Clinical Reasoning Case Study A

**Key to understanding this document.**

Text in Black related to the layout of the pages etc.

**[Text in Bold Black is for specific computer functions or links]**

Text in Blue is the text that would be readable on the page.

Text in Dark Green is the scripts for the section of video to be included.

Text in Dark Red is the contents of the link

Text in Bright Red is the wrong answer to a multiple choice

Text in Bright Green is the correct answer to a multiple choice.

Front page

**[Tabs along the side or top of 1st page case study A, B, C, D etc.]**

Text box

Welcome to the Bournemouth University physiotherapy clinical reasoning tool.

The purpose of this tool is to simulate the assessment and management process within an out-patients physiotherapy setting to enable development of your clinical reasoning skills prior to placement.

As you work through each section you will collect information from a subjective interview and information from an objective physical assessment. Gathered information will be used to guide the clinical reasoning process through a series of multiple choice questions. The next stage enables you to write a problem list, goals and a treatment plan for the case study. In the final section you choose from a series of treatment options and will receive feedback on your choices.

**[click on tab for first case study:(tabs along the side or top of 1st page case study A, B, C, D etc]**

Page one

Case study A

Text box

This is the case study of Anna Andrews.

You will need to print out a copy of the assessment form **[Assessment Form]**

And a copy of the clinical reasoning form **[Clinical Reasoning Form]**

Page two

Title

Section 1: Subjective Interview:

**[Light bulb icon]**

Using the following resources **[Referral letter]**

**Word doc - Referral letter:**

Ideas for text in the letter are…

Copy of GP referral for right tennis elbow 4 week history

Date of birth: 26/09/68

Text box

Write down your initial thoughts.

|  |
| --- |
| Provide space for students to write their initial thoughts. |

**[Light bulb icon]**

Text box

Watch the following subjective interview, all the way through - in one go, to simulate a real life scenario.

Document the findings on the assessment form in ‘real time’ as you watch the video. As you watch the subjective assessment document on the assessment forms the findings.

**[Video - Subjective Interview]**

Provide space to upload audio/video recording

**Audio script will be in link:**

**Subjective Interview:**

Physio: Hi, Mrs Andrews, my name is Rachael I’m going to be your Physio today, I have received a letter from your GP about pain in your elbow

Patient: Yes that’s right

Physio: I’m just going to an assessment today so I’m going to ask you quite a lot of questions about it and then we will have a look at your elbow and see what we can do to help are you happy with that?

Patient: yes, that sounds good

Physio: So its Anna, is that right?

Patient: yes

Physio: Are you happy for me to call you Anna?

Patient: yes

Physio: Anna Andrews

Patient: yes that’s right

Physio: So tell me about the symptoms you have been having

Patient: the symptoms started about 4 weeks ago after moving house and doing lots of decorating, it especially worsened after painting the house and hasn’t got any better since.

Physio: whereabouts are you getting your symptoms and what symptoms are you experiencing?

Patient: I’m getting an achy pain in the back of my forearm and a sharp pain over the outer aspect of my right elbow.

Physio: do you get any symptoms into the hand or above the elbow or into your neck?

Patient: no

Physio: any pins and needles or numbness?

Patient: No

Physio: if you had a scale of 0-10 and 0 was no pain at all and10 was the worst pain you could imagine, what number would you normally give your sharp pain.

Patient: probably about a 4/10

Physio: and at its worst?

Patient: about a 6/10

Physio: Is the sharp pain there all the time or does it come and go?

Patient: it comes and goes depending on what I do

Physio: So when it’s gone does it go to 0/10?

Patient: yes

Physio: so it can go completely

Patient: yes

Physio: So tell me what sorts of things bring on or aggravate the sharp pain?

Patient: gripping things will bring on the pain immediately and moving my wrist as well especially with twisting my wrist, for example using a screw driver it will hurt immediately. Driving is not too bad but will start to become painful after about 10 minutes.

Physio: is there anything you can do that helps to make it feel easier?

Patient: anti inflammatories seem to help and ice over my elbow eases it when it’s really bad but just generally resting it helps.

Physio: How long does it take for the pain to ease off if you rest it?

Patient: about 10 mins for the pain to go away completely.

Physio; what about the forearm pain? What score out of 10 would you give that?

Patient: that’s not as bad, it’s an achy pain – about 2/10 and 4/10 at its worst.

Physio: and is that there all the time or does it come and go?

Patient: it comes and goes

Physio: So when it goes what score would you give it then?

Patient: nothing, it goes down to a 0/10

Physio: what sort of things tend to aggravate the forearm pain?

Patient: mostly the same things that aggravate the sharp pain

Physio: what about things that ease the pain?

Patient: again the same things tend to ease it, oh and massaging or rubbing my forearm seems to also help.

Physio: does either of the pains keep you awake at night?

Patient: no

Physio: So how do your symptoms feel throughout the day? Is there any pattern?

Patient: my forearm is a bit stiff first thing in the morning but generally it feels ok. During the day it will depend on what I do but if I have been using my arm lots and it is sore it tends to be worse by the end of the day.

Physio: I just need to ask you some health screening questions – do you experience any headaches, double vision, speech or swallowing problems, blackouts or fainting, dizziness, nausea or vomiting or ringing in the ears, weakness or clumsiness of the hands?

Patient: No

Physio: So are you still taking the Ibruprofen?

Patient: yes, just when I need it really

Physio: So have you taken some today?

Patient: Yes, I took some just before I came

Physio: ok, so about ½ an hour ago

Patient: yes

Physio: Have you had any previous injuries or similar problems in this area?

Patient: no

Physio: any x-rays or scans?

Patient: no

Physio: and do you feel well in yourself, is your general health ok?

Patient: yes

Physio: these are just some routine health screening questions: any un explained Weight loss? Diabetes? epilepsy?, history of cancer? History of Rheumatoid arthritis? History of osteoporosis? Any heart or breathing problems? Blood pressure problems? Previous upper limb fractures or recent surgery? And you are not pregnant?

Patient: no

Physio: Apart from the ibruprofen are you taking any other medication at the moment?

Patient: no

Physio: are you taking any oral steroids at the moment

Patient: no

Physio: And any tablets that thin your blood?

Patient: no

Physio: And any allergies you can think of?

Patient: no

Physio: what do your daily activities involve?

Patient: I work in an office full time and have to drive a 10 minute commute.

Physio: any active hobbies?

Patient: I had just started playing badminton once a week but haven’t been able to do that since my arm pain.

Physio: so do you have any idea yourself what might be wrong with your elbow?

Patient: well, the doctor mentioned something, tennis elbow I think he said

Physio: does anything worry you about it?

Patient: I’m just worried that it’s not going to get better and it’s going to keep coming back, it’s so painful

Physio: any specific expectations of Physio?

Patient: I would like to know what’s wrong with my arm and to know what to do to make it better, advice and things, stop it from coming back again.

Physio: We can certainly help with that

Patient: Oh brilliant

Physio: Thank you very much, I think that is all the questions I wanted to ask, is there anything I’ve missed out that you wanted to tell me about?

Patient: no I can’t think of anything

Physio: ok well if you think of anything as we go through me taking a look at your elbow then please let me know.

I need to have a look at your elbow now, I will need you to take your top off is that ok for you to do that for me?

Patient: Yes that’s fine

Physio: Thank you very much

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You should how have collected a subjective history for Anna Andrews.

**[Light bulb icon]**

Text box

Listen again for a second time to the subjective history. This time the recording will be paused to allow time to consider the responses and improve your documentation.

Multiple choices questions will then be asked to aid your clinical reasoning.

**Subjective History:**

**Clip I**

Physio: So tell me about the symptoms you’ve been having

Patient: the symptoms started about 4 weeks ago after moving house and doing lots of decorating, it especially worsened after painting the house and hasn’t got any better since.

1. **Read about ‘Stage of condition’ [Stage of Condition]**

**What stage is the condition?**

**Acute** 

**Sub-acute** 

**Chronic** 

***X Acute*  – please reconsider your answer referring to the information on ‘Stage of condition’.**

**√ *Sub-acute* – well done – this is the correct answer**

***X Chronic* – please reconsider your answer referring to the information on ‘Stage of condition’.**

1. **How is the condition progressing?**

**Improving** 

**Static** 

**Worsening** 

***X Improving* – please reconsider your answer referring to the information on ‘Condition progression’.**

**√ *Static* – well done – this is the correct answer**

***X Worsening* – please reconsider your answer referring to the information on ‘Condition progression’.**

1. **Read about ‘Mechanism of injury’. [Mechanism of Injury]**
   1. **What was the mechanism of injury?**

**Insidious onset** 

**Specific event** 

***X* Insidious – please reconsider your answer referring to the information on ‘Mechanism of Injury’.**

**√ *Specific event* – well done – this is the correct answer**

*Section 3b should not be visible until section 3a has been completed*.

