Master of Musculoskeletal and Sports Physiotherapy
School of Health Sciences
UNIVERSITY OF SOUTH AUSTRALIA
CLINICAL REASONING REFLECTION FORM

NAME ………………………… DATE ……………… PATIENT’S NAME……………………………………

Please provide a de-identified copy of the patient’s bodychart with the form

PERCEPTIONS / INTERPRETATIONS
ON COMPLETION OF THE SUBJECTIVE EXAMINATION

It is important to recognise that the patient’s presentation and factors affecting it (eg physical, environmental, psychosocial and health management via physiotherapy or other means) can be characterised in pain language/mechanisms by the dominant Input, Processing or Output pain mechanisms that appear to be affected. This should be considered when forming judgements regarding the other hypothesis categories as interpretations of the patient’s symptoms, psychosocial status and signs will vary with the dominance of pain mechanisms present.

1. ACTIVITY CAPABILITY/RESTRICTION
   Identify the key abilities and restrictions the patient has in executing activities:
   • Abilities ________________________________________________________________
   • Restrictions ____________________________________________________________

2. PARTICIPATION CAPABILITY/RESTRICTION
   Identify the key abilities and restrictions the patient has with involvement in life situations (work, family, sport, leisure):
   • Abilities ________________________________________________________________
   • Restrictions ____________________________________________________________

3. PATIENT’S PERSPECTIVES ON THEIR EXPERIENCE

3.1 What is your assessment of the patient’s understanding of their problem? Specifically consider their threat appraisal with respect to severity, social desirability / self-concept, personal responsibility, controllability and changeability (positive, negative, neutral – explain). Does the patient’s understanding and threat appraisal present a potential barrier to their recovery?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3.2 What is your assessment of the patient’s feelings (positive and negative) about their problem, its effect on their life and how it has been managed to date? Do any expressed negative feelings present a potential barrier to their recovery?

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_____________________________________________________________________________________
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3.3 Does the patient have any explicit coping strategies (for pain, stress, unhelpful thoughts/emotions) and if so do they appear to be adaptive or maladaptive? Does the patient convey any avoidance behaviours (to activities or participation) and if so does this appear reasonable for their disability or is it potentially maladaptive?

_____________________________________________________________________________________
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3.4 What effect do you anticipate the patient’s attitude to: 1) physical exercise, and 2) self-management will have on your management?

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_____________________________________________________________________________________
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3.5 Identify one experience from the patient’s story that appears representative for them and provide your assessment of what that experience means to the patient

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_____________________________________________________________________________________
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3.6 What is your assessment of the patient’s expectations from Physiotherapy? Specifically comment whether you feel they are appropriate or whether they may reflect maladaptive understanding and emotions that together will need to be addressed in your management.

_____________________________________________________________________________________
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What are the patient’s goals related to their problem(s), their general health management and your specific physiotherapy management? What is your assessment of their goals (e.g. appropriate, if not, why not)?

_____________________________________________________________________________________
_____________________________________________________________________________________
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4. PATHOBIOLOGICAL MECHANISMS

4.1 Tissue Mechanisms

What is your hypothesis regarding tissue health? Is there a clinical pattern of a specific process (e.g. Degenerative? Ischaemic? Over strain? Inflammatory?) Explain.

_____________________________________________________________________________________
_____________________________________________________________________________________

Is there a clinical pattern of a specific pathology? Explain.

_____________________________________________________________________________________
_____________________________________________________________________________________

If there has been overt tissue injury, at what stage of the inflammatory/healing process would you judge the injury to be? (e.g. acute inflammatory phase 0 – 72 hours, proliferation phase 72 hours – 6 weeks, remodelling & maturation phase 6 weeks – several months).

_____________________________________________________________________________________
_____________________________________________________________________________________

_____________________________________________________________________________________
### 4.2 Pain Mechanisms

List the subjective evidence which supports each specific mechanism of symptoms. Remember that all mechanisms are operating in every presentation. The aim of this table is to identify patient cues that support involvement of that mechanism.

