

MUSCULOSKELETAL PHYSIOTHERAPY CLINICAL REASONING FORM

(How to evaluate and plan out the physical examination and treatment from the Interview and History)

Part 1: History and Interview

- 1) After establishing the patient's symptomatic area (i.e. after completing the body chart), nominate structures to be considered as possible sources of their current disorder.

Structures underlying the symptomatic area			Structures referring into the symptomatic area
Articular	Muscle	Neural	

- 2) Are there any red flag conditions that warrant referral? YES / NO
Specify?

Based on the above red flags, what action might you take?

- 3) Are there any yellow flags that may influence prognosis or response to treatment? YES / NO
Specify?

- 4) Is there possible involvement of the neural tissue? YES / NO
Specify? Compression, irritation, mobility/tension

Would you do a neurological exam (or a neural tissue mobility test?) YES / NO
Justify your reasoning:

What is the influence of symptoms and pathology on the extent of examination and first treatment?

- 5) Is the pain:
- a) Severe/moderate/mild? (VAS rating?)
 - b) Latent? YES / NO
- 6) Does the history suggest an irritable disorder? YES / NO
- a) Local symptoms YES / NO
 - b) Referred/other symptoms YES / NO

Justify your answers:

- Activity causing the pain (how quickly is it provoked?)
 - Severity of pain caused?
 - Duration before pain subsides?
- 7) Does the “nature” of the disorder indicate caution? YES / NO
- Specify:
- a) Pathology/injury
 - b) Ease of exacerbation of acute pain
- 8) Are there any contraindications to any part of your physical examination? YES / NO
- Specify:
- 9) Do you predict your physical examination to be:
- a) Comprehensive
 - b) Comprehensive but ready to modify/limit
 - c) Selective due to severity or irritability of the symptoms?

10) Associated examination

Nominate any predisposing, contributing or reactive factors likely to be involved in this patient's condition.

Specify:

- Poor neuromotor control, lack of active stability
- Poor muscle endurance or strength
- Joint hypomobility, instability or hypermobility
- Proprioceptive deficit
- Postural issues
- Potential work, home or sporting ergonomic factors
- Any spinal deformity
- Any trauma
- Previous or existing pathology
- Any other conditions

11) What is your provisional hypothesis and what history / physical examination findings support this?

12) Nominate any alternative hypotheses and the history / physical examination findings that would support these.

Part 2: Planning your Physical Examination

- Clearly define what tests you will do to confirm or negate your hypotheses
- List the examination techniques which you would like to use to test your hypotheses within the irritability of the patient's condition.
- Bracket any tests that would not be a priority for your first assessment
- Remember to consider the time available for your assessment

Functional Tests	Standing	Sitting	Supine	Sidelying	Prone

After the physical examination

i) Nominate your main findings (key asterisk* signs)

ii) Do they confirm your provisional diagnostic hypothesis? YES / NO
Justify your choice of hypothesis or revised hypothesis

Part 3: Treatment Plan

Using both your asterisk signs and your clinical hypothesis consider

- a) Your treatment aims
- b) Interventions to address the aims
- c) Any outcomes, which would inform you how effective the intervention was

Treatment Aims	Interventions to achieve these aims (Be specific to the patient)	Outcome measure (How do I know if I have achieved this aim? Consider outcome measures from your history and physical examination and any functional tests)

Consider:

- i) When would you like to see this patient again?
- ii) Why have you chosen this time frame?
- iii) Home exercise program (HEP) and advice?
- iv) Your aims for the next assessment and treatment session