* 1. **Read about ‘Aggravating factors’. [Aggravating and Easing Factors]**

**What factors aggravated the condition?** ***(Please choose as many as applicable)***

**Moving House** 

**Painting** 

**Repeated movements** 

**Rest** 

**Arm elevation** 

**Touching the arm** 

**√ Moving House – well done – this is the correct answer**

**√ Painting – well done – this is the correct answer**

**√ Repeated movements – well done – this is the correct answer**

***X* Rest – please reconsider your answer referring to the information on ‘Aggravating factors’.**

**√ Arm elevation – well done – this is the correct answer**

***X* Touching the arm – please reconsider your answer referring to the information on ‘Aggravating factors’.**

**Clip II**

Physio: whereabouts are you getting your symptoms and what symptoms are you experiencing?

Patient: I’m getting an “achey” pain in the back of my forearm and a sharp pain over the outer aspect of my right elbow.

1. **Read about descriptions of pain** **[Description of Pain]**
   1. **What does an “achy” pain indicate? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

**√ *Inflammatory*  – well done – this is the correct answer**

***X Mechanical* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Arthrogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Myogenic* – well done – this is the correct answer**

**√ *Vaculogenic* – well done – this is the correct answer**

***X Neurogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Red Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Yellow Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

* 1. **What does a “Sharp” pain indicate? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

***X Inflammatory*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Mechanical* –** **well done – this is the correct answer**

**√ *Arthrogenic* - well done – this is the correct answer**

***X Myogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Vaculogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Neurogenic* – well done – this is the correct answer**

***X Red Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Yellow Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

1. **Read an anatomy text to review the ‘Location of the pain’ [Anatomy Text and Anatomy TV]**
   1. **What structures “Lie Beneath” the ‘Back of the forearm’? *(Please choose as many as applicable)***

**Radius** 

**Ulna** 

**Wrist extensor muscles** 

**Wrist flexor muscles** 

**Radial nerve** 

**Ulnar nerve** 

**Median nerve** 

**√ *Radius* – well done – this is the correct answer**

**√ *Ulna* – well done – this is the correct answer**

**√ *Wrist extensor muscles* – well done – this is the correct answer**

***X Wrist flexor muscles* – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *Radial nerve*  – well done – this is the correct answer**

***X Ulnar nerve* – please reconsider your answer referring to an ‘Anatomy text’.**

***X Median nerve* – please reconsider your answer referring to an ‘Anatomy text’.**

1. **What structures “Lie Beneath” the ‘Lateral elbow’? *(Please choose as many as applicable)***

**Proximal radio-ulna joint (PRUJ)** 

**Distal radio-ulna joint (DRUJ)** 

**Humero-radial joint (HRJ)** 

**Humero-ulna joint (HUJ)** 

**Wrist extensor muscles** 

**Wrist flexor muscles** 

**Radial nerve** 

**Ulnar nerve** 

**Median nerve** 

**Common Extensor Tendon Origin (CETO)** 

**Common Flexor Tendon Origin (CFTO)** 

**√ *Proximal radio-ulna joint*  – well done – this is the correct answer**

***X Distal radio-ulnar joint*  – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *Humero-radial joint*  – well done – this is the correct answer**

***X Humuro-ulna joint*  – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *Wrist extensor muscles* – well done – this is the correct answer**

***X Wrist flexor muscles* – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *Radial nerve*  – well done – this is the correct answer**

***X Ulnar nerve* – please reconsider your answer referring to an ‘Anatomy text’.**

***X Median nerve* – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *Common Extensor Tendon Origin* – please reconsider your answer refer to an anatomy text book**

***X Common Flexor Tendon Origin* – please reconsider your answer referring to an ‘Anatomy text’.**

1. **Look at an anatomy text to consider what structures may ‘Refer symptoms’ to the location of the pain [Anatomy Texts and Anatomy TV]**
   1. **What structures ‘Refer symptoms’ to the ‘Back of the forearm’? *(please choose as many as applicable)***

**C5 nerve root** 

**C6 nerve root** 

**C7 nerve root** 

**T1 nerve root** 

**Radial nerve** 

**Ulnar nerve** 

**Median nerve** 

**Distal radio-ulnar Joint** 

**C5/6 Facet Joint** 

**C6/7 Facet Joint** 

**C8 Sclerotome** 

**C7 Sclerotome** 

**C6 Sclerotome** 

**Heart/ Cardiac** 

**Liver** 

**Infraspinatus trigger point** 

**Supraspinatus trigger point** 

***X If chose C5 nerve root*  – please reconsider your answer refer to the link on pain referral patterns.**

**√ *C6 nerve root*  – well done – this is the correct answer**

**√ *C7 nerve root*  – well done – this is the correct answer**

**√ *T1 nerve root*  – well done – this is the correct answer**

**√ *Radial nerve*  – well done – this is the correct answer**

***X Ulnar nerve*  – please reconsider your answer referring to an ‘Anatomy text’.**

***X Median nerve*  – please reconsider your answer referring to an ‘Anatomy text’.**

***X Distal radio-ulnar joint*  – please reconsider your answer referring to an ‘Anatomy text’.**

***X C5/6 facet joint*  – please reconsider your answer referring to an ‘Anatomy text’.**

***X C6/7 facet joint*  – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *C8 Sclerotome*  – well done – this is the correct answer**

**√ *C7 Sclerotome*  – well done – this is the correct answer**

***X C6 Sclerotome*  – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *Heart/Cardiac* – well done – this is the correct answer**

***X Liver*  – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *Infraspinatus trigger point*  – well done – this is the correct answer**

***X Supraspinatus trigger point*  – please reconsider your answer referring to an ‘Anatomy text’.**

* 1. **What structures ‘Refer symptoms’ to the ‘Lateral elbow’? *(please choose as many as applicable)***

**C5 nerve root** 

**C6 nerve root** 

**C7 nerve root** 

**T1 nerve root** 

**Radial nerve** 

**Ulnar nerve** 

**Median nerve** 

**Distal radio-ulnar Joint (DRUJ)** 

**C5/6 Facet Joint** 

**C6/7 Facet Joint** 

**C8 Sclerotome** 

**C7 Sclerotome** 

**C6 Sclerotome** 

**Heart/ Cardiac** 

**Liver** 

**Infraspinatus trigger point** 

**Supraspinatus trigger point** 

**√ *C5 nerve root*  – well done – this is the correct answer**

***X C6 nerve root*  – please reconsider your answer referring to an ‘Anatomy text’.**

***X C7 nerve root*  – please reconsider your answer referring to an ‘Anatomy text’.**

***X T1 nerve root*  – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *radial nerve*  – well done – this is the correct answer**

***X ulnar nerve*  – please reconsider your answer referring to an ‘Anatomy text’.**

***X median nerve*  – please reconsider your answer referring to an ‘Anatomy text’.**

***X distal radio-ulnar joint*  – please reconsider your answer referring to an ‘Anatomy text’.**

***X C5/6 facet joint*  – please reconsider your answer referring to an ‘Anatomy text’.**

***X C6/7 facet joint*  – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *C8 Sclerotome*  – well done – this is the correct answer**

**√ *C7 Sclerotome*  – well done – this is the correct answer**

***X C6 Sclerotome*  – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *If chose Heart/Cardiac* – well done – this is the correct answer**

***X Liver*  – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *Infraspinatus trigger point*  – well done – this is the correct answer**

***X Supraspinatus trigger point*  – please reconsider your answer referring to an ‘Anatomy text’.**

**Clip III**

Physio: do you get any symptoms into the hand or above the elbow or neck?

Patient: no

1. **Read about descriptions of pain [Description of Pain]**

**What might a “Single location of symptoms” indicate? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

***X Inflammatory*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Mechanical* – well done – this is the correct answer**

**√ *Arthrogenic* – well done – this is the correct answer**

**√ *Myogenic* – well done – this is the correct answer**

***X* *Vasculogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Neurogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Red Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Yellow Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

**Clip IV**

Physio: any pins and needles or numbness?

Patient: No

1. **Read about descriptions of pain. [Description of Pain]**

**What does lack of “pins and needles or numbness” reduce the likelihood of being the source of symptoms? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

***X Inflammatory*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Mechanical* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Arthrogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Myogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Vaculogenic* – well done – this is the correct answer.**

**√ *Neurogenic* – well done – this is the correct answer.**

***X* *Red Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Yellow Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

**Clip V**

Physio: if you had to give the sharp pain a score of 0-10 with zero being ‘no pain’ and ten being ‘the worst pain you can imagine’. What would you score the sharp pain?