<table>
<thead>
<tr>
<th>Input Mechanisms</th>
<th>Processing Mechanisms</th>
<th>Output Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nociceptive Symptoms</td>
<td>Neuropathic Symptoms</td>
<td>Central Sensitisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Behaviour (health &amp; illness), Motor function, Thoughts/beliefs and cognitive function, Emotions, Autonomic nervous system, Neuroendocrine system, Immune system</td>
</tr>
</tbody>
</table>

#### 4.3

Draw a “pie chart” on the diagram below that reflects the proportional involvement of the pain mechanisms (Nociceptive, Neuropathic, Central Sensitisation, Output specifying which output system(s)) apparent after completing the subjective examination.
5. **THE POTENTIAL NOCICEPTIVE SOURCE(S) OF THE SYMPTOMS**

5.1 If a “nociceptive” dominant pain mechanism is hypothesised, list in order of likelihood all possible structures that might contribute to a nociceptive mechanism for each area/component of symptoms.

<table>
<thead>
<tr>
<th>Source</th>
<th>Area 1:</th>
<th>Area 2:</th>
<th>Area 3:</th>
<th>Area 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatic local</td>
<td></td>
<td></td>
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<tr>
<td>Somatic referred</td>
<td></td>
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<tr>
<td>Neuropathic</td>
<td></td>
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<tr>
<td>Vascular</td>
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<tr>
<td>Visceral</td>
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</tbody>
</table>

6. **CONTRIBUTING FACTORS**

6.1 Based on the subjective examination, are there any contributing factors hypothesised as associated with the development or maintenance of the patient’s symptoms, activity and participation restrictions?

- **Hypothesised Physical factors** based on knowledge of patient’s activity levels/fitness, work and lifestyle, sport, medical and neuro-musculoskeletal history (e.g. biomechanical, muscle length/strength/control, joint mobility, neural mobility, posture, etc.):

  ____________________________________________________________

- **Environmental/ergonomic factors** (work place set up etc.):

  ____________________________________________________________

- **Psychosocial factors** (e.g. patient’s perspectives/understanding of problem & requirements for recovery/management, feelings regarding problem & its management, attributions, health beliefs and behaviours):

  ____________________________________________________________

- **Health related factors** (e.g. health related issues that will affect the symptoms and development of the symptoms):

  ____________________________________________________________
7. THE BEHAVIOUR OF THE SYMPTOMS

7.1 Give your interpretation of each of the following:

- **Severity**: (Symptom 1) Low _______ High _______
- **Severity**: (Symptom 2) Low _______ High _______
- **Irritability**: (Symptom 1) Non-irritable _______ Very irritable _______
- **Irritability**: (Symptom 2) Non-irritable _______ Very irritable _______

Give an example of irritability:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

7.2 What is the relationship of the patient’s activity/participation restrictions &/or symptoms to each other? (this question is only relevant if more than one activity or participation restriction and/or more than set of symptoms)

- **Behavioural**: Does the current pattern of activity and participation restrictions have a common theme such as flexion, extension, load, posture, stress related?
_____________________________________________________________________________________
_____________________________________________________________________________________

- **Behavioural**: Are the different symptoms related in their behaviour (e.g. respond together to aggravating and easing factors)? If so, in what way?
_____________________________________________________________________________________
_____________________________________________________________________________________

- **Historical** (e.g. Are the symptoms, activity and participation restrictions related historically? If so, in what way?)
_____________________________________________________________________________________
_____________________________________________________________________________________

7.3 Provide your interpretation of the contribution of mechanical &/or inflammatory features to the nociceptive component:

- **Inflammatory**: 0 _______ 10 _______
- **Mechanical**: 0 _______ 10 _______

List those factors that support your decision

<table>
<thead>
<tr>
<th>Inflammatory</th>
<th>Mechanical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
8. HISTORY OF THE SYMPTOMS

8.1 Give your interpretation of the history (present & past) for each of the following:

- **Nature of the onset** (e.g. is it consistent with a particular process, pathology or clinical syndrome and does it suggest a dominant pain mechanism?)

- **What is the extent of physical impairment & associated tissue damage/change** hypothesised to be present? (e.g. mild versus severe & supporting evidence. Also, does this fit with a predominantly peripherally evoked or centrally mediated process?)

