Template Review Summary: Ankle Sprain - Assessment UCL.v0 (Revision: 4) (Summary view of 8 reviews)

Ankle Sprain - Assessment UCL.v0

Header

Template Name	Ankle Sprain - Assessment UCL.v0	*Archana Tapuria (21-Mar-2017)* Looks fine *Jamila Chihab (22-Mar-2017)* Ankle sprain examination *rami Abbas (11-Apr-2017)* good ***Editor Feedback*** Ok, change template name
Meta Data	**Template ID:** 2f127ef7-223c-478d-9423-80e63a70f70b **MetaDataSet:Sample Set :** MetaDataSet:Sample Set	
Purpose	For use in a physiotherapy setting. Developed as part of a masters degree in Health Informatics.	*Archana Tapuria (21-Mar-2017)* Interesting and useful choice of work. *Dipak Kalra (26-Mar-2017)* Might it be useful to specify if this template is to be used for assessing a patient at their first presentation, or may also be used to record progress during follow-up visits? *rami Abbas (11-Apr-2017)* excellent ***Editor Feedback*** @dipak - we'll change the purpose section to indicate that this is intended for initial assessment, but parts of the template will be re-used for a follow up assessment

Data

Ankle Sprain Assessment Composition	Interaction, contact or care event between a subject of care and healthcare provider(s).		*rami Abbas (11-Apr-2017)* good
Patient Details Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*Archana Tapuria (21-Mar-2017)* you have got wt and height dat here. may be you may add the BMI (to be automatically calculated) *rami Abbas (11-Apr-2017)* good ***Editor Feedback*** @archana: this template follows a published guideline which does not include BMI
Body weight Observation	Measurement of the body weight of an individual.		*rami Abbas (11-Apr-2017)* good
Weight Quantity Mandatory	The weight of the individual.	0..1000 kg	*jacob omourloglou (22-Mar-2017)* 110 *Jamila Chihab (22-Mar-2017)* 150 kg maximum *Dipak Kalra (26-Mar-2017)* Given the wide spectrum of possible severities of ankle sprain injury, is it important for this element to be mandatory? Will there not be circumstances where it is not considered practical or necessary to measure the weight of the patient?

			Mohamed Beydoun (05-Apr-2017) Since you mention before if obese or muscular etc ..no need to mention a number for the weight *rami Abbas (11-Apr-2017)* good ***Editor Feedback*** Although the data point for the weight value is mandatory, the use of the archetype itself is optional, so in effect you do not need to record a weight at all if you don't wish to do so.
Height/Length Observation	Height, or body length, is measured from crown of head to sole of foot. Height is measured with the individual in a standing position and body length in a recumbent position.		*jacob omourloglou (22-Mar-2017)* 1.80cm *Jamila Chihab (22-Mar-2017)* 2.20 maximum *rami Abbas (11-Apr-2017)* no need
Height/Length Quantity Mandatory	The length of the body from crown of head to sole of foot.	0..1000 cm	*Dipak Kalra (26-Mar-2017)* Similarly as for weight *rami Abbas (11-Apr-2017)* no need ***Editor Feedback*** See comment about weight. The chief modeller (physiotherapy expert) felt it would be important to include both height and weight, but these could be removed if others felt they are superfluous.
Clinical Synopsis Evaluation	Narrative summary or overview about a patient, specifically from the perspective of a healthcare provider, and with or without associated interpretations.		*rami Abbas (11-Apr-2017)* I prefer to add chief complaint ***Editor Feedback*** This archetype will be removed from this part of the template - the relevant data will be captured in Diagnosis and Reason for referral.
Notes Text Mandatory	The summary, assessment, conclusions or evaluation of the clinical findings.		*jacob omourloglou (22-Mar-2017)* According to the test the patient is probably recommended for further evaluation and examination,Althought the clinical test didnt show the severity of his condition. Patient is compalinig for pain only in heavy activities,He has history of fall while he was working three years ago. A good candinate for surgery?Perhaps. *Dipak Kalra (26-Mar-2017)* I am imagining this template being completed roughly in the order of the objects on this form.

			In this case, the summary or assessment seems surprisingly to be at the beginning of this form rather than towards the end. *rami Abbas (11-Apr-2017)* must highlight major impairment, participation, and activity limitation Can be expressed by scal ***Editor Feedback*** This will be removed - data captured elsewhere (Diagnosis and Reason for referral)
Service request Instruction	Request for a health-related service to be supplied by a healthcare provider or agency. Comment: For example equipment request.		*Mohamed Beydoun (05-Apr-2017)* It is known that he is for rehab. *rami Abbas (11-Apr-2017)* good ***Editor Feedback*** this section will be removed - it is superfluous at this stage.
Diagnosis Text	A short phrase describing the reason for the request. Comment: Coding of the 'Reason for request' with a coding system is desirable, if available.		*Dipak Kalra (26-Mar-2017)* The reason for the patient presenting to the physiotherapist is not the same thing as the diagnosis. The reason for presentation maybe symptoms, or an uncertain diagnosis, or to exclude a more serious diagnosis. Could this also be used for follow-up visits, in which case the reason for this visit is to assess progress, not to assert a new diagnosis? *rami Abbas (11-Apr-2017)* good ***Editor Feedback*** this section will be removed as superfluous
Referred by Text	The local ID assigned to the order by the healthcare provider or organisation requesting the service. This is also referred to as Placer Order Identifier.	• Self • Clinician	*Archana Tapuria (21-Mar-2017)* The list could be more eg. GP, Ortho consultant, etc. *Mohamed Beydoun (05-Apr-2017)* Always by a physician
Referral details Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*Archana Tapuria (21-Mar-2017)* Referred by and reason for referral could be clustered together rather than clustering diagnosis and referred by together. *rami Abbas (11-Apr-2017)* need to add third party payer ***Editor Feedback*** @rami payment information is outside the scope of this dataset.

Reason for referral Text	Identification of the clinical or social problem motivating the subject of care to seeking healthcare. Comment: Coding of the 'Presenting problem' with a terminology is desirable, where possible. Clinical or social reasons for seeking healthcare can include health issues, symptoms or physical signs. Examples: health issues - desire to quit smoking, domestic violence; symptoms - abdominal pain, shortness of breath; physical signs - an altered conscious state. 'Chief complaint' may be used as a valid synonym for 'Presenting problem' in templates.		*rami Abbas (11-Apr-2017)* good ***Editor Feedback*** will also add 'referred by'
Observation/inspection/palpation Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* good
Ability to ambulate Cluster	Reported observation of a physical or mental disturbance in an individual.		*Archana Tapuria (21-Mar-2017)* I assume this is a Boolean *rami Abbas (11-Apr-2017)* preferably to add walking aids - splints or others
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.	*Default value:* Able to ambulate	*Ian McNicoll (26-Mar-2017)* This template view makes the purpose of this element a bit difficult to understand. I suspect this is a limitation of the review tooling and process. *Seref Arikan (11-Apr-2017)* Coded text would be a lot more helpful for international data collection and analysis. Without the codes, all symptoms will have the same archetype path and aql queries will have to use names to distinguish them. Codes would make it much easier to check for existence of a symptom *rami Abbas (11-Apr-2017)* good
Expressions of facial pain Cluster	Reported observation of a physical or mental disturbance in an individual.		*Archana Tapuria (21-Mar-2017)* This section is not very clear. 'Expression of facial pain' is the cluster name. Now is it a Boolean yes or no.....present/absent. You have symptom/sign name as datatype text and a free textbox for details. Then what is the significance of the cluster name being 'expression of facial pain'? *Mohamed Beydoun (05-Apr-2017)* The pain scale is enough *rami Abbas (11-Apr-2017)* good
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.	*Default value:* Expression of facial pain	*jacob omourloglou (22-Mar-2017)* AQUTE PAIN *Dipak Kalra (26-Mar-2017)* I am interested that a