Patient: about 4/10 normally and 6/10 at its worst

1. **Read about verbal and visual analogue scores [Visual and Verbal Analogue Scales]**

**What would you estimate is the severity of the symptoms based on ‘Pain score’? (Please choose as many as applicable)**

**Non painful** 

**Mild** 

**Moderate** 

**Severe** 

***X Non painful*  – please reconsider your answer referring to the information on ‘VAS’.**

***X Mild*  – please reconsider your answer referring to the information on ‘VAS’.**

**√ *Moderate* – well done – this is the correct answer.**

***X* *Severe* – please reconsider your answer referring to the information on ‘VAS’.**

**Clip VI**

Physio: Is the sharp pain there all the time or does it come and go?

Patient: it comes and goes depending on what I do

1. **Read about ‘SIN’ factors and description of Pain**

**[SIN Factor] [Description of Pain]**

* 1. **Estimate the severity of the symptoms based on ‘duration of pain’? *(Please choose as many as applicable)***

**Non painful** 

**Mild** 

**Moderate** 

**Severe** 

***X Non painful*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Mild* – well done – this is the correct answer.**

***X Moderate*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Severe* – please reconsider your answer referring to the information on ‘Description of pain’.**

* 1. **What does a ‘coming and going’ pain indicate? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

***X* *Inflammatory*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Mechanical* – well done – this is the correct answer**

**√ *Arthrogenic* – well done – this is the correct answer**

**√ *Myogenic* – well done – this is the correct answer**

***X Vasculogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Neurogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Red Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Yellow Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

**Clip VII**

Physio: What sorts of things tend to bring on or aggravate the sharp pain?

Patient: gripping things will bring on the pain immediately especially with twisting my wrist, for example using a screw driver it will hurt immediately. Driving is not too bad but will start to become painful after about 10 minutes.

1. **Read about ‘SIN’ factors [SIN factor]**
   1. **Estimate the irritability of the symptoms based on times taken to aggravate and ease the symptoms? *(Please choose as many as applicable)***

**Non irritable** 

**Mild** 

**Moderate** 

**Severe** 

***X Non irritable*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Mild* – well done – this is the correct answer.**

***X Moderate*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Severe* – please reconsider your answer referring to the information on ‘Description of pain’.**

1. **Read about ‘Aggravating factors’ and refer to an anatomy text.**

**[Aggravating and Easing Factors] [Anatomy Texts and Anatomy TV]**

* 1. **Which structures may be aggravated by gripping and using a screw driver? *(Please choose as many as applicable)***

**Proximal radio-ulna joint (PRUJ)** 

**Distal radio-ulna joint (DRUJ)** 

**Humero-radial joint (HRJ)** 

**Humero-ulna joint (HUJ)** 

**Wrist extensor muscles** 

**Wrist flexor muscles** 

**Elbow extensor muscles** 

**Elbow flexor muscles** 

**Elbow pronator muscles** 

**Elbow supinator muscles** 

**Radial nerve** 

**Ulnar nerve** 

**Median nerve** 

**Common Extensor Tendon Origin (CETO)** 

**Common Flexor Tendon Origin (CFTO)** 

**√ *Proximal radio-ulna joint*  – well done – this is the correct answer**

**√ *Distal radio-ulnar joint*  – well done – this is the correct answer**

**√ *Humero-radial joint*  – well done – this is the correct answer**

**√  *Humuro-ulna joint*  – well done – this is the correct answer**

**√ *Wrist extensor muscles* – well done – this is the correct answer**

***X Wrist flexor muscles* – please reconsider your answer referring to an ‘Anatomy text’.**

***X Elbow extensor muscles* please reconsider your answer referring to an ‘Anatomy text’.**

***X Elbow flexor muscles* please reconsider your answer referring to an ‘Anatomy text’.**

**√ *Elbow pronator muscles* – well done – this is the correct answer**

**√ *Elbow supinator muscles* – well done – this is the correct answer**

**√ *Radial nerve*  – well done – this is the correct answer**

**√ *Ulnar nerve*  – well done – this is the correct answer**

***X Median nerve* – please reconsider your answer referring to an ‘Anatomy text’.**

**√ *Common Extensor Tendon Origin* – – well done – this is the correct answer**

***X Common Flexor Tendon Origin* – please reconsider your answer referring to an ‘Anatomy text’.**

* 1. **Which structures may be aggravated by driving a car? *(Please choose as many as applicable)***

**Proximal radio-ulna joint (PRUJ)** 

**Distal radio-ulna joint (DRUJ)** 

**Humero-radial joint (HRJ)** 

**Humero-ulna joint (HUJ)** 

**Wrist extensor muscles** 

**Wrist flexor muscles** 

**Elbow extensor muscles** 

**Elbow flexor muscles** 

**Elbow pronator muscles** 

**Elbow supinator muscles** 

**Radial nerve** 

**Ulnar nerve** 

**Median nerve** 

**Common Extensor Tendon Origin (CETO)** 

**Common Flexor Tendon Origin (CFTO)** 

**√ *Proximal radio-ulna joint*  – well done – this is the correct answer**

**√ *Distal radio-ulnar joint*  – well done – this is the correct answer**

**√ *Humero-radial joint*  – well done – this is the correct answer**

**√  *Humuro-ulna joint*  – well done – this is the correct answer**

**√ *Wrist extensor muscles* – well done – this is the correct answer**

***X Wrist flexor muscles* – please reconsider your answer referring to an ‘Anatomy text’.**

***X Elbow extensor muscles* please reconsider your answer referring to an ‘Anatomy text’.**

***X Elbow flexor muscles* please reconsider your answer referring to an ‘Anatomy text’.**

**√ *Elbow pronator muscles* – well done – this is the correct answer**

**√ *Elbow supinator muscles* – well done – this is the correct answer**

**√ *Radial nerve*  – well done – this is the correct answer**

**√ *Ulnar nerve*  – well done – this is the correct answer**

**√ *Median nerve* – well done – this is the correct answer**

**√ *Common Extensor Tendon Origin* – well done – this is the correct answer**

**√  *Common Flexor Tendon Origin* – well done – this is the correct answer**

**Clip VIII**

Physio: is there anything you can do that helps to make it feel easier?

Patient: anti inflammatories seem to help and ice over my elbow eases it when it’s really bad but just generally resting it helps.

1. **Read about easing factors and description of pain**

**[Aggravating and Easing Factors] [Description of Pain]**

* 1. **What does an easing factor of ‘anti-inflammatory medication’ indicate? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

**√ *Inflammatory* – well done – this is the correct answer**

***X* *Mechanical*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Arthrogenic* – well done – this is the correct answer**

**√ *Myogenic* – well done – this is the correct answer**

***X Vasculogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Neurogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Red Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Yellow Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

* 1. **What does an easing factor of ‘cryotherapy’ easing factor indicate? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

**√ *Inflammatory* – well done – this is the correct answer**

***X* *Mechanical*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Arthrogenic* – well done – this is the correct answer**

**√ *Myogenic* – well done – this is the correct answer**

***X Vasculogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Neurogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Red Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Yellow Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

**Clip IX**

Physio: How long does it take for the pain to ease off if you rest it?

Patient: about 10 mins for the pain to go away completely.

1. **Read about ‘SIN’ factors [SIN factor] [Clip VIII]**
   1. **Estimate the irritability of the symptoms based on times taken to aggravate and ease the symptoms? *(Please choose as many as applicable)***

**Non irritable** 

**Mild** 

**Moderate** 

**Severe** 

***X Non irritiable*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Mild* – well done – this is the correct answer.**

***X Moderate*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Severe* – please reconsider your answer referring to the information on ‘Description of pain’.**

**Clip X**

Physio; what about the forearm pain? What score out of 10 would you give that?

Patient: that’s not as bad, it’s an achy pain – about 2/10 and 4/10 at its worst.

1. **Read about verbal and visual analogue scores [Visual and Verbal Analogue Scales]**

**What would you estimate is the severity of the symptoms based on ‘Pain score’? (Please choose as many as applicable)**

**Non Painful** 

**Mild** 

**Moderate** 

**Severe** 

***X Non painful*  – please reconsider your answer referring to the information on ‘VAS’.**

**√ *Mild* – well done – this is the correct answer.**

***X Moderate*  – please reconsider your answer referring to the information on ‘VAS’.**

***X* *Severe* – please reconsider your answer referring to the information on ‘VAS’.**

**Clip XI**

Physio: and is that there all the time or does it come and go?

Patient: it comes and goes

1. **Read about ‘SIN’ factors and description of pain**

**[SIN factor] [Description of Pain]**

* 1. **Estimate the severity of the symptoms based on ‘duration of pain’? *(Please choose as many as applicable)***

**Non painful** 

**Mild** 

**Moderate** 

**Severe** 

***X Non painful*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Mild* – well done – this is the correct answer.**

***X Moderate*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Severe* – please reconsider your answer referring to the information on ‘Description of pain’.**

* 1. **What does a ‘coming and going’ pain indicate? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

***X* *Inflammatory*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Mechanical* – well done – this is the correct answer**

**√ *Arthrogenic* – well done – this is the correct answer**

**√ *Myogenic* – well done – this is the correct answer**

***X Vasculogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Neurogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Red Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Yellow Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

**Clip XII**

Physio: what sort of things tend to aggravate the forearm pain?

