasis on therapeutic pain neuroscience education in this initial visit? If so, does this modify how you will use the body chart and information you seek in your day 1 visit?

- Are all areas of sxs noted with worst sxs clearly indicated?

- Are all uninvolved relevant areas noted as "cleared" with a check?

- Are there aggs/eases noted & quantified for each area of sxs?

- What are the 24 hr behavior of sxs for all areas of sxs?

- Are relationships between all areas of sxs clarified/ defined?

- Do you understand the relationship between sx areas?

Problem	Aggravating Activity(ies)	Severity of exacerbation	How to ease? How long?	24 hr pattern?

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SINSS Assessment: **Provide rationale for each of your judgments at this point in the exam:**

1) Nature of the problem (your perception and the patient's perception)?

2) Severity/ Irritability

SEVERITY I----------I
non mild/minimal moderate severe

IRRITABILITY I----------I
non mild/minimal moderate severe

3) Stage & Stability

4) Likelihood of Central Sensitization (duration of sxs is not enough to drive this judgment)

I----------I
No likelihood mild/minimal moderate strong likelihood

- Does the patient history indicate caution? Explain. Include discussion of red and/or yellow flags, as well as any need for referral, consultation, or additional testing.

- How much therapeutic pain neuroscience education will you include day one? Explain.

- Which body regions/joint complexes/tissues will be the main focus of your examination Day 1?

- And, which body regions/joint complexes/tissues must be "proven unaffected"? Will you do this Day 1 or at a follow-on visit? Explain.

- Do you expect a comparable sign(s) to be easy/hard to find? Explain.

- Which functional movement patters or functional testing will you evaluate, and why? How will this to help in ruling in/out your hypothesis(es)?

- If a neurological examination is necessary, will you perform a neurological examination, if so how extensive? Explain.

- Will you do neurodynamics assessment? Explain.

- How vigorous will your physical examination be Day 1? Circle the relevant description. Clarify if needed.

ACTIVE EXAMINATION	**PASSIVE EXAMINATION**
Active movement short of limit	Passive short of R1
Active limit	Passive movement into moderate resistance
Active limit plus overpressure	Passive movement to R2
Additional tests	

- What do you expect to find in the exam, and what do you expect to include in day one treatment?

- What additional information do you know about the patient as a person that will definitely impact your exam, your management of this patient, and his/her prognosis (social support, locus of control, levels of motivation, impact of the problem on his/her life, fear avoidance issues, family support or pressures, job requirements, etc)?