			description of facial pain is prominently captured here, rather than being considered part of the overall symptom description. I would not expect this to be a robust indicator of the severity of the pain symptom, but I'm happy to be guided by your expertise on this. Do you not need to record the patient is presently covered by analgesia during this assessment of pain? *Mohamed Beydoun (05-Apr-2017)* Repitition *Seref Arikan (11-Apr-2017)* Same as Symptom/Sign name under Ability to ambulate *rami Abbas (11-Apr-2017)* good
Presence of gross deformity Cluster	Findings observed during the physical examination of a body system or anatomical structure.		*Dipak Kalra (26-Mar-2017)* Is the term gross in this context likely to be used consistently? Would you not be interested in any visible deformity? *rami Abbas (11-Apr-2017)* excellent
Clinical description Text	Narrative description of the overall findings observed during the physical examination.	*Default value:* Gross deformity present	*Mohamed Beydoun (05-Apr-2017)* Repitition for what is mentionned in the observation *rami Abbas (11-Apr-2017)* good
Examination of oedema Cluster	Findings observed during examination of oedema.		*rami Abbas (11-Apr-2017)* must highlight type of edema if lymphatic or other
Present Coded Text	Is oedema present?	• Present [Oedema is observed to be present.] • Absent [Oedema is not observed to be present.]	*Archana Tapuria (21-Mar-2017)* i assume oedema present or absent is a Boolean *rami Abbas (11-Apr-2017)* good
Dimensions Cluster	The physical dimensions of a part examined.		*Dipak Kalra (26-Mar-2017)* I am a little surprised at the two dimensions offered bellow. Is it easy in the case of an acute injury to distinguish oedema from other inflammatory swelling? These two dimensions would seem to be assessments made by a physiotherapist rather than reported by the patient. So this suggests to me that this part of the form is capturing examination findings, even though there is a substantial section of the form later that captures a detailed ankle examination.

			Do you also not wish to know if oedema is unilateral on the sprained side, or bilateral? *rami Abbas (11-Apr-2017)* good
Circumference Quantity	The circumference of the part examined.	*Units:* • µm • mm • cm • m • ft • in • yd	*Dipak Kalra (26-Mar-2017)* Is this intended to be the circumference, perhaps of the ankle at a specific point of measurement, or the circumference of a region of oedema observed under the skin? *rami Abbas (11-Apr-2017)* in mm
Volume Quantity	The volume of the part examined.	*Units:* • mm3 • ml • in3 • cc • ft3	*Dipak Kalra (26-Mar-2017)* I think I would find it impossible, as a former GP, to guess the volume of oedema fluid in an ankle. *Ian McNicoll (26-Mar-2017)* I am very dubious that any kind of oedema 'volume' could be estimated with any reliability. *Mohamed Beydoun (05-Apr-2017)* Repiitition *rami Abbas (11-Apr-2017)* in ml (not always available pletysmograph)
Presence of discoloration Cluster	Findings observed during the physical examination of a body system or anatomical structure.		*Mohamed Beydoun (05-Apr-2017)* Mentionned already inthe observation *rami Abbas (11-Apr-2017)* good
Clinical description Text	Narrative description of the overall findings observed during the physical examination.	*Default value:* Presence of discoloration	*Ian McNicoll (26-Mar-2017)* The use of default value here does not seem correct, since it is intended to carry a narrative description. *Mohamed Beydoun (05-Apr-2017)* Mentionned already inthe observation *rami Abbas (11-Apr-2017)* good
Presence of abrasion Cluster	Findings observed during the physical examination of a body system or anatomical structure.		*Mohamed Beydoun (05-Apr-2017)* Mentionned already inthe observation *rami Abbas (11-Apr-2017)* good (I think it is enough to say yes/No)
Clinical description Text	Narrative description of the overall findings observed during the physical examination.	*Default value:* Presence of abrasion	*Dipak Kalra (26-Mar-2017)* Would this description box be used to describe the location as well as the character and extent of the abrasion?

			Ian McNicoll (26-Mar-2017) The use of default value here does not seem correct, since it is intended to carry a narrative description. *Mohamed Beydoun (05-Apr-2017)* Mentionned already inthe observation *rami Abbas (11-Apr-2017)* not needed
Presence of trophic changes Cluster	Findings observed during the physical examination of a body system or anatomical structure.		*Mohamed Beydoun (05-Apr-2017)* Mentionned already inthe observation *rami Abbas (11-Apr-2017)* good
Clinical description Text	Narrative description of the overall findings observed during the physical examination.	*Default value:* Presence of trophic changes	*Ian McNicoll (26-Mar-2017)* The use of default value here does not seem correct, since it is intended to carry a narrative description. *Mohamed Beydoun (05-Apr-2017)* Mentionned already inthe observation *rami Abbas (11-Apr-2017)* good
Presence of bruising Cluster	Findings observed during the physical examination of a body system or anatomical structure.		*Dipak Kalra (26-Mar-2017)* Would there not be a risk that the physiotherapist might describe bruising in the discolouration box? *Mohamed Beydoun (05-Apr-2017)* Mentionned already inthe observation *rami Abbas (11-Apr-2017)* good (Yes/NO)
Clinical description Text	Narrative description of the overall findings observed during the physical examination.	*Default value:* Presence of bruising	*Ian McNicoll (26-Mar-2017)* The use of default value here does not seem correct, since it is intended to carry a narrative description. *Mohamed Beydoun (05-Apr-2017)* Mentionned already inthe observation no need *rami Abbas (11-Apr-2017)* no need
Tenderness localised Cluster	Findings observed during the physical examination of a body system or anatomical structure.		*jacob omourloglou (22-Mar-2017)* palpation tenderness in a stretched position verses a relaxed position. the tendon is more painful in a relaxed position it is more likely tendon pain than pain from the surrounding tissues *Dipak Kalra (26-Mar-2017)* By localised, do you mean localised to the ankle or to a specific part of the ankle?

			Mohamed Beydoun (05-Apr-2017) Mentionned already in the palpation *rami Abbas (11-Apr-2017)* good
Clinical description Text	Narrative description of the overall findings observed during the physical examination.	*Default value:* Tenderness localised	*Ian McNicoll (26-Mar-2017)* The use of default value here does not seem correct, since it is intended to carry a narrative description. *Mohamed Beydoun (05-Apr-2017)* Mentionned already in the palpation *rami Abbas (11-Apr-2017)* good
Clinical interpretation Text Optional, repeating	Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.	• Over the mediale ankle • Over the lateral ankle • Over the cuboid • Over the navicular • Over the base of the fifth metatarsal • Over the posterior edge of the medial/ lateral malleoli	*jacob omourloglou (22-Mar-2017)* Over the posterior edge of the medial/ lateral malleoli *Dipak Kalra (26-Mar-2017)* The values you have offered suggest that this element should be called anatomical location rather than interpretation *Ian McNicoll (26-Mar-2017)* The use of a termlist here does not seem correct, since it is intended to carry a narrative description. *Mohamed Beydoun (05-Apr-2017)* Mentionned already in the palpation *rami Abbas (11-Apr-2017)* very important
History of current illness Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*jacob omourloglou (22-Mar-2017)* NONE *Dipak Kalra (26-Mar-2017)* Since this is a place to describe the injury, it is surprising to see this heading called illness. *rami Abbas (11-Apr-2017)* date of injury
Mechanism or etiology Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* good
Injury Details Evaluation	The details of the injury for ankle sprain assessment UCL project.		*rami Abbas (11-Apr-2017)* good
Location Coded Text	The location of the injury.	• Left ankle [The injury is located at the left ankle.] • Right Ankle [The injury is located at the right ankle.]	*Dipak Kalra (26-Mar-2017)* You clearly mean the laterality of the injured ankle, which I would've expected to be much earlier in this template, before describing swelling, bruising etc. You clearly do not mean the location in the real world where the injury occurred. However, the two elements that follow this are