Patient: mostly the same things that aggravate the sharp pain

Physio: what about things that ease the pain?

Patient: again the same things tend to ease it, oh and massaging or rubbing my forearm seems to also help.

1. **Read about easing factors and description of pain**

**[Aggravating and Easing Factors] [Description of pain]**

* 1. **What does an easing factor of ‘massaging or rubbing’ indicate? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

**√ *Inflammatory* – well done – this is the correct answer**

***X* *Mechanical*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Arthrogenic*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Myogenic* – well done – this is the correct answer**

***X Vasculogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Neurogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Red Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Yellow Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

**Clip XIII**

Physio: do either of the pains keep you awake at night?

Patient: no

Physio: how do your symptoms feel throughout the day? Is there any pattern?

Patient: my forearm is a bit stiff first thing in the morning but generally it feels ok. During the day it will depend on what I do but if I have been using my arm lots and it is sore it tends to be worse by the end of the day.

1. **Read about ‘diurnal patterns’ and description of pain**

**[Diurnal patterns] [Description of Pain]**

1. **What does lack of ‘night waking’ reduce the likelihood of being the source of symptoms? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

**√ *Inflammatory* – well done – this is the correct answer**

***X* *Mechanical*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Arthrogenic*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Myogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Vasculogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Neurogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Red Flags* – well done – this is the correct answer**

**√ *Yellow Flags* – well done – this is the correct answer**

1. **Estimate the severity of the symptoms based on ‘diurnal pattern’? *(Please choose as many as applicable)***

**Non painful** 

**Mild** 

**Moderate** 

**Severe** 

***X Non painful*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Mild* – well done – this is the correct answer.**

***X Moderate*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Severe* – please reconsider your answer referring to the information on ‘Description of pain’.**

1. **What does this ‘daytime pattern’ indicate? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

**√ *Inflammatory* – well done – this is the correct answer**

**√ *Arthrogenic* – well done – this is the correct answer**

**√ *Myogenic* – well done – this is the correct answer**

***X Vasculogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Neurogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Red Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Yellow Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

**Clip XIV**

Physio: I just need to ask you some health screening questions – do you experience any headaches, double vision, speech or swallowing problems, black outs or fainting, dizziness, nausea or vomiting or ringing in the ears, weakness or clumsiness of the hands?

Patient: No

Physio: so you said that the symptoms started about four weeks ago after moving house and doing lots of decorating and it especially worsened after painting the house and hasn’t got any better since. Have you taken any medication or seen any health professional for treatment prior to Physio?

Patient: I saw my GP 2 weeks ago and he prescribed me some NSAIDS, and referred me to you.

Physio: Have you had any previous injuries or symptoms in this area?

Patient: no

Physio: any xrays or scans?

Patient: no

Physio: is your general health ok?

Patient: yes

Physio: any un explained Weight loss? Diabetes? epilepsy?, history of cancer? History of R/A? History of osteoporosis? Any Cardiovascular problems? High or low BP? Previous upper limb fractures or surgery?

Patient: no

1. **Read about Red Flags [Red Flags]**

**What does lack of these symptoms reduce the likelihood of being the source of symptoms? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

***X Inflammatory*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Mechanical* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Arthrogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Myogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Vasculogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Neurogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Red Flags* – well done – this is the correct answer.**

***X* *Yellow Flag* – please reconsider your answer referring to the information on ‘Description of pain’.**

**Clip XV**

Physio: what do your daily activities involve?

Patient: I work in an office and have to drive a 10 minute commute.

Physio: any active hobbies?

Patient: I had just started playing badminton once a week but haven’t been able to do that since my arm pain.

1. **Read about Healthy Lifestyles [Healthy Lifestyles]**
   1. **What would you estimate is the level of activity (*Please choose as many as applicable)***

**Sedentary** 

**Low Activity** 

**Moderate Activity** 

**High Activity** 

***X Sedentary*  – please reconsider your answer referring to the information on ‘Healthy Lifestyles’.**

**√ *Low Activity* – well done – this is the correct answer.**

***X* *Moderate Activity* – please reconsider your answer referring to the information on ‘Healthy Lifestyles’.**

***X* *High Activity* – please reconsider your answer referring to the information on ‘Healthy Lifestyles’.**

* 1. **What would you estimate is the severity of the symptoms based on the level of activity? (Please choose as many as applicable)**

**Non painful** 

**Mild** 

**Moderate** 

**Severe** 

***X Non painful*  – please reconsider your answer referring to the information on ‘SIN Factor’.**

***X Mild*  – please reconsider your answer referring to the information on ‘SIN Factor’.**

**√ *Moderate* – well done – this is the correct answer.**

***X* *Severe* – please reconsider your answer referring to the information on ‘SIN Factor.**

**Clip XVI**

Physio: what are your expectations of physiotherapy?

Patient: I would like a diagnosis and advice on how to get rid of my symptoms and stop them coming back again.

1. **Read about ‘ideas, concerns and expectations’ of treatment [ICE]**
2. **Which of these expectations of physiotherapy reduce the likelihood of being the source of symptoms? *(Please choose as many as applicable)***

**Inflammatory** 

**Mechanical** 

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**Red Flag** 

**Yellow Flag** 

***X* *Inflammatory*  – please reconsider your answer referring to the information on ‘ICE’.**

***X* *Mechanical*  – please reconsider your answer referring to the information on ‘ICE’.**

***X* *Arthrogenic*  – please reconsider your answer referring to the information on ‘ICE’.**

***X Myogenic* – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Vasculogenic* – please reconsider your answer referring to the information on ‘ICE’.**

***X Neurogenic* – please reconsider your answer referring to the information on ‘ICE’.**

**√ *Red Flags* – well done – this is the correct answer**

**√ *Yellow Flags* – well done – this is the correct answer**

**Clip XVII**

Physio: thank you Anna

You should how have collected a comprehensive subjective history for Mrs Andrews.

**[Light bulb icon]**

Text box

Consider the information you have collected on the assessment form and the ideas gathered from the multiple choice questions. Try to pull all the different ideas together to formulate an overall impression as you work through the clinical reasoning form. **[Clinical Reasoning Form]**

**[Light bulb icon]**

Title

Section 2: Planning

Title

Section 2a: Generating a SIN factor

1. Use this link to read more about generating a SIN factor **[SIN factor]**
   1. Using all the information from the subjective interview, estimate the overall severity of Mr A’s condition:

**Non painful** 

**Mild** 

**Moderate** 

**Severe** 

***X Non painful*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Mild*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Moderate* – well done – this is the correct answer.**

***X* *Severe* – please reconsider your answer referring to the information on ‘Description of pain’.**

* 1. Using all the information from the subjective interview, estimate the overall irritability of Mr A’s condition:

**Non irritable** 

**Mild** 

**Moderate** 

**Severe** 

***X Non irritable*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Mild* – well done – this is the correct answer.**

***X Moderate*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Severe* – please reconsider your answer referring to the information on ‘Description of pain’.**

* 1. Using all the information from the subjective interview, estimate using a percentage the overall nature of Anna’s condition :
     1. With reference to the overall inflammatory - mechanical nature

**Inflammatory** 

**Mechanical** 

**√ *Inflammatory* – 50%**

**√ *Mechanical* – 50%**

* + 1. With reference to the overall limiting nature

**Pain** 

**Resistance** 

**√ *Pain* – 60%**

**√ *Resistance* – 40%**

* + 1. With reference to the overall structural nature

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**√ *Artrogenic* – 50%**

**√ *Myogenic* – 50%**

**√ *Vasculogenic* – 0%**

**√ *Neurogenic* – 0%**

Title

Section 2b: Flags

1. Use this link to read more about Red Flags **[Red Flags]**
   1. Using all the information from the subjective interview, did you identify any red flags?

**Yes** 

**No** 

***X* *Yes* – please reconsider your answer referring to the information on Red Flags**

**√ *No* – well done – this is the correct answer** - there were no red flags identified in the subjective interview.

1. Use this link to read more about Yellow Flags **[Yellow Flags]**
   1. Using all the information from the subjective interview, did you identify any yellow flags?