- **What are the implications for the physical examination?** (specifically, how do your priorities change for day 1 physical examination?)

- **What is the progression of the presentation since onset?** (better, worse, same, variability/stability)

- **Is the patient’s symptom presentation consistent with the history?** (Explain your answer)

9. HEALTH CONSIDERATIONS, PRECAUTIONS AND CONTRAINDICATIONS TO PHYSICAL EXAMINATION AND MANAGEMENT

9.1 Is there anything specific in the patient’s answers to the “Medical Screening Questionnaire” (or your abbreviated initial screening) that represents a potential or clear caution/contraindication to your physical examination and management? Specify.

Is there anything in your subjective examination questioning that indicates the need for caution in your physical examination or management? (e.g. highly irritable/inflammatory condition, rapidly worsening, progressive neurologically, red flag issues not identified in questionnaire, potential cervical arterial dysfunction, spinal cord or cauda equina compression/ischaemia, weight loss, medications, investigations etc.)? Specify.

9.2 IF precautions are identified above, identify what action is indicated (e.g. Medical consultation, specific safety screening such as instability tests, cervical artery tests, etc.).
9.3 Does the patient’s general health or level of physical fitness indicate the need for consideration of health screening &/or fitness testing? YES/NO

- If yes, what health screening questionnaire(s) would you consider using?


- What cardiovascular fitness testing would be appropriate?


- What other specific fitness screening tests would be appropriate?


- Is this testing a Day 1 priority? Explain your answer. YES/NO

9.4 At which points under the following headings will you limit your physical examination?

- Circle the relevant description.

<table>
<thead>
<tr>
<th>Local symptoms (consider each component)</th>
<th>Referred symptoms (consider each component)</th>
<th>Dysthesias</th>
<th>Symptoms of CAD</th>
<th>Visceral or other system symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short of P1</td>
<td>Short of Production</td>
<td>Point of onset/ increase in resting symptoms</td>
<td>Point of onset/ increase in resting symptoms</td>
<td>Point of onset/ increase in resting symptoms</td>
</tr>
<tr>
<td>Point of onset/ increase in resting symptoms</td>
<td>Partial reproduction</td>
<td>Partial reproduction</td>
<td>Partial reproduction</td>
<td>Partial reproduction</td>
</tr>
<tr>
<td>Partial reproduction</td>
<td>Total reproduction</td>
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<td>Total reproduction</td>
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<td>Total reproduction</td>
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</tbody>
</table>

9.5 Is there any health, red flag or precaution-related reason to limit your examination (separate from your symptom provocation decision above)? Consider your responses to question 9.1 and 9.3 in making your decision.

- Circle the relevant description

**Active examination**

- Active movement short of limit
- Active limit
- Active limit + overpressure
- Additional tests

**Passive examination**

- Passive movement short of R1
- Passive movement into moderate resistance
- Passive movement into full overpressure

IF you hypothesise a dominant central sensitisation in the patient’s presentation (e.g. as per pie chart on 4.3), indicate how you will attend to this in your physical examination.

- If your hypothesis is a dominant central sensitisation, what would be your priorities for Day 1?
9.6 Is a neurological examination necessary?  YES/NO

- If so, indicate which neurological structures should be included (e.g. nerve root, peripheral nerve, spinal cord, cauda equina, cranial nerves).

- Is this examination a Day 1 priority? Explain your answer.  YES/NO

9.7 If relevant, do you expect a comparable sign(s) to be easy/hard to find? (e.g. are the patient’s symptoms easy to provoke so likely to be easy to reproduce in the clinic?)