			capturing descriptions of the occurrence of the injury. *rami Abbas (11-Apr-2017)* I think it is better to put it before may be after in referral details section
Date injury occurred Date	The date on which the injury occurred.		*Dipak Kalra (26-Mar-2017)* Do you need the time, in relation to the time of this consultation, in case it is a matter of hours instead of days? *rami Abbas (11-Apr-2017)* I think it is better to put it before may be after in referral details section
How did injury occur? Coded Text	How did the injury occur?	• Inversion injury [The injury was an inversion.] • Eversion injury [The injury was an eversion.]	*Dipak Kalra (26-Mar-2017)* Your question is inviting a broad description of the movement scenario that gave rise to the sprain, but the two values you have offered are very precise. *Mohamed Beydoun (05-Apr-2017)* Etiology or mecanism is enough *rami Abbas (11-Apr-2017)* I think it is better to put it before may be after in referral details section
Instant medical care Cluster	Details of the patient's instant medical care at the time of the injury.		*rami Abbas (11-Apr-2017)* I think it is better to put it before may be after in referral details section
Yes or no Boolean Mandatory	Did the patient receive instant medical care? Comment: UI guidance: Yes display PRICE and Acupuncture options, No does not.		*jacob omourloglou (22-Mar-2017)* YES *Dipak Kalra (26-Mar-2017)* Surely a yes no answer here is of relatively limited value. Would you not prefer to have a description of what care was received? You refer here to medical care, but what about self-care? A number of sprain injuries occur and are initially managed by a patient themselves, who might only seek physiotherapy help if it gets worse or fails to recover. *rami Abbas (11-Apr-2017)* I think it is better to put it before may be after in referral details section
PRICE? Boolean	Statement whether the patient has utilised PRICE.		*jacob omourloglou (22-Mar-2017)* YES *rami Abbas (11-Apr-2017)* I think it is better to put it before may be after in referral details section

Acupuncture? Boolean	Statement whether the patient received acupuncture.		*jacob omourloglou (22-Mar-2017)* YES *Dipak Kalra (26-Mar-2017)* Again, is yes/no good enough to inform a physiotherapist of what treatment was performed? *Mohamed Beydoun (05-Apr-2017)* No need for details *rami Abbas (11-Apr-2017)* not relevant in this section
Impaired weight bearing Cluster	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* good
No impaired weight bearing Boolean	The identified symptom or sign was reported as not being present to any significant degree. Comment: Record as True if the subject of care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		*rami Abbas (11-Apr-2017)* good
Pattern Text	Narrative description about the pattern of the symptom or sign during this episode. Comment: For example: pain could be described as constant or intermittent.	• Usually • Almost always	*rami Abbas (11-Apr-2017)* good
(Precipitating/resolving factor) Cluster Optional, repeating	Details about specified factors that are associated with the precipitation or resolution of the symptom or sign. Comment: For example: onset of headache occurred one week prior to menstruation; or onset of headache occurred one hour after fall of bicycle.		*Dipak Kalra (26-Mar-2017)* I do not know what you mean by this. Are you referring to some factor that might have triggered the patient to sprain their ankle in the first place, or something that is additionally impacting on the severity or implications of this injury, or only impacting on their weight bearing capability? *Mohamed Beydoun (05-Apr-2017)* Repeating..useless *rami Abbas (11-Apr-2017)* good
Factor Text	Name of the health event, symptom, reported sign or other factor. Comment: For example: onset of another symptom; onset of menstruation; or fall off bicycle.		*rami Abbas (11-Apr-2017)* good
Impaired mobility Cluster	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* if mobility here is considered as walking or gait it must not be written as MOBILITY
No impaired mobility Boolean	The identified symptom or sign was reported as not being present to any significant degree. Comment: Record as True if the subject of care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* if mobility here is considered as walking or gait it must not be written as MOBILITY

Severity category Text	Category representing the overall severity of the symptom or sign. Comment: Defining values such as mild, moderate or severe in such a way that is applicable to multiple symptoms or signs plus allows multiple users to interpret and record them consistently is not easy. Some organisations extend the value set further with inclusion of additional values such as 'Trivial' and 'Very severe', and/or 'Mild-Moderate' and 'Moderate-Severe', adds to the definitional difficulty and may also worsen inter-recorder reliability issues. Use of 'Life-threatening' and 'Fatal' is also often considered as part of this value set, although from a pure point of view it may actually reflect an outcome rather than a severity. In view of the above, keeping to a well-defined but smaller list is preferred and so the mild/moderate/severe value set is offered, however the choice of other text allows for other value sets to be included at this data element in a template. Note: more specific grading of severity can be recorded using the 'Specific details' SLOT.	*Default value:* Cannot walk more than 4 steps	*Dipak Kalra (26-Mar-2017)* This seems to be a surprisingly precise default value. Is the ability to walk four steps or less an important and well recognised metric? *rami Abbas (11-Apr-2017)* if mobility here is considered as walking or gait it must not be written as MOBILITY
(Precipitating/resolving factor) Cluster Optional, repeating	Details about specified factors that are associated with the precipitation or resolution of the symptom or sign. Comment: For example: onset of headache occurred one week prior to menstruation; or onset of headache occurred one hour after fall of bicycle.		*rami Abbas (11-Apr-2017)* good
Factor Text	Name of the health event, symptom, reported sign or other factor. Comment: For example: onset of another symptom; onset of menstruation; or fall off bicycle.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* good
Pain Cluster	Reported observation of a physical or mental disturbance in an individual.		*Dipak Kalra (26-Mar-2017)* How does this cluster about pain relate to the much earlier element about facial pain? *Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* pain must be explicitly assessed (VAS score, type, pattern, irradiation, description...)
No pain Boolean	The identified symptom or sign was reported as not being present to any significant degree. Comment: Record as True if the subject of care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* pain must be explicitly assessed (VAS score, type, pattern, irradiation, description...)
Severity category Coded Text	Category representing the overall severity of the symptom or sign. Comment: Defining values such as mild, moderate or severe in such a way that is applicable to multiple symptoms or signs plus allows multiple users to interpret and record them consistently is not easy. Some organisations extend the value set further with inclusion of additional values such as 'Trivial' and 'Very severe', and/or 'Mild-Moderate' and 'Moderate-Severe', adds to the definitional difficulty and may also worsen inter-recorder reliability issues. Use of 'Life-threatening' and 'Fatal' is also often considered as part of this value set, although from a pure point of view it may actually reflect an outcome rather than a severity. In view of the above, keeping to a well-defined but smaller list is preferred and so the mild/moderate/severe value set is offered, however the choice of other text allows for	*termset:* external	*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* pain must be explicitly assessed (VAS score, type, pattern, irradiation, description...)

	other value sets to be included at this data element in a template. Note: more specific grading of severity can be recorded using the 'Specific details' SLOT.		
(Precipitating/resolving factor) Cluster Optional, repeating	Details about specified factors that are associated with the precipitation or resolution of the symptom or sign. Comment: For example: onset of headache occurred one week prior to menstruation; or onset of headache occurred one hour after fall of bicycle.		*Dipak Kalra (26-Mar-2017)* I think I am beginning to get a sense of what you mean by this cluster within each of the containing clusters. Is it the answer to a question: "Does anything make this pain better or worse?" ? However, and perhaps here I am being old-fashioned, I am not sure if this cluster about pain is part of the history taking from the patient or findings on examination. Is it not important to distinguish these? *rami Abbas (11-Apr-2017)* pain must be explicitly assessed (VAS score, type, pattern, irradiation, description...)
Factor Text	Name of the health event, symptom, reported sign or other factor. Comment: For example: onset of another symptom; onset of menstruation; or fall off bicycle.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* pain must be explicitly assessed (VAS score, type, pattern, irradiation, description...)
Swelling Cluster	Reported observation of a physical or mental disturbance in an individual.		*Dipak Kalra (26-Mar-2017)* With reference to my remark about about pain, this would appear to be capturing examination findings rather than history of swelling, although I suspect you might need both if the injury is being assessed some days after it originally occurred. *Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* swelling and edema must be used once rather than seperately
No swelling Boolean	The identified symptom or sign was reported as not being present to any significant degree. Comment: Record as True if the subject of care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* swelling and edema must be used once rather than seperately
Severity category Coded Text	Category representing the overall severity of the symptom or sign. Comment: Defining values such as mild, moderate or severe in such a way that is applicable to multiple symptoms or signs plus allows multiple users to interpret and record them consistently is not easy. Some organisations extend the value set further with inclusion of additional values such as	*termset:* external	*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* swelling and edema must be used once rather than seperately

