

**ATI Physical Therapy**  
**Orthopedic Physical Therapy Residency Program**  
*Mentoring Prep Form*

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

Patient's Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**History:**

**Basic Science:**

- In what stage of healing is this patient?
- How does this affect your treatment (indications/contraindications)?
- How does your treatment affect the mechanoreceptors?

**Recognizing Patterns:**

- Which clinical movement pattern is this patient displaying?

**MECHANICAL – POSTURAL – PAINFUL – WEAKNESS – INSTABILITY**

- What is your initial hypothesis?

**SAID Principle:**

- What are the patient's specific adaptations to imposed demands?
- What are you doing in your treatment to address those demands?

**Assessment and Prognosis:**

- What is your prognosis for this patient?
- Is the patient responding to treatment in a positive manner? If not, have you modified your treatment and re-assessed the problem?

**Transitions:**

- Is your treatment progressing in a logical and purposeful manner with this patient?
- Is this patient ready to progress to the next phase? Why?

**Mentors Comments:**

\_\_\_\_\_

**Mentor's Signature**

\_\_\_\_\_

**Date**