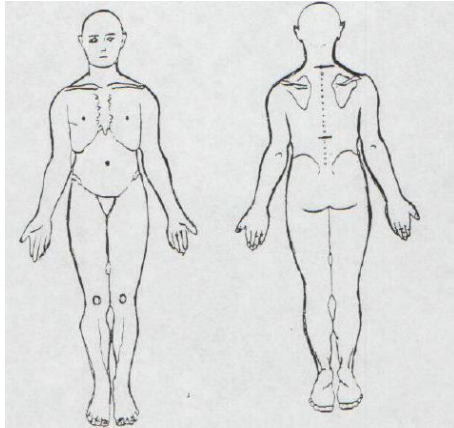




VOMPTI CLINICAL REASONING FORM

STUDENT/RESIDENT _____

DATE: _____ PATIENT : _____



Body Chart--Initial Hypothesis:

Outcome Tool/Measure: _____ MCID: _____
Score: _____

SUBJECTIVE EXAM

**** Subjective Asterisks Signs/Symptoms ****

(Aggravating/Easing Factors, Description/Location of symptoms, Behavior, Mechanism of injury)

STRUCTURE at Fault:

Joints in/refer to the painful region	Myofascial tissue in/refer to the painful region	Non Contractile tissue in/refer to the painful region	Neural tissue in/refer to the painful region	Other structures that must be examined – non MSK

Primary HYPOTHESIS after Subjective Examination: _____

Differential List: (List in ranking order to screen/clear - Rule out)



**** Physical Exam “Asterisks” Signs/Symptoms ****

(Special Tests, Movement/Joint Dysfunction, Posture, Palpation, etc.)

- Rate your assessment of Severity & Irritability
Justify your assessment with examples from the Subjective Exam &/or Objective Exam

- **Severity** Non Min Mod Severe

- **Irritability** Non Min Mod Severe

- Stage & Stability?

- Acute Subacute Chronic Acute on chronic

- Stable Improving Worsening Fluctuating Red Flags

- Are the relationships between the areas on the body chart, the interview, and physical exam consistent?

- “Do the “Features Fit” a recognizable clinical pattern?” – If “Yes” – what :

- If “NO” : Please explain areas that may need clarification _____

➤ **Pain Assessment**

- Type of Pain: Nociceptive (Peripheral/Central) Neuropathic Central Sensitization

- Contributing Factors (Select if it is a factor, if so give example to support):

Somatic	Yes	No	Example:
Cognitive (expectations, catastrophization)	Yes	No	Example:
Emotional (anxiety, fear, anger, depression, stress)	Yes	No	Example:
Behavioral (Avoidance, Coping)	Yes	No	Example:
Social (Work, home, relationships)	Yes	No	Example:
Motivation (Readiness to change)	Yes	No	Example:

- For the above: How will you address clinically? _____

Identify any other potential risk factors (Yellow, Red flags, non MSK involvement)



Identify “gap” in knowledge.

	<u>P</u> atient or Problem	<u>I</u> ntervention	<u>C</u> omparison Intervention	<u>O</u> utcomes
Tips for Building	Starting with your patient, ask “How would I describe a group of patients similar to mine?” Balance precision with brevity	Ask “Which main intervention am I considering?” Be specific	Ask “What is the main alternative to compare with the intervention?” Again, be specific	Ask “What can I hope to accomplish? Or What could this exposure effect?”
Example	In patients with lateral epicondylitis....	Would adding manipulation to modalities or injection alone....	When compared to modalities or injection alone	Reduce the number of visits to return to pain free function.
Your Patient				

Article Reviewed: _____

What did you learn from article to apply to your specific patient/clinical case?

Treatment planning

➤ Impairments	Functional limitations	Goals
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your Primary Treatment Objective after Initial Evaluation?

- **Education:** _____
- **Manual Therapy** (Specific Technique): _____
- **Exercise Prescription** (Specific): _____
- **Other:** _____

What are you going to re assess at subsequent visit? _____



➤ **Prognosis/Expectations:**

- How do you expect to progress your treatment program over subsequent visits?

- To what extent is there biopsychosocial involvement? None Mild Moderate Severe
- How does this impact your prognosis and progression? _____

➤ **Associated Factors for expected outcome**

Favorable

Unfavorable

- If referral to other providers is indicated, Identify: Specific Recommendations.

Identify the key subjective and physical features (i.e. **clinical pattern**) that would help you recognize this disorder in the future.

Subjective	Physical

Reflection : What would you do differently with a similar patient in the future?