	'Trivial' and 'Very severe', and/or 'Mild-Moderate' and 'Moderate-Severe', adds to the definitional difficulty and may also worsen inter-recorder reliability issues. Use of 'Life-threatening' and 'Fatal' is also often considered as part of this value set, although from a pure point of view it may actually reflect an outcome rather than a severity. In view of the above, keeping to a well-defined but smaller list is preferred and so the mild/moderate/severe value set is offered, however the choice of other text allows for other value sets to be included at this data element in a template. Note: more specific grading of severity can be recorded using the 'Specific details' SLOT.		
(Precipitating/resolving factor) Cluster Optional, repeating	Details about specified factors that are associated with the precipitation or resolution of the symptom or sign. Comment: For example: onset of headache occurred one week prior to menstruation; or onset of headache occurred one hour after fall of bicycle.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* swelling and edema must be used once rather than seperately
Factor Text	Name of the health event, symptom, reported sign or other factor. Comment: For example: onset of another symptom; onset of menstruation; or fall off bicycle.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* swelling and edema must be used once rather than seperately
Haemorrhage/ecchymosis Cluster	Reported observation of a physical or mental disturbance in an individual.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* this item can be merged with that of trophic changes rather than to be separated
No haemorrhage/ecchymosis Boolean	The identified symptom or sign was reported as not being present to any significant degree. Comment: Record as True if the subject of care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* this item can be merged with that of trophic changes rather than to be separated
(Precipitating/resolving factor) Cluster Optional, repeating	Details about specified factors that are associated with the precipitation or resolution of the symptom or sign. Comment: For example: onset of headache occurred one week prior to menstruation; or onset of headache occurred one hour after fall of bicycle.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* this item can be merged with that of trophic changes rather than to be separated
Factor Text	Name of the health event, symptom, reported sign or other factor. Comment: For example: onset of another symptom; onset of menstruation; or fall off bicycle.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* this item can be merged with that of trophic changes rather than to be separated
Tender point Cluster	Reported observation of a physical or mental disturbance in an individual.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* must be put with tenderness
No tender point Boolean	The identified symptom or sign was reported as not being present to any significant degree. Comment: Record as True if the subject of		*Mohamed Beydoun (05-Apr-2017)* Repetition useless

	care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		*rami Abbas (11-Apr-2017)* must be put with tenderness
Severity category Text	Category representing the overall severity of the symptom or sign. Comment: Defining values such as mild, moderate or severe in such a way that is applicable to multiple symptoms or signs plus allows multiple users to interpret and record them consistently is not easy. Some organisations extend the value set further with inclusion of additional values such as 'Trivial' and 'Very severe', and/or 'Mild-Moderate' and 'Moderate-Severe', adds to the definitional difficulty and may also worsen inter-recorder reliability issues. Use of 'Life-threatening' and 'Fatal' is also often considered as part of this value set, although from a pure point of view it may actually reflect an outcome rather than a severity. In view of the above, keeping to a well-defined but smaller list is preferred and so the mild/moderate/severe value set is offered, however the choice of other text allows for other value sets to be included at this data element in a template. Note: more specific grading of severity can be recorded using the 'Specific details' SLOT.	• Minimal • Localised • Diffused	*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* must be put with tenderness
(Precipitating/resolving factor) Cluster Optional, repeating	Details about specified factors that are associated with the precipitation or resolution of the symptom or sign. Comment: For example: onset of headache occurred one week prior to menstruation; or onset of headache occurred one hour after fall of bicycle.		*Dipak Kalra (26-Mar-2017)* If one or more tender points are detected during a physical examination, surely this inner cluster is not relevant. *rami Abbas (11-Apr-2017)* must be put with tenderness
Factor Text	Name of the health event, symptom, reported sign or other factor. Comment: For example: onset of another symptom; onset of menstruation; or fall off bicycle.		*rami Abbas (11-Apr-2017)* must be put with tenderness
Weakness and Stiffness Cluster	Reported observation of a physical or mental disturbance in an individual.		*Dipak Kalra (26-Mar-2017)* Are these not two quite different features? *rami Abbas (11-Apr-2017)* must be put each alone weakness -->muscle test Stiffness--> AROM & PROM
No weakness and stiffness Boolean	The identified symptom or sign was reported as not being present to any significant degree. Comment: Record as True if the subject of care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		*rami Abbas (11-Apr-2017)* must be put each alone weakness -->muscle test Stiffness--> AROM & PROM
(Precipitating/resolving factor) Cluster Optional, repeating	Details about specified factors that are associated with the precipitation or resolution of the symptom or sign. Comment: For example: onset of headache occurred one week prior to menstruation; or onset of headache occurred one hour after fall of bicycle.		*rami Abbas (11-Apr-2017)* no need
Factor Text	Name of the health event, symptom, reported sign or other factor. Comment: For example: onset of another		*rami Abbas (11-Apr-2017)* no need

	symptom; onset of menstruation; or fall off bicycle.		
Course of treatment Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* is it meant MEDICAL ????
Injury Details Evaluation	The details of the injury for ankle sprain assessment UCL project.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* repeated from above (must be deleted)
Current medical management Cluster	Details of the patient's current medical care and which type and effectiveness.		*Mohamed Beydoun (05-Apr-2017)* Repetition useless *rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Yes or no Boolean Mandatory	Statement whether patient is receiving current medical management. Comment: UI Guidance: Yes will display the Type option in the UI, No will not.		*rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Type Coded Text Optional, repeating	Type of medical management received.	• Bracing [Patient is receiving bracing.] • Weight bearing restrictions [The patient is receiving weight bearing restrictions.] • Injections [The patient is receiving injections.]	*rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Responded to treatment? Coded Text Mandatory	Assessment of whether ankle is responding to treatment.	• Improved [The ankle has improved following treatment.] • Not improved [The ankle has not improved following treatment.]	*Dipak Kalra (26-Mar-2017)* Surely these two values are not enough. Would you not allow the author to describe more flexibly what extent of response has occurred? Presumably this assessment is being carried out because the response is not good enough - hence needing pysiotherapist involvement. *rami Abbas (11-Apr-2017)* must be put before PT assessment starts
On medication? Coded Text	Is patient using medication for current illness or injury, and if so, which medication.	• Acetaminophen [Patient takes acetaminophen to reduce pain.] • Topical ketoprofen [Patient uses topical ketoprofen to reduce pain and swelling.] • None [Patient is not using medication for current illness or injury.]	*Dipak Kalra (26-Mar-2017)* Are these the only options for capturing analgesic use, and is analgesia the only kind of medication you are interested in capturing here? *rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Medication controlling symptoms? Boolean Mandatory	Statement whether the medication is effectively controlling symptoms.		*Dipak Kalra (26-Mar-2017)* Would you want to know the extent of control rather than simply yes or no? *rami Abbas (11-Apr-2017)* must be put before PT assessment starts

Acupuncture? Boolean	Statement whether the patient is currently receiving acupuncture treatment.		*rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Past medical management Cluster	Details of patient's past medical management.		*Archana Tapuria (21-Mar-2017)* the past medical management could have more than one options. Hence I would suggest the cardinality to be 1...* *rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Yes or no Boolean	Statement whether patient received past medical management.		*Dipak Kalra (26-Mar-2017)* I presume you are referring here to past management of the ankle sprain. *rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Type Coded Text	Type of medical management received.	• Bracing [Patient had received bracing in the past.] • Weight bearing restriction [Patient had weight bearing restriction.] • Injections [Patient had received injections.]	*jacob omourloglou (22-Mar-2017)* Injections-Didnt helped,Relieve symptoms for couple of hours *rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Imaging examination Action	Clinical activity about performing an imaging examination.		*Archana Tapuria (21-Mar-2017)* similarly imaging examination could have more than one options. Hence I would suggest the cardinality to be 1...* *Dipak Kalra (26-Mar-2017)* Where would you describe the result from an imaging examination, such as the confirmation or exclusion of a fracture? *rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Examination name Text	The name of the examination (to be) performed. Coding of the specific procedure with a terminology is preferred, where possible.	• Bone scan • MRI • Plain radiographs • Ultrasound sonograms	*jacob omourloglou (22-Mar-2017)* bone scan-MRI *rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Multimedia resource Multimedia	Multimedia representation of the clinical observation or finding.		*rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Title Text	Name of the multimedia resource.		*rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Date created Date/Time	Date/time that the multimedia resource was created.		*jacob omourloglou (22-Mar-2017)* 20/01/2017 *rami Abbas (11-Apr-2017)*