- Explain your answer  EASY/HARD

9.8 What are the clues (if any) in the subjective examination to any specific treatment techniques or approach to treatment that may be appropriate? (e.g. a particular movement or position that is pain relieving might form the basis of a mobilising technique, postural symptoms might indicate need for an endurance program, indications of chronic pain might indicate the need for an educational bias to your management)

- Explain your answer  YES/NO
10. **WRITE OUT YOUR PLAN FOR YOUR PHYSICAL EXAMINATION**
   - Highlight with an * those procedures to be included on Day 1

<table>
<thead>
<tr>
<th>Functional tests:</th>
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<table>
<thead>
<tr>
<th>Functional outcome measure:</th>
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<thead>
<tr>
<th>Posture:</th>
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<thead>
<tr>
<th>Fitness related tests</th>
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<tbody>
<tr>
<td>CV tests</td>
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<tr>
<td>Strength/endurance</td>
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<table>
<thead>
<tr>
<th>Active movements:</th>
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<thead>
<tr>
<th>Passive movements:</th>
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<tbody>
<tr>
<td>Physiological</td>
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<tr>
<td>Accessory</td>
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<table>
<thead>
<tr>
<th>Resistive tests:</th>
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<thead>
<tr>
<th>Neurological examination:</th>
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<thead>
<tr>
<th>Neurodynamic:</th>
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<table>
<thead>
<tr>
<th>Soft tissue:</th>
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<table>
<thead>
<tr>
<th>Motor control:</th>
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<table>
<thead>
<tr>
<th>Other:</th>
</tr>
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</table>
11. Identify the key PHYSICAL IMPAIRMENTS from your physical examination that may require management/reassessment (e.g. posture, movement pattern impairments, motor control impairments, soft tissue/joint/muscle/neural mobility/sensitivity, fitness levels, strength/power/endurance):

<table>
<thead>
<tr>
<th>1.</th>
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<tbody>
<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<tr>
<td>9.</td>
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<tr>
<td>10.</td>
</tr>
<tr>
<td>11.</td>
</tr>
</tbody>
</table>

List any assessments not completed Day 1:
12. THE SOURCES AND PATHO BIOLOGICAL MECHANISMS OF THE PATIENT’S SYMPTOMS

12.1 List the components of symptoms and pathobiological mechanisms identified in Sections 4 & 5 and number in order of likelihood the possible structure(s) at fault for each apparent component. Then identify the supporting & negating evidence from the PHYSICAL EXAMINATION for each structure and pathobiological mechanism (you may need to attach an additional page to complete the list).

<table>
<thead>
<tr>
<th>Component</th>
<th>Possible structure(s) at fault</th>
<th>Physical Examination Supporting Evidence</th>
<th>Physical Examination Negating Evidence</th>
</tr>
</thead>
</table>
| e.g. Left mid cervical pain    | Left PIV joints C2-5           | - Thickened soft tissue over laminae C2-5  
- Tenderness C2-5  
- Active LF & rotation left limited range | PPIVMs LF & rotation left C2/3-5/6 normal ROM  
Stiffness unilateral PA C2/3-5/6 |
### 12.2 List the supporting and negating evidence from the PHYSICAL EXAMINATION for the Pain and Tissue Mechanisms listed below:

<table>
<thead>
<tr>
<th>Pain Mechanisms</th>
<th>Supporting Evidence</th>
<th>Negating Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Input Mechanisms:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nociceptive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Neuropathic</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Processing Mechanism:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Central Sensitisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Potentially maladaptive cognitive and/or affective cues apparent during the physical examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Motor &amp; Other Output Mechanisms:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Motor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tissue Healing Mechanisms</th>
<th>Supporting Evidence</th>
<th>Negating Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>If an overt (macro or micro) tissue injury has occurred (e.g. muscle/tendon/ligament/etc) such that the tissues will go through the understood healing process, identify the features from the Physical Examination that support the phase of healing:</td>
<td></td>
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<tr>
<td><strong>Acute inflammatory phase</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proliferation phase</strong></td>
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<tr>
<td><strong>Remodelling and maturation phase</strong></td>
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</tbody>
</table>

### 12.3 What does P/E suggest regarding tissue health (process, specific pathology, clinical syndrome) and how does that fit with previous tissue health hypothesis from S/E?

- Explain your answer

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

YES/NO
12.4 Based on your full S/E and P/E assessment and analysis list the favourable and unfavourable prognostic indicators (consider for example: pain and tissue mechanisms, patient perspectives, inflammatory versus mechanical presentation, degree of irritability, nature of onset and progression, effects of previous interventions, medical screening findings, extent of physical impairments and possible contributing factors):

<table>
<thead>
<tr>
<th>Favourable</th>
<th>Unfavourable</th>
</tr>
</thead>
</table>

12.5 Based on your assessment of favourable and unfavourable prognostic indicators, indicate whether you feel you/physiotherapy can assist this patient and state as specifically as you can (e.g. days, weeks, months) how much time or number of treatments are likely to be required.