**Yes** 

**No** 

***X* *Yes* – please reconsider your answer referring to the information on Red Flags**

**√ *No* – well done – this is the correct answer** - there were no red flags identified in the subjective interview.

Title

Section 2c: Prognosis

1. Use this link to read more about deciding on a prognosis **[Prognosis]**
   1. Identify the prognosis for the condition based on the information you have so far:

**Improving** 

**Static** 

**Worsening** 

***X Improving* – please reconsider your answer referring to the information on ‘Condition progression’.**

**√ *Static* – well done – this is the correct answer**

***X Worsening* – please reconsider your answer referring to the information on ‘Condition progression’.**

Title

Section 2d: Identifying cautions and precautions to the objective physical assessment

1. Use this link to read more about deciding on identifying cautions and precautions to the objective physical assessment **[Cautions and Precautions]**
2. Using all the information from the subjective interview, did you identify any cautions for the objective physical assessment?

**Yes** 

**No** 

***X* *Yes* – please reconsider your answer referring to the information on cautions and precautions**

**√ *No* – well done – this is the correct answer** - there were no cautions identified in the subjective interview.

1. Using all the information from the subjective interview, did you identify any precautions for the objective physical assessment?

**Yes** 

**No** 

**√ *Yes* – well done – this is the correct answer** - there were some clear identifiable aggravating factors

***X* *No* – please reconsider your answer referring to the information on Red Flags**

Title

Section 2e: Aggravating tests

Text box

Write down which objective physical tests are most likely to aggravate the symptoms.

Provide space for students to write their thoughts.

Title

Section 2f: Which tests?

**[Light bulb icon]**

Text box

Write a plan for the objective physical assessment

Remember to consider the SIN factor as you choose which tests you would want to include in the physical assessment.

**[Drop down Menu Elbow]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Observation** | Posture | Carry angle |  |
|  | Muscle form |  |  |
|  | Soft tissue | Swelling |  |
|  |  | Redness |  |
|  | Attitude and feelings |  |  |
| **Palpation** | Area of tenderness |  |  |
|  | Swelling |  |  |
|  | Increased temperature |  |  |
| **Active Range of Movement** | Flexion |  |  |
|  | Extension |  |  |
|  | Pronation |  |  |
|  | Supination |  |  |
| **Passive Range of Movement** | Flexion |  |  |
|  | Extension |  |  |
|  | Pronation |  |  |
|  | Supination |  |  |
| **Accessory Movements** | Humeroulnar joint | Medial glide |  |
|  |  | Lateral glide |  |
|  |  | Caudad glide |  |
|  |  | Compression |  |
|  | Radiohumeral joint | Caudad glide |  |
|  |  | Cephalad glide |  |
|  | Proximal radioulnar joint | A-P |  |
|  |  | P-A |  |
|  | Distal radioulnar joint | A-P |  |
|  |  | P-A |  |
| **Joint integrity** | Ligament stability | Medial collateral |  |
|  |  | Lateral collateral |  |
|  |  | Annular ligament |  |
| **Muscle** | Strength | Flexors |  |
|  |  | Extensors |  |
|  |  | Pronators |  |
|  |  | Supinators |  |
|  |  | Grip strength |  |
|  | Length | Flexors |  |
|  |  | Extensors |  |
|  |  | Pronators |  |
|  |  | Supinators |  |
|  | Isometric | Flexors |  |
|  |  | Extensors |  |
|  |  | Pronators |  |
|  |  | Supinators |  |
|  | Special | Tennis elbow |  |
|  |  | Golfers elbow |  |
| **Neurological Integrity** | Dermatomes | C1 |  |
|  |  | C2 |  |
|  |  | C3 |  |
|  |  | C4 |  |
|  |  | C5 |  |
|  |  | C6 |  |
|  |  | C7 |  |
|  |  | C8 |  |
|  |  | T1 |  |
|  | Myotomes | C1 |  |
|  |  | C2 |  |
|  |  | C3 |  |
|  |  | C4 |  |
|  |  | C5 |  |
|  |  | C6 |  |
|  |  | C7 |  |
|  |  | C8 |  |
|  |  | T1 |  |
|  | Reflexes | Biceps |  |
|  |  | Triceps |  |
|  |  | Brachioradialis |  |
| **Neurodynamic tests** | ULNDT 1 |  |  |
|  | ULNDT 2a |  |  |
|  | ULNDT 2b |  |  |
|  | ULNDT 3 |  |  |
| **Other nerve tests** | Tinels sign |  |  |
|  | Pinch-grip test |  |  |
|  | Pronator syndrome |  |  |
|  | Humerus supracondylar process syndrome |  |  |
|  | Radial tunnel syndrome |  |  |
| **Vascular** | Brachial artery pulse |  |  |
|  | Radial artery pulse |  |  |
|  | Thoracic outlet test |  |  |
|  |  |  |  |
|  |  |  |  |

**[Drop down menu wrist]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Observation** | Posture |  |  |
|  | Muscle form |  |  |
|  | Soft tissue | Swelling |  |
|  |  | Redness |  |
|  |  | Deformities |  |
|  |  |  |  |
|  | Attitude and feelings |  |  |
| **Palpation** | Area of tenderness |  |  |
|  | Swelling |  |  |
|  | Increased temperature |  |  |
| **Active Range of Movement** | Flexion |  |  |
|  | Extension |  |  |
|  | Radial Deviation |  |  |
|  | Ulnar Deviation |  |  |
| **Passive Range of Movement** | Flexion |  |  |
|  | Extension |  |  |
|  | Radial Deviation |  |  |
|  | Ulnar Deviation |  |  |
| **Accessory Movements** | Distal radioulnar joint | A-P |  |
|  |  | P-A |  |
|  | Radiocarpal | A-P |  |
|  |  | P-A |  |
|  |  | Medial glide |  |
|  |  | Lateral glide |  |
|  |  | Cephalad |  |
|  |  | Caudad |  |
| **Joint integrity** | Ligament stability | Watsons scaphoid shift |  |
|  |  | Lunotriquestral ballottement |  |
|  |  | midcarpal |  |
| **Muscle** | Strength | Flexors |  |
|  |  | Extensors |  |
|  |  | Radial Deviators |  |
|  |  | Ulnar Deviators |  |
|  |  | Grip strength |  |
|  | Length | Flexors |  |
|  |  | Extensors |  |
|  |  | Radial Deviators |  |
|  |  | Ulnar Deviators |  |
|  | Isometric | Flexors |  |
|  |  | Extensors |  |
|  |  | Radial Deviators |  |
|  |  | Ulnar Deviators |  |
|  | Special | TFCC |  |
| **Neurological Integrity** | Dermatomes | C1 |  |
|  |  | C2 |  |
|  |  | C3 |  |
|  |  | C4 |  |
|  |  | C5 |  |
|  |  | C6 |  |
|  |  | C7 |  |
|  |  | C8 |  |
|  |  | T1 |  |
|  | Myotomes | C1 |  |
|  |  | C2 |  |
|  |  | C3 |  |
|  |  | C4 |  |
|  |  | C5 |  |
|  |  | C6 |  |
|  |  | C7 |  |
|  |  | C8 |  |
|  |  | T1 |  |
|  | Reflexes | Biceps |  |
|  |  | Triceps |  |
|  |  | Brachioradialis |  |
| **Neurodynamic tests** | ULNDT 1 |  |  |
|  | ULNDT 2a |  |  |
|  | ULNDT 2b |  |  |
|  | ULNDT 3 |  |  |
| **Other nerve tests** | Tinels sign |  |  |
|  | Pinch-grip test |  |  |
|  | Phalens |  |  |
|  | Reverse Phalens |  |  |
|  | Froment |  |  |
| **Vascular** | Brachial artery pulse |  |  |
|  | Radial artery pulse |  |  |
|  | Thoracic outlet test |  |  |