			must be put before PT assessment starts
Diagnostic test not done Boolean Mandatory	Statement to explicity record that the examination was not performed. Comment: Record as True if the examination was not performed.		*Archana Tapuria (21-Mar-2017)* u have given here [1...1]. But this true for all other Booleans. Either you give it for all of them or none of them. *rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Service request Instruction	Request for a health-related service to be supplied by a healthcare provider or agency. Comment: For example equipment request.		*rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Service type Text	Category of service requested. Comment: For example: hospital vs home care delivery.	• Bone scan • MRI • Plain radiographs • Ultrasound sonograms	*Archana Tapuria (21-Mar-2017)* consider the cardinality to be 1...* here *jacob omourloglou (22-Mar-2017)* mri *rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Reason for request Text	A short phrase describing the reason for the request. Comment: Coding of the 'Reason for request' with a coding system is desirable, if available.	• Grade 2 or 3 • Possible fracture	*jacob omourloglou (22-Mar-2017)* possible fracture *rami Abbas (11-Apr-2017)* must be put before PT assessment starts
Story Text Optional, repeating	Narrative description of the story or clinical history for the subject of care.	*Default value:* Nature of symptoms	*jacob omourloglou (22-Mar-2017)* Aqute pain after walking long distance,Also after lifting heavy objects *Dipak Kalra (26-Mar-2017)* I am surprised to find the place for recording the history of the injury occurring this far down the form, if I have understood it correctly. *rami Abbas (11-Apr-2017)* good
Pain Cluster	Reported observation of a physical or mental disturbance in an individual.		*Dipak Kalra (26-Mar-2017)* Is there not an overlap here with two other places higher up this form where pain information has been captured? *rami Abbas (11-Apr-2017)* pain assessment must be put all together
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.	*Default value:* Pain	*jacob omourloglou (22-Mar-2017)* aqute pain *rami Abbas (11-Apr-2017)* pain assessment must be put all together
Pain at its best Quantity	Numerical rating scale representing the overall severity of the symptom or sign. Comment: Symptom severity can be rated by the individual by recording a score from 0 (ie symptom not present) to 10.0 (ie symptom is as severe as the individual can imagine). This score can be represented in	0..10 1	*jacob omourloglou (22-Mar-2017)* 4 *rami Abbas (11-Apr-2017)*

	the user interface as a visual analogue scale. The data element has occurrences set to 0..* to allow for variations such as 'maximal severity' or 'average severity' to be included in a template.		pain assessment must be put all together
Pain at the moment Quantity	Numerical rating scale representing the overall severity of the symptom or sign. Comment: Symptom severity can be rated by the individual by recording a score from 0 (ie symptom not present) to 10.0 (ie symptom is as severe as the individual can imagine). This score can be represented in the user interface as a visual analogue scale. The data element has occurrences set to 0..* to allow for variations such as 'maximal severity' or 'average severity' to be included in a template.	0..10 1	*jacob omourloglou (22-Mar-2017)* 4 *rami Abbas (11-Apr-2017)* pain assessment must be put all together
Pain at its worst Quantity	Numerical rating scale representing the overall severity of the symptom or sign. Comment: Symptom severity can be rated by the individual by recording a score from 0 (ie symptom not present) to 10.0 (ie symptom is as severe as the individual can imagine). This score can be represented in the user interface as a visual analogue scale. The data element has occurrences set to 0..* to allow for variations such as 'maximal severity' or 'average severity' to be included in a template.	0..10 1	*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Pattern Text	Narrative description about the pattern of the symptom or sign during this episode. Comment: For example: pain could be described as constant or intermittent.	• Constant • Constant sharp • Constant dull • Constant aching • Intermittent • Intermittent sharp • Intermittent dull • Intermittent aching	*jacob omourloglou (22-Mar-2017)* intermittent sharp *rami Abbas (11-Apr-2017)* pain assessment must be put all together
Pain change during day and night Text	Narrative description about the course of the symptom or sign during this episode. Comment: For example: a text description of the immediate onset of the symptom, activities that worsened or relieved the symptom, whether it is improving or worsening and how it resolved over weeks.	• AM • Midday • PM • Night	*jacob omourloglou (22-Mar-2017)* night *rami Abbas (11-Apr-2017)* pain assessment must be put all together
Symptom/Sign Cluster Optional, repeating	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* pain assessment must be put all together
External variable affecting symptoms Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.		*Dipak Kalra (26-Mar-2017)* I don't think I would understand how to complete this element. *rami Abbas (11-Apr-2017)* pain assessment must be put all together
Nil significant Boolean	The identified symptom or sign was reported as not being present to any significant degree. Comment: Record as True if the subject of care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Description Text	Narrative description about the reported symptom or sign.		*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Burning Cluster	Reported observation of a physical or mental disturbance in an individual.		*Ian McNicoll (26-Mar-2017)* I am not sure why additional clusters are used here. It is not clear in the patterns

			how a negative result should be recorded. *rami Abbas (11-Apr-2017)* pain assessment must be put all together
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.	*Default value:* Burning sensation	*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Numbness Cluster	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.	*Default value:* Numbness	*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Tingling Cluster	Reported observation of a physical or mental disturbance in an individual.		*Dipak Kalra (26-Mar-2017)* Picking on this as an example, earlier up on this form there were questions about bruising, swelling, tender spots and so on. I am confused about which parts of this form are capturing the history from the patient, and which are capturing observations made by the physiotherapist. *rami Abbas (11-Apr-2017)* pain assessment must be put all together
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.	*Default value:* Tingling sensation	*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Other pain-related Cluster	Reported observation of a physical or mental disturbance in an individual.		
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.		*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Sleep disturbance Cluster	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Sleep not disturbed Boolean	The identified symptom or sign was reported as not being present to any significant degree. Comment: Record as True if the subject of care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Position Coded Text	Narrative description of the patient's position during sleep.	•	*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Ankle elevated? Boolean	Stating whether the patient has ankle elevated during sleep.		
Other complicating Cluster	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* pain assessment must be put all together
No other complicating	The identified symptom or sign was reported as not being present to any significant		*rami Abbas (11-Apr-2017)*

Boolean	degree. Comment: Record as True if the subject of care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		pain assessment must be put all together
Dizziness Cluster	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.		*rami Abbas (11-Apr-2017)* pain assessment must be put all together
Lower limb disorders Cluster	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* good
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.	*Default value:* Lower limb disorders	*rami Abbas (11-Apr-2017)* good
Low back pain Cluster	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* good
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.		*jacob omourloglou (22-Mar-2017)* Aqute ankle pain. *rami Abbas (11-Apr-2017)* good
Other Cluster	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* good
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.		*rami Abbas (11-Apr-2017)* good
Respiratory concerns Cluster	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* good
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.	*Default value:* Respiratory concerns	*rami Abbas (11-Apr-2017)* good
No respiratory concerns Boolean	The identified symptom or sign was reported as not being present to any significant degree. Comment: Record as True if the subject of care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		*rami Abbas (11-Apr-2017)* good
Comment Text	Additional narrative about the symptom or sign not captured in other fields.		*rami Abbas (11-Apr-2017)* good
Medical history Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* I think it must be merged with a previous tab on medical history and all must be put before PT assessment
Past History Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* I think it must be merged with a previous tab on

			medical history and all must be put before PT assessment
Similar diagnosis Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* did not understand it (can be deleted)
Injury Details Evaluation	The details of the injury for ankle sprain assessment UCL project.		*rami Abbas (11-Apr-2017)* I think it must be merged with a previous tab on medical history and all must be put before PT assessment
Past history of same diagnosis Cluster	Details of patient's past history of a similar diagnosis.		*Dipak Kalra (26-Mar-2017)* Rather than a history of the same diagnosis would you not wish to know more broadly about whether the patient has ever previously had an injury to that to that ankle, or if there are any previous issues or deformities with that ankle that should be taken into account? *rami Abbas (11-Apr-2017)* I think it is best said (RECURRENCE)
Yes or no Boolean	Statement whether patient had past similar injury.		*rami Abbas (11-Apr-2017)* GOOD
Report of previous twisting ankle? Boolean	Statement whether the patient has reported an episode of twisting his/her ankle.		*rami Abbas (11-Apr-2017)* I think it is best said (RECURRENCE)
History of other lower extermity dysfunction, injury, or surgery? Boolean	Statement whether patient had lower extremity dysfunction, injury or surgery.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Lower extremity dysfunction Text	Types of lower extremity dysfunction.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Co-morbid diagnoses Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*Dipak Kalra (26-Mar-2017)* If the patient had never been part of this care organisation before, the more general health history questions would be natural to capture at this visit. However, it would make more sense for background health history information to be organised within a separate composition, because that information may already exist in the patient's record, and might have value beyond this sprained ankle assessment. I do not believe it is good practice for general medical background information to be included within a condition-specific or scenario-specific template. My comment here refers to the existence of this whole section rather than any particular parts of it.