- Able to help?
- How much time is required?
- Percentage improvement anticipated?

IMPLICATIONS OF PERCEPTIONS AND INTERPRETATIONS
ON ONGOING MANAGEMENT

13. MANAGEMENT

13.1 Is there anything about your physical examination findings which would indicate the need for caution in your management? Explain

YES/NO

13.2 Does your interpretation of the physical examination findings change the anticipated emphasis of treatment? Explain

YES/NO

13.3 What was your management on Day 1 (e.g. explanation/advice, exercise, passive mobilisation, general exercise, referral for further investigation etc.)

- Why was this chosen over other options?

- If passive treatment was used, what was your principal treatment technique(s)? (indicate technique, position in which it was performed, grade, dosage)
• **What physical examination findings support your choice?** (include in your answer a movement diagram of the most comparable passive movement sign [most positive passive movement])

**MOVEMENT DIAGRAM**

13.4  
• If dynamic management was used, what was your principal focus/starting point? (indicate exercise, position in which it was performed/taught, dosage)

13.5  
• If education was your starting point, what was your principal focus? (indicate key messages targeted)

13.6  
What was the effect of your Day 1 intervention?

  • Subjective response:

  • Physical response:

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

13.7  
What is your plan and justification of management for this patient?

  • Overall management plan (e.g. general components of clinical presentation requiring attention)

  • Type of treatment

  • Priorities with treatment

  • Attention to components other than the primary presentation

  • Rate of progress etc.
13.8 Is attention to the general fitness/cardiovascular health of the patient a priority in your management? Explain

- If so, how do you plan to incorporate this in your overall management?

13.9 Do you envisage a need to refer the patient to another health provider (e.g. physician, orthopaedic surgeon, neurologist/neurosurgeon, vascular surgeon, endocrinologist, psychologist/psychiatrist, anaesthetist, dietician, Feldencrais practitioner, Pilates practitioner, gym instructor etc.)

- Explain:

14. REFLECTION ON PAIN MECHANISMS, SOURCE(S), CONTRIBUTING FACTOR(S) AND PROGNOSIS

AFTER THIRD VISIT

14.1 How has your understanding of the patient and the patient’s problem(s) changed from your interpretations made following the first session?

- How have the patient’s perceptions of his/her problem and management changed since the first session?

- Are the patient’s needs being met?

14.2 On reflection, what clues (if any) can you now recognise that you initially missed, misinterpreted, under or over-weighted?

- What would you do differently next time?

- Have you been able to address all components as indicated in your management plan or advance your treatment at the rate planned? Explain

- If not, what barriers have prevented you advancing your treatment as you planned?
AFTER SIXTH VISIT

14.3 How has your understanding of the patient and the patient’s problem changed from your interpretation made following the third session?

- How have the patient’s perceptions of his/her problem and management changed since the third session?

- Have the patient’s expectations been met?

14.4 On reflection, what clues (if any) can you now recognise that you initially missed, misinterpreted, under or over-weighted?

- What would you do differently next time?

- Have you been able to address all components as indicated in your management plan or advance your treatment at the rate planned? Explain

YES/NO

- If not, what barriers have prevented you advancing your treatment as you planned?

14.5 If the outcome is to be short of 100% (i.e. “cured”) at what point will you cease management and why?

AFTER DISCHARGE

14.6 How has your understanding of the patient and the patient’s problem changed from your interpretations made following the sixth session?

- How has the patient’s perceptions of his/her problem and management changed since the third session?

- How much have you been able to address the patient’s concept of self-efficacy, responsibility for self-management and perceptions of the importance of healthy lifestyle in management of his/her problem?
14.7 In hindsight, what were the principal source(s) and pathobiological mechanisms of the patient’s symptoms?

• What were the patient’s principal health/fitness related issues?

• How successful have you been in addressing all components of the patient’s problem? Explain

14.8 Identify the key subjective and physical features (i.e. clinical pattern) that would help you recognise this presentation in the future.