**[Drop down menu shoulder]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Observation** | Posture | Humerus - acromion |  |
|  | Muscle form |  |  |
|  | Soft tissue | Swelling |  |
|  |  | Redness |  |
|  | Attitude and feelings |  |  |
| **Palpation** | Area of tenderness |  |  |
|  | Swelling |  |  |
|  | Increased temperature |  |  |
| **Active Range of Movement** | Glenohumeral | Flexion |  |
|  |  | Extension |  |
|  |  | Abduction |  |
|  |  | Adduction |  |
|  |  | Medial Rotation |  |
|  |  | Lateral Rotation |  |
|  |  | Horizontal Abduction |  |
|  |  | Horizontal Adduction |  |
|  |  | HBB |  |
|  |  | HBH |  |
|  | Shoulder Girdle | Elevation |  |
|  |  | Depression |  |
|  |  | Protraction |  |
|  |  | Retraction |  |
| **Passive Range of Movement** | Glenohumeral | Flexion |  |
|  |  | Extension |  |
|  |  | Abduction |  |
|  |  | Adduction |  |
|  |  | Medial Rotation |  |
|  |  | Lateral Rotation |  |
|  |  | Horizontal Abduction |  |
|  |  | Horizontal Adduction |  |
|  |  | HBB |  |
|  |  | HBH |  |
|  | Shoulder Girdle | Elevation |  |
|  |  | Depression |  |
|  |  | Protraction |  |
|  |  | Retraction |  |
| **Accessory Movements** | Glenohumeral | A-P |  |
|  |  | P-A |  |
|  |  | Caudad |  |
|  |  | Cephalad |  |
|  |  | Lateral |  |
|  |  | Medial |  |
|  | Acromioclavicular | A-P |  |
|  |  | P-A |  |
|  |  | Caudad |  |
|  | Sternoclavicular | A-P |  |
|  |  | P-A |  |
|  |  | Caudad |  |
| **Joint integrity** | Ligament stability | Anterior draw |  |
|  |  | Fucrum test |  |
|  |  | Jerk test |  |
|  |  | Sulcus sign |  |
|  | Special | Shoulder lock |  |
|  |  | Shoulder quadrant |  |
| **Muscle tests** | Strength | Flexors |  |
|  |  | Extensors |  |
|  |  | Abductors |  |
|  |  | Adductors |  |
|  |  | Medial rotators |  |
|  |  | Lateral rotators |  |
|  |  | Elevation |  |
|  |  | Depression |  |
|  |  | Protractors |  |
|  |  | Retractors |  |
| **Muscle** | Length | Flexors |  |
|  |  | Extensors |  |
|  |  | Abductors |  |
|  |  | Adductors |  |
|  |  | Medial rotators |  |
|  |  | Lateral rotators |  |
|  |  | Elevation |  |
|  |  | Depression |  |
|  |  | Protractors |  |
|  |  | Retractors |  |
|  | Isometric | Flexors |  |
|  |  | Extensors |  |
|  |  | Abductors |  |
|  |  | Adductors |  |
|  |  | Medial rotators |  |
|  |  | Lateral rotators |  |
|  |  | Elevation |  |
|  |  | Depression |  |
|  |  | Protractors |  |
|  |  | Retractors |  |
|  | Special | LH biceps impingement |  |
|  |  | Supraspinatus impingement |  |
| **Neurological Integrity** | Dermatomes | C1 |  |
|  |  | C2 |  |
|  |  | C3 |  |
|  |  | C4 |  |
|  |  | C5 |  |
|  |  | C6 |  |
|  |  | C7 |  |
|  |  | C8 |  |
|  |  | T1 |  |
|  | Myotomes | C1 |  |
|  |  | C2 |  |
|  |  | C3 |  |
|  |  | C4 |  |
|  |  | C5 |  |
|  |  | C6 |  |
|  |  | C7 |  |
|  |  | C8 |  |
|  |  | T1 |  |
|  | Reflexes | Biceps |  |
|  |  | Triceps |  |
|  |  | Brachioradialis |  |
| **Neurodynamic tests** | ULNDT 1 |  |  |
|  | ULNDT 2a |  |  |
|  | ULNDT 2b |  |  |
|  | ULNDT 3 |  |  |
| **Other nerve tests** | Tinels sign |  |  |
| **Vascular** | Vertebral artery pulse |  |  |
|  | Thoracic outlet test |  |  |
|  | Brachial artery pulse |  |  |

Title

Section 2g: Prioritise

Prioritise For all of the tests you have chosen to perform - identify which are the most important and which are the least important by placing them in each of these columns.

|  |  |  |
| --- | --- | --- |
| Must | Should | Could |
|  |  |  |

Title

Section 2g: Position

Consider what position the person will be in for each of the tests

|  |  |  |
| --- | --- | --- |
| Standing | Sitting | Lying |
|  |  |  |

Title

Section 2g: Order the tests

Consider these points…

1. How many times the person will need to change position during the assessment. Try to group all the tests performed in each position to minimise this.
2. Do you reproduce the tests early in the assessment to minimise the number of tests?
3. Do you perform the least aggravating tests first to allow you to ‘clear’ areas prior to performing any test you know will aggravate the symptoms? This will likely reduce the number of false positive tests?

|  |  |  |
| --- | --- | --- |
| Order | Test | Positon |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| 14 |  |  |
| 15 |  |  |
| 16 |  |  |
| 17 |  |  |
| 18 |  |  |
| 19 |  |  |
| 20 |  |  |
| 21 |  |  |

Title

Section 3: Objective physical assessment:

**[Light bulb icon]**

Text box

Watch the following objective physical assessment, all the way through - in one go, to simulate a real life scenario.

Document the findings on the assessment form in ‘real time’ as you watch the video. As you watch the objective physical assessment document on the assessment forms the findings.

Use these links for further additional information

**[Documentation]**

**[Video – Objective physical assessment]**

Provide space to upload audio/video recording

**Audio script will be in link: *(more detail will be included – just titles are below)***

**Objective physical assessment:**

**Hand washing (27:36 – 28-07)**

**Cleaning down and preparing plinth (26:46 – 27:20**

**Observation (06:21- 06:55)**

**Palpation (06:55 – 07:23) (11:22 - 11:37 good side)(painful side is missing)**

**Active Range of movement (07:23 – 08:02 (good side) (08:47 – 10:27painful side)**

**Passive Range of movement (08:02 – 08:47 good side)(10:27 – 11:22 painful side)**

**Accessory Movements (11:37 – 12:50 good side with joint integrity) (12:50 – 14:13)**

**Joint Integrity**

**Muscle Strength and length and special (14:13 – 15:19 good side)(15:19 – 17:30 painful side)**

**Neurological Integrity (20:44 – 26:46)**

**Neurodynamics (17:30 – 20:44)**

**Would like note writing as inserts during tests**

You should how have collected an objective physical examination for Mrs Andrews.

**[Light bulb icon]**

Text box

Watch again for a second time to the objective physical assessment. This time the recording will be paused to allow time to consider the responses and improve your documentation.

Multiple choices questions will then be asked to aid your clinical reasoning.

**Objective Physical Examination:**

**Clip XVIII**

Observation of elbow and forearm ***(more detail will be included from video clip)***

1. **Read about observation and how to document [Observation] [Documentation]**

**From the observation findings identify any further support for the SIN factor**

**[Drop down menu severity]**

|  |
| --- |
| Non painful |
| Mild |
| Moderate |
| Severe |

**[Drop down menu irritability]**

|  |
| --- |
| Non irritable |
| Mild |
| Moderate |
| Severe |

**[Drop down menu mechanical v inflammatory]**

|  |
| --- |
| Mechanical |
| Inflammatory |

**[Drop down menu pain v resistance]**

|  |
| --- |
| pain |
| resistance |

**[Drop down menu Genic]**

|  |
| --- |
| Arthrogenic |
| Myogenic |
| Neurogenic |
| Vasculogenic |

**Clip XIX**

Active Range of Movement of the elbow and wrist measured by a goniometer ***(more detail will be included from video clip)***

*Active wrist extension = pain late range*

*Active wrist flexion = pain EOR*

*Elbow extension = pain EOR*

*Elbow flexion = NAD*

*Elbow supination = NAD*

*Elbow pronation = NAD*

1. **Read about active range of movement and goniometry [Active Range of Movement] [Goniometry] [Documentation]**
   * 1. Record the active range of movement in degrees
     2. Record when pain or resistance were observed
     3. Record the limit to the movement.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Movement*** | ***Active Range*** | ***P1 or R1 ROM*** | ***Limitation*** |
| *Wrist extension* |  |  |  |
| *Wrist flexion* |  |  |  |
| *Elbow extension* |  |  |  |
| *Elbow flexion* |  |  |  |
| *Elbow supination* |  |  |  |
| *Elbow pronation* |  |  |  |

1. **From the range of movement findings identify any further support for the SIN factor**

**[Drop down menu severity]**

|  |
| --- |
| Non painful |
| Mild |
| Moderate |
| Severe |

**[Drop down menu irritability]**

|  |
| --- |
| Non irritable |
| Mild |
| Moderate |
| Severe |

**[Drop down menu mechanical v inflammatory]**

|  |
| --- |
| Mechanical |
| Inflammatory |

**[Drop down menu pain v resistance]**

|  |
| --- |
| pain |
| resistance |

**[Drop down menu Genic]**

|  |
| --- |
| Arthrogenic |
| Myogenic |
| Neurogenic |
| Vasculogenic |

**Clip XX**

Passive Range of Movement of the elbow and wrist measured by a goniometer ***(more detail will be included from video clip)***

*Passive wrist extension = NAD*

*Passive wrist flexion = pain EOR*

*Passive elbow extension = pain EOR*

*Elbow flexion = NAD*

*Elbow supination = NAD*

*Elbow pronation = NAD*

1. **Read about passive range of movement and goniometry [Passive Range of Movement] [Goniometry] [Movement Diagrams][Documentation]**
   * 1. Record the passive range of movement in degrees
     2. Draw a movement diagram

|  |  |  |
| --- | --- | --- |
| ***Movement*** | ***Passive Range*** | ***Movement Diagram*** |
| *Wrist extension* |  | |  |  | | --- | --- | |  |  | |
| *Wrist flexion* |  | |  |  | | --- | --- | |  |  | |
| *Elbow extension* |  | |  |  | | --- | --- | |  |  | |
| *Elbow flexion* |  | |  |  | | --- | --- | |  |  | |
| *Elbow supination* |  | |  |  | | --- | --- | |  |  | |
| *Elbow pronation* |  | |  |  | | --- | --- | |  |  | |