			Ian McNicoll (26-Mar-2017) I am not sure why the co-morbidity section is split into disease categories. *rami Abbas (11-Apr-2017)* must be put before PT assessment
No co-morbid diagnoses Evaluation	A statement about problems or diagnoses that have never been noted by the individual or recognised by a clinician.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
No co-morbid diagnoses Text Mandatory	Statement of exclusion of a problem or diagnosis. Comment: Use to record a statement about problems or diagnoses that have never been noted by the individual or recognised by a clinician. This statement can support recording general statements such as "No previous/past ..." or " No known ...". Or it can support more exacting statements about a specified object such as "No known history of ..." where the 'Problem/diagnosis' identifies the precise condition.	*Default value:* No co-morbid diagnoses	*rami Abbas (11-Apr-2017)* must be put before PT assessment
Diabetes Evaluation	Details about a single identified health condition, injury, disability or any other issue which impacts on the physical, mental and/or social well-being of an individual. Comment: Clear delineation between the scope of a problem versus a diagnosis is not easy to achieve in practice. For the purposes of clinical documentation with this archetype, problem and diagnosis are regarded as a continuum, with increasing levels of detail and supportive evidence usually providing weight towards the label of 'diagnosis'.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Problem/Diagnosis name Text Mandatory	Identification of the problem or diagnosis, by name. Comment: Coding of the name of the problem or diagnosis with a terminology is preferred, where possible.	*Default value:* Diabetes	*rami Abbas (11-Apr-2017)* must be put before PT assessment
Cancer Evaluation	Details about a single identified health condition, injury, disability or any other issue which impacts on the physical, mental and/or social well-being of an individual. Comment: Clear delineation between the scope of a problem versus a diagnosis is not easy to achieve in practice. For the purposes of clinical documentation with this archetype, problem and diagnosis are regarded as a continuum, with increasing levels of detail and supportive evidence usually providing weight towards the label of 'diagnosis'.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Problem/Diagnosis name Text Mandatory	Identification of the problem or diagnosis, by name. Comment: Coding of the name of the problem or diagnosis with a terminology is preferred, where possible.	*Default value:* Cancer	*rami Abbas (11-Apr-2017)* must be put before PT assessment
Cardiovascular Evaluation	Details about a single identified health condition, injury, disability or any other issue which impacts on the physical, mental and/or social well-being of an individual. Comment: Clear delineation between the scope of a problem versus a diagnosis is not easy to achieve in practice. For the purposes of clinical documentation with this archetype, problem and diagnosis are regarded as a continuum, with increasing levels of detail and supportive evidence usually providing weight towards the label of 'diagnosis'.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Problem/Diagnosis name Text Mandatory	Identification of the problem or diagnosis, by name. Comment: Coding of the name of the problem or diagnosis with a terminology is preferred, where possible.	*Default value:* Cardiovascular problem	*rami Abbas (11-Apr-2017)* must be put before PT assessment
Other disease Evaluation	Details about a single identified health condition, injury, disability or any other issue which impacts on the physical, mental and/or social well-being of an individual. Comment: Clear delineation between the scope of a problem versus a diagnosis is not easy to achieve in practice. For the purposes of clinical documentation with this archetype,		*rami Abbas (11-Apr-2017)* must be put before PT assessment

	problem and diagnosis are regarded as a continuum, with increasing levels of detail and supportive evidence usually providing weight towards the label of 'diagnosis'.		
Problem/Diagnosis name Text Mandatory	Identification of the problem or diagnosis, by name. Comment: Coding of the name of the problem or diagnosis with a terminology is preferred, where possible.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Complication of pregnancy Evaluation	Details about a single identified health condition, injury, disability or any other issue which impacts on the physical, mental and/or social well-being of an individual. Comment: Clear delineation between the scope of a problem versus a diagnosis is not easy to achieve in practice. For the purposes of clinical documentation with this archetype, problem and diagnosis are regarded as a continuum, with increasing levels of detail and supportive evidence usually providing weight towards the label of 'diagnosis'.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Problem/Diagnosis name Text Mandatory	Identification of the problem or diagnosis, by name. Comment: Coding of the name of the problem or diagnosis with a terminology is preferred, where possible.	*Default value:* Complication of pregnancy	*rami Abbas (11-Apr-2017)* must be put before PT assessment
Psychiatric Evaluation	Details about a single identified health condition, injury, disability or any other issue which impacts on the physical, mental and/or social well-being of an individual. Comment: Clear delineation between the scope of a problem versus a diagnosis is not easy to achieve in practice. For the purposes of clinical documentation with this archetype, problem and diagnosis are regarded as a continuum, with increasing levels of detail and supportive evidence usually providing weight towards the label of 'diagnosis'.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Problem/Diagnosis name Text Mandatory	Identification of the problem or diagnosis, by name. Comment: Coding of the name of the problem or diagnosis with a terminology is preferred, where possible.	*Default value:* Psychiatric problem	*rami Abbas (11-Apr-2017)* must be put before PT assessment
Osteoporosis Evaluation	Details about a single identified health condition, injury, disability or any other issue which impacts on the physical, mental and/or social well-being of an individual. Comment: Clear delineation between the scope of a problem versus a diagnosis is not easy to achieve in practice. For the purposes of clinical documentation with this archetype, problem and diagnosis are regarded as a continuum, with increasing levels of detail and supportive evidence usually providing weight towards the label of 'diagnosis'.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Problem/Diagnosis name Text Mandatory	Identification of the problem or diagnosis, by name. Comment: Coding of the name of the problem or diagnosis with a terminology is preferred, where possible.	*Default value:* Osteoporosis	*rami Abbas (11-Apr-2017)* must be put before PT assessment
Orthopaedic disorders Evaluation	Details about a single identified health condition, injury, disability or any other issue which impacts on the physical, mental and/or social well-being of an individual. Comment: Clear delineation between the scope of a problem versus a diagnosis is not easy to achieve in practice. For the purposes of clinical documentation with this archetype, problem and diagnosis are regarded as a continuum, with increasing levels of detail and supportive evidence usually providing weight towards the label of 'diagnosis'.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Problem/Diagnosis name Text Mandatory	Identification of the problem or diagnosis, by name. Comment: Coding of the name of the problem or diagnosis with a terminology is preferred, where possible.	*Default value:* Orthopaedic disorder	*rami Abbas (11-Apr-2017)* must be put before PT assessment
Pre-morbid reduced mobility of injured ankle Evaluation	Details about a single identified health condition, injury, disability or any other issue which impacts on the physical, mental and/or social well-being of an individual. Comment: Clear delineation between the scope of a problem versus a diagnosis is not easy to achieve in practice. For the purposes		*rami Abbas (11-Apr-2017)* must be put before PT assessment