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Physical</th>
</tr>
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<tbody>
<tr>
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</table>
PERCEPTIONS / INTERPRETATIONS
ON COMPLETION OF THE SUBJECTIVE EXAMINATION

1. ACTIVITY & PARTICIPATION CAPABILITY/RESTRICTION
   Abilities .................................................................
   Restrictions .............................................................

2. PATHOBILOGICAL MECHANISMS
   Identify the DOMINANT Pain Mechanism and supporting evidence:
   ..........................................................................................
   If relevant, specify the pathology that may be present and, if relevant, the stage of Tissue Healing:
   .................................................................

3. PATTERN OF AGGRAVATION
   Indicate the dominant pattern of aggravation (e.g. flexion, extension, sustained positions, movement, load, stress, etc.):
   ..........................................................................................

4. SOURCE OF THE SYMPTOMS (nociception)
   Identify the possible tissue sources for each symptom:
   Symptom 1........................................................................
   Symptom 2........................................................................
   Symptom 3........................................................................

5. CONTRIBUTING FACTORS
   List any potential contributing factors identified in the subjective examination:
   ..........................................................................................

6. DAY 1 PRIORTIES
   Specify your priorities for physical examination on Day 1:
   ..........................................................................................

7. PRECAUTIONS & CONTRAINDICATIONS
   List any features suggesting caution or contraindication to P/E or treatment:
   ..........................................................................................

8. PATIENT PERSPECTIVES
   Identify positive and/or negative patient perspectives you identify and how you plan to address any negative perspectives:
   ..........................................................................................

9. EXPECTATIONS AND GOALS
   Specify the patient’s expectations/goals, whether you consider them realistic and how you may suggest breaking them down into short versus longer term goals:
   ..........................................................................................

STUDENT..........................DATE..............PATIENT'S NAME...............................
10. **PHYSICAL IMPAIRMENTS**
   Identify physical impairments found on the physical examination:
   …………………………………………………………………………………………….
   …………………………………………………………………………………………….
   …………………………………………………………………………………………….

11. **PATHOBIOLICAL MECHANISMS**
   Specify the findings from the P/E supporting or not-supporting the dominant pain mechanisms and tissue mechanisms hypothesised in the S/E:
   …………………………………………………………………………………………….
   …………………………………………………………………………………………….

12. **SOURCE OF THE SYMPTOMS / PHYSICAL IMPAIRMENTS**
   Indicate the tissue sources (general or specific as appropriate) of the symptoms and/or physical impairments supported by the physical examination:
   …………………………………………………………………………………………….
   …………………………………………………………………………………………….

13. **BROAD MANAGEMENT AND SPECIFIC TREATMENTS**
   Specify and justify your broad management plan at this stage and the specific treatment(s) you plan for Day 1:
   …………………………………………………………………………………………….
   …………………………………………………………………………………………….

14. **REASSESSMENT / OUTCOME MEASURES**
   Identify the key S/E and P/E reassessments you plan to monitor:
   …………………………………………………………………………………………….

15. **EXPLANATION**
   Highlight the focus of the explanation you gave to the patient:
   …………………………………………………………………………………………….

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**PERCEPTIONS / INTERPRETATIONS ON COMPLETION OF DAY 1 TREATMENT**

16. **REASSESSMENT**
   What are your thoughts following reassessment of today’s treatment?
   …………………………………………………………………………………………….

17. **PLANS FOR FURTHER ASSESSMENT**
   Identify any further assessments (S/E or P/E) you plan to do:
   …………………………………………………………………………………………….

18. **TREATMENT PROGRESSION AND SELF-MANAGEMENT**
   What are your immediate plans for progression of today’s treatment?
   …………………………………………………………………………………………….
   What self-management do you plan to suggest and when will you do so?
   …………………………………………………………………………………………….

19. **PROGNOSIS**
   Indicate how long you think the problem will take to resolve and list the positive and negative prognostic indicators from the S/E, P/E and response to treatment Day 1:
   Positives:
   …………………………………………………………………………………………….
   Negatives:
   …………………………………………………………………………………………….