1. **From the range of movement findings identify any further support for the SIN factor**

**[Drop down menu severity]**

|  |
| --- |
| Non painful |
| Mild |
| Moderate |
| Severe |

**[Drop down menu irritability]**

|  |
| --- |
| Non irritable |
| Mild |
| Moderate |
| Severe |

**[Drop down menu mechanical v inflammatory]**

|  |
| --- |
| Mechanical |
| Inflammatory |

**[Drop down menu pain v resistance]**

|  |
| --- |
| pain |
| resistance |

**[Drop down menu Genic]**

|  |
| --- |
| Arthrogenic |
| Myogenic |
| Neurogenic |
| Vasculogenic |

**Clip XXI**

Palpation of the elbow, forearm and wrist ***(more detail will be included from video clip)***

*Tenderness palpated over lateral epicondyle and in wrist extensors muscle belly*

1. **Read about palpation and revise the normal stages of healing [Palpation] [Stages of Healing] [Documentation]**
2. **What stage of healing is the condition likely to be?**

**[Drop down menu stages of healing]**

|  |  |
| --- | --- |
| **Bleeding / Haematoma** |  |
| **Inflammation** |  |
| **Proliferation** |  |
| **Remodelling** |  |

1. **From the palpation findings identify any further support for the SIN factor**

**[Drop down menu severity]**

|  |
| --- |
| Non painful |
| Mild |
| Moderate |
| Severe |

**[Drop down menu irritability]**

|  |
| --- |
| Non irritable |
| Mild |
| Moderate |
| Severe |

**[Drop down menu mechanical v inflammatory]**

|  |
| --- |
| Mechanical |
| Inflammatory |

**[Drop down menu pain v resistance]**

|  |
| --- |
| pain |
| resistance |

**[Drop down menu Genic]**

|  |
| --- |
| Arthrogenic |
| Myogenic |
| Neurogenic |
| Vasculogenic |

**Clip XXII**

Accessory movements of the elbow ***(more detail will be included from video clip)***

*Proximal radioulnar joint A-P = NAD*

*Proximal radioulnar joint P-A = NAD*

*Distal radioulnar joint A-P = NAD*

*Distal radioulnar joint P-A = NAD*

*Radiohumeral joint compression = NAD*

*Humeroulnar joint compression = NAD*

1. **Read about accessory movement and documentation with movement diagrams [Accessory movements] [Movement Diagrams] [Documentation]**
   1. Draw a movement diagram

|  |  |
| --- | --- |
| ***Movement*** | ***Movement Diagram*** |
| *Proximal radioulnar joint A-P* | |  |  | | --- | --- | |  |  | |
| *Proximal radioulnar joint P-A* | |  |  | | --- | --- | |  |  | |
| *Distal radioulnar joint A-P* | |  |  | | --- | --- | |  |  | |
| *Distal radioulnar joint P-A* | |  |  | | --- | --- | |  |  | |
| *Radiohumeral joint compression* | |  |  | | --- | --- | |  |  | |
| *Humeroulnar joint compression* | |  |  | | --- | --- | |  |  | |

1. **From the range of movement findings identify any further support for the SIN factor**

**[Drop down menu severity]**

|  |
| --- |
| Non painful |
| Mild |
| Moderate |
| Severe |

**[Drop down menu irritability]**

|  |
| --- |
| Non irritable |
| Mild |
| Moderate |
| Severe |

**[Drop down menu mechanical v inflammatory]**

|  |
| --- |
| Mechanical |
| Inflammatory |

**[Drop down menu pain v resistance]**

|  |
| --- |
| pain |
| resistance |

**[Drop down menu Genic]**

|  |
| --- |
| Arthrogenic |
| Myogenic |
| Neurogenic |
| Vasculogenic |

**Clip XXIII**

Muscle tests of the elbow ***(more detail will be included from video clip)***

*Strength wrist extensors = pain 4/5 (OGS)*

*Strength wrist flexors = no pain 4/5 (OGS)*

*Isometric wrist flexors & extensors / Function = Making a fist: pain reproduced*

1. **Read about muscle tests and their documentation**

**[Muscle Tests] [Oxford Grading Scale] [Documentation]**

* 1. **Record the following**
     1. Record the oxford scale grade
     2. Record when pain or resistance were observed
     3. Record the limitation of the test

|  |  |  |  |
| --- | --- | --- | --- |
| ***Muscle group*** | ***OGS*** | ***P1 or R1 ROM*** | ***Limitation*** |
| *Strength wrist extensors* |  |  |  |
| *Strength wrist flexors* |  |  |  |
| *Isometric wrist flexors & extensors / Function* |  |  |  |

1. **From the range of movement findings identify any further support for the SIN factor**

**[Drop down menu severity]**

|  |
| --- |
| Non painful |
| Mild |
| Moderate |
| Severe |

**[Drop down menu irritability]**

|  |
| --- |
| Non irritable |
| Mild |
| Moderate |
| Severe |

**[Drop down menu mechanical v inflammatory]**

|  |
| --- |
| Mechanical |
| Inflammatory |

**[Drop down menu pain v resistance]**

|  |
| --- |
| pain |
| resistance |

**[Drop down menu Genic]**

|  |
| --- |
| Arthrogenic |
| Myogenic |
| Neurogenic |
| Vasculogenic |

**Clip XIV**

Functional tests and special tests

*Lateral epicondylitis special test* ***+ive***

1. **Read about elbow region specific functional tests and special tests [Functional tests] [Special tests]**
   1. **Was the test positive of negative?**

|  |  |
| --- | --- |
| ***Test*** | ***Outcome*** |
| *Lateral epicondylitis special test* | *Positive (tennis elbow likely)* |
|  | *Negative (tennis elbow unlikely)* |

1. **From the range of movement findings identify any further support for the SIN factor**

**[Drop down menu severity]**

|  |
| --- |
| Non painful |
| Mild |
| Moderate |
| Severe |

**[Drop down menu irritability]**

|  |
| --- |
| Non irritable |
| Mild |
| Moderate |
| Severe |

**[Drop down menu mechanical v inflammatory]**

|  |
| --- |
| Mechanical |
| Inflammatory |

**[Drop down menu pain v resistance]**

|  |
| --- |
| pain |
| resistance |

**[Drop down menu Genic]**

|  |
| --- |
| Arthrogenic |
| Myogenic |
| Neurogenic |
| Vasculogenic |

**Clip XV**

Neurological tests [Not part of case study but students may have included]

*Nerve Integrity - Dermatomes, Myotomes, Reflexes C1-T1*

*Neurodynamics – ULNDT 1, 2a, 2b, 3*

*Other nerve tests*

Text box

You should how have collected a comprehensive subjective history for Mr A.

**[Light bulb icon]**

Title

Section 4: Clinical Impression and Problem lists

**[Light bulb icon]**

Title

Section 4a: Clinical Reasoning

**[Light bulb icon]**

Text box

Consider the information you have collected on the whole assessment form and the ideas gathered from the multiple choice questions and objective physical examination findings. Try to pull all the different ideas together to formulate an overall impression as you continue to work through the clinical reasoning form. **[Clinical Reasoning Form]**

1. Use this link to read more about generating a SIN factor **[SIN factor]**
   1. Using all the information from the whole assessment, estimate the overall severity of Mr A’s condition:

**Non painful** 

**Mild** 

**Moderate** 

**Severe** 

***X Non painful*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Mild*  – please reconsider your answer referring to the information on ‘Description of pain’.**

**√ *Moderate* – well done – this is the correct answer.**

***X* *Severe* – please reconsider your answer referring to the information on ‘Description of pain’.**

* 1. Using all the information from the whole assessment, estimate the overall irritability of Mr A’s condition:

**Non irritable** 

**Mild** 

**Moderate** 

**Severe** 

**√ *Non irritable* – well done – this is the correct answer.**

***X Mild*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X Moderate*  – please reconsider your answer referring to the information on ‘Description of pain’.**

***X* *Severe* – please reconsider your answer referring to the information on ‘Description of pain’.**

* 1. Using all the information from the whole assessment, estimate using a percentage the overall nature of Mr A’s condition :
     1. With reference to the overall inflammatory - mechanical nature

**Inflammatory** 

**Mechanical** 

**√ *Inflammatory* – 80%**

**√ *Mechanical* – 20%**

* + 1. With reference to the overall inflammatory - limiting nature

**Pain** 

**Resistance** 

**√ *Pain* – 100%**

**√ *Resistance* – 0%**

* + 1. With reference to the overall structural nature

**Arthrogenic** 

**Myogenic** 

**Vasculogenic** 

**Neurogenic** 

**√ *Artrogenic* – 0%**

**√ *Myogenic* – 100%**

**√ *Vasculogenic* – 0%**

**√ *Neurogenic* – 0%**

Title

Section 4b: Flags

1. Use this link to read more about Red Flags **[Red Flags]**
   1. Using all the information from the whole assessment, did you identify any red flags?