	of clinical documentation with this archetype, problem and diagnosis are regarded as a continuum, with increasing levels of detail and supportive evidence usually providing weight towards the label of 'diagnosis'.		
Problem/Diagnosis name Text Mandatory	Identification of the problem or diagnosis, by name. Comment: Coding of the name of the problem or diagnosis with a terminology is preferred, where possible.	*Default value:* Pre-morbid reduced mobility of injured ankle	*rami Abbas (11-Apr-2017)* must be put before PT assessment
Other-specify Evaluation	Details about a single identified health condition, injury, disability or any other issue which impacts on the physical, mental and/or social well-being of an individual. Comment: Clear delineation between the scope of a problem versus a diagnosis is not easy to achieve in practice. For the purposes of clinical documentation with this archetype, problem and diagnosis are regarded as a continuum, with increasing levels of detail and supportive evidence usually providing weight towards the label of 'diagnosis'.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Problem/Diagnosis name Text Mandatory	Identification of the problem or diagnosis, by name. Comment: Coding of the name of the problem or diagnosis with a terminology is preferred, where possible.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Previous medications Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*Dipak Kalra (26-Mar-2017)* Apart from a question earlier about the specific treatment for the ankle, I similarly believe this section on general medication history should not be in this template. *rami Abbas (11-Apr-2017)* must be put before PT assessment
Medication order Instruction Optional, repeating	A medication, vaccine or other therapeutic item order for an identified individual.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Medication item Text Mandatory	Identification of the medication, vaccine or other therapeutic item being ordered. Comment: Depending on the prescribing context this field could be used for either generic- or product-based prescribing. This data field can be used to record tightly bound orders of different medications when they are prescribed as a single pack. It is strongly recommended that the 'Medication item' be coded with a terminology capable of triggering decision support, where possible. The extent of coding may vary from the simple name of the medication item through to structured details about the actual medication pack to be used. Free text entry should only be used if there is no appropriate terminology available. **map_FHIR:** medication		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Other symptoms Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Other symptoms not related to current injury Cluster	Reported observation of a physical or mental disturbance in an individual.		*Dipak Kalra (26-Mar-2017)* Of course, it is important for the physiotherapist to know about other non-ankle symptoms that may have been triggered or exacerbated through the ankle injury. However. This should not be the place to capture a more complete review of a patient's health status. *rami Abbas (11-Apr-2017)*

			must be put before PT assessment
No other symptoms Boolean	The identified symptom or sign was reported as not being present to any significant degree. Comment: Record as True if the subject of care has reported the symptom as not significant. For example: if the individual has never experienced the symptom it is appropriate to record 'nil significant'; or if the individual commonly experiences the symptom, in some circumstances it may be considered appropriate to record 'nil significant' if the individual has experienced no deviation from their 'normal' baseline.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Symptom/Sign Cluster Optional, repeating	Reported observation of a physical or mental disturbance in an individual.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Symptom/Sign name Text Mandatory	The name of the reported symptom or sign. Comment: Symptom name should be coded with a terminology, where possible.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Social and occupational history Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* good
Patient goal Text Mandatory	The name of the desired health outcome. Comment: For example: reduced blood pressure; 10 kilogram weight loss; or diabetes control.		*Dipak Kalra (26-Mar-2017)* Is this question specifically targeting the aspiration for recovery of the sprained ankle? *rami Abbas (11-Apr-2017)* I prefer to summarize a kind of evaluation summary before starting setting goals must be put directly before starting treatment documentation
Goal description Text	A narrative description of the goal, including target/s to be achieved if relevant.		*rami Abbas (11-Apr-2017)* must be put directly before starting treatment documentation
Sports participation Cluster	State whether the patient participates in any recreational or competitive sports.		*Dipak Kalra (26-Mar-2017)* I presume these questions about sport and occupation are to do with understanding the context in which this ankle sprain recovery will take place, and the likely exertion that the ankle will need to handle shortly after recovery. If so, they are clearly important here, and relevant to this specific template, unlike my remarks about the medical history above. *rami Abbas (11-Apr-2017)* good
Recreational Boolean	State whether the patient participates in any recreational sports.		*rami Abbas (11-Apr-2017)* good
Competitive Boolean	State whether the patient participates in any competitive sports.		*rami Abbas (11-Apr-2017)* good
Description Text	Narrative description of sports participation type and the effect of the injury on athletic performance.		*rami Abbas (11-Apr-2017)* good

Occupation Cluster	Detailed information about the current occupation and occupation background of the individual.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Occupation category Text	Current occupation category. Comment: For example: employed, unemployed, student, retired, etc. Coding with a terminology is desirable, where possible.	• Employed • Not employed	*rami Abbas (11-Apr-2017)* must be put before PT assessment
Description Text	Narrative description of current and historical occupation.		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Job requirements Text	Classification of the type of occupation undertaken by the individual. Comment: For example: categorisation according to the ISCO-08(http://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_172572/lang--en/index.htm) major, sub-major, minor and unit groups..		*rami Abbas (11-Apr-2017)* must be put before PT assessment
Functional limitations Evaluation	Evaluation of functional limitations in the context of ankle sprain assessment.		*rami Abbas (11-Apr-2017)* good
Functional limitation present? Boolean	Statement whether patient has any functional limitation.		*rami Abbas (11-Apr-2017)* good
Pre-existing limitation Coded Text Optional, repeating	Type of pre-existing limitation.	• Usual work activities [Patient has limitations in ability to perform usual work, housework or school activities.] • Usual recreational activities [Patient has limitations in ability to perform usual hobbies, recreational or sporting activities.] • Getting into or out of the bath [Patient has limitations in ability to get into or out of the bath.] • Walking between rooms [Patient has limitations in ability to walk between rooms.] • Putting on shoes or socks [Patient has limitations in ability to put on his/her shoes or socks.] • Squatting [Patient has limitations in ability to squat.] • Lifting an object [Patient has limitations in ability to lift an object, like a bag of groceries from the floor.] • Performing light activities [Patient has limitations in ablity to perform light activities around the home.] • Performing heavy activities [Patient has imitations in ablity to perform heavy activities around the home.] • Getting into or out of a car [Patient has limitations in	*rami Abbas (11-Apr-2017)* good

		ability to get into or out of a car.] • Walking 2 blocks [Patient has limitations in ability to walk 2 blocks.] • Walking a mile [Patient has limitations in ability to walk a mile.] • Going up or down 10 stairs [Patient has limitation in ablity to go up or down 10 stairs (about 1 flight of stairs).] • Standing 1 hour [Patient has limitations in ability to stand 1 hour.] • Sitting for 1 hour [Patient has limitations in ability to sit for 1 hour.] • Running on even ground [Patient has limitations in ability to run on even ground.] • Running on uneven ground [Patient has limitations in ability to run on uneven ground.] • Making sharp turns while running fast [Patient has limitations in ability to make sharp turns while running fast.] • Hopping [Patient has limitations in ability to hop.] • Rolling over in bed [Patient has limitations in ability to roll over in bed.]	
Adaptive equipment Cluster Optional, repeating	Details of adaptive equipment in place and type. Record details for each item of adaptive equipment used.		*Jamila Chihab (22-Mar-2017)* I think here one click for adaptive equipment in place then if it is present a drop down list for the type *rami Abbas (11-Apr-2017)* must be put before starting PT assessment
Type of adaptive equipment Coded Text	Type of adaptive equipment already used by patient.	• Cane [Patient uses a cane.] • Forearm [Patient uses forearm.] • Auxillary crutches [Patient uses auxillary crutches.] • Walker [Patient uses a walker.] • Wheelchair [Patient uses a wheelchair.]	*rami Abbas (11-Apr-2017)* must be put before starting PT assessment
In place? Boolean	Statement whether the patient has any adaptive equipment already in place.		*rami Abbas (11-Apr-2017)* must be put before starting PT assessment
Properly use Boolean	Statement whether the patient properly uses assistive equipment or adaptive devices.		*rami Abbas (11-Apr-2017)* must be put before starting PT assessment