**Yes** 

**No** 

***X* *Yes* – please reconsider your answer referring to the information on Red Flags**

**√ *No* – well done – this is the correct answer** - there were no red flags identified in the subjective interview.

1. Use this link to read more about Yellow Flags **[Yellow Flags]**
   1. Using all the information from the whole assessment, did you identify any yellow flags?

**Yes** 

**No** 

***X* *Yes* – please reconsider your answer referring to the information on Red Flags**

**√ *No* – well done – this is the correct answer** - there were no red flags identified in the subjective interview.

**[Light bulb icon]**

Title

Section 4c: Clinical Impression

1. Use the link to read more about writing a clinical impression. **[Writing a Clinical Impression]**
   1. Using the information from the whole assessment, write a clinical impression:

|  |
| --- |
| Provide space for students to write their clinical impression |

* 1. (Only visible one a has been completed) Click on this link to view an example clinical impression for this case study

**[Example Clinical Impression for this Case Study]**

**[Light bulb icon]**

Title

Section 4d: Problem List

1. Use the link to read more about writing a problem list **[Writing a Problem List]**
   1. Using the information from the whole assessment, write a problem list:

|  |  |  |  |
| --- | --- | --- | --- |
| **ICF** | **Problem List** |  |  |
| Pain |  |  |  |
| Swelling |  |  |  |
| Muscle |  |  |  |
| Joint |  |  |  |
| Nerve |  |  |  |
| Activity |  |  |  |
| Participation |  |  |  |

* 1. (Only visible one a has been completed) Click on this link to view an example problem list for this case study

**[Example problem list for this case study]**

**[Light bulb icon]**

Title

Section 4e: Goal Setting

1. Use the link to read more about writing SMART Goal Setting **[SMART Goals]**
   1. Using the information from the whole assessment, write SMART goals which directly link to the problem list.

|  |  |  |  |
| --- | --- | --- | --- |
| **ICF** | **Problem List** | **SMART Goal** |  |
| **1.Pain** | PA: intermittent, sharp 4/10 - 6/10 CETO  PB: intermittent ache 2/10 - 4/10 wrist extensors TOP |  |  |
| **2.Swelling** | Tendinosis CETO (tennis elbow) |  |  |
| **3.Muscle** | Weak 4/5 wrist extensors - resisted and active |  |  |
|  | Reduced grip strength 4/5 |  |  |
| **4.Activity** | Reduced grip duration to 10 minutes |  |  |
| **5.Participation** | Unable to continue with badminton group |  |  |
|  | Unable to continue with decorating new home |  |  |

* 1. (Only visible one a has been completed) Click on this link to view an example SMART Goals for this case study

**[Example SMART Goals for this case study]**

**[Light bulb icon]**

Title

Section 4e: Treatment Plan

1. Use the link to read more about writing a treatment plan **[Writing a Treatment Plan]**
   1. Using the information from the whole assessment, write a treatment plan which directly links to the problem list and SMART goals:

|  |  |  |  |
| --- | --- | --- | --- |
| **ICF** | **Problem List** | **SMART Goal** | **Treatment Plan** |
| **1.Pain** | PA: intermittent, sharp 4/10 - 6/10 CETO  PB: intermittent ache 2/10 - 4/10 wrist extensors TOP | Pain reduced 50% in 4/52 and free in 8/52 |  |
| **2.Swelling** | Tendinosis CETO (tennis elbow) | No swelling or inflammation in 6/52 |  |
| **3.Muscle** | Weak 4/5 wrist extensors - resisted and active | 5/5 wrist extensors in 8/52 |  |
|  | Reduced grip strength 4/5 | 5/5 grip strength 8/52 |  |
| **4.Activity** | Reduced grip duration to 10 minutes | 5/5 grip strength 8/52 (able to complete 40mins driving) |  |
| **5.Participation** | Unable to continue with badminton group | Return to badminton once/week |  |
|  | Unable to continue with decorating new home | Resume home decorating without recurrence |  |

* 1. (Only visible one a has been completed) Click on this link to view an example treatment plan for this case study

**[Example Treatment Plan for this Case Study]**

Title

Section 4f: Prognosis

1. Use this link to read more about deciding on a prognosis **[Prognosis]**
   1. Identify the prognosis for the condition based on the information you have so far:

**Improving** 

**Static** 

**Worsening** 

**√ *Improving* – well done – this is the correct answer**

***X Static* – please reconsider your answer referring to the information on ‘Condition progression’.**

***X Worsening* – please reconsider your answer referring to the information on ‘Condition progression’.**

Title

Section 4g: Subjective marker

1. Use this link to read more about subjective markers **[Subjective Marker]**
   1. Using the information from the whole assessment, choose a subjective marker.

**Gripping tolerance** 

**VAS** 

**Opening jars** 

**Home decorating** 

**Badminton** 

**OGS strength wrist extensors** 

**Pain on middle finger extension** 

**Palpable swelling** 

**Tenderness on Palpation (TOP)** 

**√ *Gripping Tolerance* – well done – this is an appropriate subjective marker for this case study.**

**√ *VAS* – well done – this is an appropriate subjective marker for this case study.**

***X Opening Jars*  – please reconsider your answer referring to the information on ‘Subjective markers’.**

***X Home decorating*  – please reconsider your answer referring to the information on ‘Subjective markers’.**

***X Badminton* – please reconsider your answer referring to the information on ‘Subjective markers’.**

***X OGS strength wrist extensors*  – please reconsider your answer referring to the information on ‘Subjective markers’.**

***X Pain on middle finger extension* – please reconsider your answer referring to the information on ‘Subjective markers’.**

***X Palpable swelling* – please reconsider your answer referring to the information on ‘Subjective markers’.**

***X Tenderness on palpation* – please reconsider your answer referring to the information on ‘Subjective markers’.**

Title

Section 4g: Objective marker

1. Use this link to read more about objective markers **[Objective Marker]**
   1. Using the information from the whole assessment, choose an objective marker.

**Gripping tolerance** 

**VAS** 

**Opening jars** 

**Home decorating** 

**Badminton** 

**OGS strength wrist extensors** 

**Pain on middle finger extension** 

**Palpable swelling** 

**Tenderness on Palpation (TOP)** 

***X Gripping tolerance* – please reconsider your answer referring to the information on ‘Objective markers’.**

***X VAS* – please reconsider your answer referring to the information on ‘Objective markers’.**

***X Opening Jars* – please reconsider your answer referring to the information on ‘Objective markers’.**

***X Home decorating* – please reconsider your answer referring to the information on ‘Objective markers’.**

***X Badminton* – please reconsider your answer referring to the information on ‘Objective markers’.**

**√ *OGS strength wrist extensors* – well done – this is an appropriate objective marker for this case study.**

**√ *Pain on middle finger extension* – well done – this is an appropriate objective marker for this case study.**

***X Palpable swelling* – please reconsider your answer referring to the information on ‘Objective markers’.**

***X Tenderness on palpation* – please reconsider your answer referring to the information on ‘Objective markers’.**

Title

Section 4h: Outcome measure

1. Use this link to read more about outcome measures **[Outcome Measures]**
   1. Using the information from the whole assessment, choose an appropriate outcome measure.

**SF36** 

**LEFS** 

**HADS** 

**DASH** 

**EQ-5D-5L** 

**Berg Balance Scale** 

**Beighton Score** 

**Oswestry Disability Index** 

***X SF36* – please reconsider your answer referring to the information on ‘outcome measures’.**

***X LEFS* – please reconsider your answer referring to the information on ‘outcome measures’.**

***X HADS* – please reconsider your answer referring to the information on ‘outcome measures’.**

**√ *DASH*– well done – this is an appropriate outcome measure for this case study.**

**√ EQ-5D-5L – well done – this is an appropriate outcome measure for this case study.**

***X Berg Balance Scale* – please reconsider your answer referring to the information on ‘outcome measures’.**

***X Beighton Score* – please reconsider your answer referring to the information on ‘outcome measures’.**

***X Oswestry Disability Index* – please reconsider your answer referring to the information on ‘outcome measures’.**

Title

Well done you have completed the initial assessment of Mr A demonstrating clear clinical reasoning for your decision making process.