Fit the patient Boolean	Statement whether the assistive equipment or adaptive device fits the patient.		*rami Abbas (11-Apr-2017)* must be put before starting PT assessment
Living environment Evaluation	Evaluation of patient's indoor living environment.		*Dipak Kalra (26-Mar-2017)* Although all of the questions that follow in this section and the next couple would be relevant in the case of somebody having a severe injury that will take a long time to recover and may give rise to a period of functional limitation, presumably they could be skipped in the case of a minor injury or something believed to be short term? *rami Abbas (11-Apr-2017)* must be put before starting PT assessment
Number of floors Count	Number of floors in the house.	>=0	*rami Abbas (11-Apr-2017)* must be put before starting PT assessment
Number of stairs Count	Number of stairs in the home.	>=0	*rami Abbas (11-Apr-2017)* must be put before starting PT assessment
Living alone? Boolean	Statement whether the patient is living alone.		*rami Abbas (11-Apr-2017)* must be put before starting PT assessment
Barriers to independence Cluster	Details of barriers to independence in the home.		*rami Abbas (11-Apr-2017)* must be put before starting PT assessment
Barriers present? Boolean	Statement whether the patient has any independence barriers in the home.		*rami Abbas (11-Apr-2017)* must be put before starting PT assessment
Type Text Optional, repeating	Narrative desciption of types of independence barriers at home.		*rami Abbas (11-Apr-2017)* must be put before starting PT assessment
Modifications Cluster Optional, repeating	Details of any required modifications.		*rami Abbas (11-Apr-2017)* must be included in the intervention section
Modifications required? Boolean	Statement whether any modifications are required.		*rami Abbas (11-Apr-2017)* must be included in the intervention section
Type Text Optional, repeating	Narrative desciption of the type of modification required.		*rami Abbas (11-Apr-2017)* must be included in the intervention section
Balance Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* before setting goals
Romberg test Evaluation	The Romberg test of balance.		*rami Abbas (11-Apr-2017)* before setting goals

Romberg test with eyes open Coded Text	Assess whether patient is able to maintain balance statically with open eyes.	• Positive [Patient is able to maintain balance statically with open eyes.] • Negative [Patient is unable to maintain balance statically with open eyes.]	*rami Abbas (11-Apr-2017)* before setting goals
Romberg test with eyes closed Coded Text	Assess whether patient is able to maintain balance statically with closed eyes.	• Positive [Patient is able to maintain balance statically with closed eyes.] • Negative [Patient is unable to maintain balance statically with closed eyes.]	*rami Abbas (11-Apr-2017)* before setting goals
Ankle posture Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* before setting goals
Story/History Observation	The subjective clinical history of the subject of care as recorded directly by the subject, or reported to a clinician by the subject or a carer.		*rami Abbas (11-Apr-2017)* before setting goals
Ankle Posture Cluster	Assess patient's ankle or foot position during full weight bearing, loading and non-weight bearing.		*rami Abbas (11-Apr-2017)* before setting goals
During full weight-bearing Coded Text	Assess bilateral symmetry of ankle or foot position, during full weight bearing.	• Symmetry [Both ankle are in symmetry.] • Asymmetry [No symmetry of ankle position.]	*rami Abbas (11-Apr-2017)* before setting goals
Loading of injured foot Coded Text	Assess patient's ankle or foot position while loading injured foot in standing.	• Compensation loading [Patient compensates during loading of injured foot.] • Normal loading [Patient is able to load injured foot normally.]	*rami Abbas (11-Apr-2017)* before setting goals
During non-weight bearing Coded Text Optional, repeating	Assess patient's ankle or foot position, during non-weight bearing.	• Subtalar neutral [No deviation of subtalar.] • Subtalar deviation [There is deviation of subtalar.]	*rami Abbas (11-Apr-2017)* before setting goals
Ankle range of motion (ROM) Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*Dipak Kalra (26-Mar-2017)* I can see that I have now reached a part of the template that captures a formal assessment of the ankle. That's good, but I therefore now consider the earlier parts of the form dealing with descriptions of the ankle as being more history taking than assessment. However, I recommend checking carefully that each of the parts of the form is clear about whether it is intended to capture a description from the patient or the observations of the physiotherapist. I have not commented in detail on the examination

			structures that follow, since they look pretty clear and comprehensive and I also expect that they align well with the guidelines that you have used. *rami Abbas (11-Apr-2017)* before setting goals
Story/History Observation	The subjective clinical history of the subject of care as recorded directly by the subject, or reported to a clinician by the subject or a carer.		*rami Abbas (11-Apr-2017)* before setting goals
Ankle range of motion Cluster	Measurment of active and passive of ankle range of movement and compare it with the non injured foot.		*rami Abbas (11-Apr-2017)* before setting goals
Active ROM of injured ankle Cluster	Measurement of active range of motion (ROM) of the injured ankle.		*rami Abbas (11-Apr-2017)* before setting goals
Plantar flexion Quantity	Measurement of active plantar flexion (ROM) of the injured ankle.	0..20 °	*rami Abbas (11-Apr-2017)* before setting goals
Dorsiflexion Quantity	Measurement of active dorsiflexion (ROM) of the injured ankle.	0..45 °	*rami Abbas (11-Apr-2017)* before setting goals
Inversion Quantity	Measurement of active inversion (ROM) of the injured ankle.	0..40 °	*rami Abbas (11-Apr-2017)* before setting goals
Eversion Quantity	Measurement of active eversion (ROM) of the injured ankle.	0..20 °	*rami Abbas (11-Apr-2017)* before setting goals
Active ROM of non-injured ankle Cluster	Measurement of active range of motion (ROM) of the non-injured ankle.		*rami Abbas (11-Apr-2017)* before setting goals
Plantar flexion Quantity	Measurement of active plantar flexion (ROM) of the non-injured ankle.	0..20 °	*rami Abbas (11-Apr-2017)* before setting goals
Dorsiflexion Quantity	Measurement of active dorsiflexion (ROM) of the non-injured ankle.	0..45 °	*rami Abbas (11-Apr-2017)* before setting goals
Inversion Quantity	Measurement of active inversion (ROM) of the non-injured ankle.	0..40 °	*rami Abbas (11-Apr-2017)* before setting goals
Eversion Quantity	Measurement of active eversion (ROM) of the non-injured ankle.	0..20 °	*rami Abbas (11-Apr-2017)* before setting goals
Passive ROM of injured ankle Cluster	Measurement of passive range of motion (ROM) of the injured ankle.		*rami Abbas (11-Apr-2017)* before setting goals
Plantar flexion Quantity	Measurement of passive plantar flexion (ROM) of the injured ankle.	0..20 °	*rami Abbas (11-Apr-2017)* before setting goals
Dorsiflexion Quantity	Measurement of passive dorsiflexion (ROM) of the injured ankle.	0..45 °	*rami Abbas (11-Apr-2017)* before setting goals
Inversion Quantity	Measurement of passive inversion (ROM) of the injured ankle.	>=40 °	*rami Abbas (11-Apr-2017)* before setting goals
Eversion Quantity	Measurement of passive eversion (ROM) of the injured ankle.	0..20 °	*rami Abbas (11-Apr-2017)* before setting goals
Passive ROM of non-injured ankle Cluster	Measurement of passive range of motion (ROM) of the non-injured ankle.		*rami Abbas (11-Apr-2017)* before setting goals
Plantar flexion	Measurement of passive plantar flexion	0..20 °	*rami Abbas (11-Apr-*

Quantity	(ROM) of the non-injured ankle.		*2017)* before setting goals
Dorsiflexion Quantity	Measurement of passive dorsiflexion (ROM) of the non-injured ankle.	0..45 °	*rami Abbas (11-Apr-2017)* before setting goals
Inversion Quantity	Measurement of passive inversion (ROM) of the non-injured ankle.	0..40 °	*rami Abbas (11-Apr-2017)* before setting goals
Eversion Quantity	Measurement of passive eversion (ROM) of the non-injured ankle.	0..20 °	*rami Abbas (11-Apr-2017)* before setting goals
Cardio -pulmonary endurance Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* before setting goals
Six minute walk test Evaluation	The measurements recorded during a Timed Six Minute Walk test, normally as part of the ankle sprain suite of tests.		*rami Abbas (11-Apr-2017)* before setting goals
Needed? Boolean	Statement whether the six-minute walk test needed.		*rami Abbas (11-Apr-2017)* before setting goals
Distance Quantity	If walk test is needed, distance walked in 6 minutes.	>=0 m	*rami Abbas (11-Apr-2017)* before setting goals
Nerves and reflexes Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* before setting goals
Physical examination findings Observation	Findings observed during the physical examination of a subject of care.		*rami Abbas (11-Apr-2017)* ???
Data			
Any event Point in Time Optional, repeating	Default, unspecified point in time or interval event which may be explicitly defined in a template or at run-time.		*rami Abbas (11-Apr-2017)* ???
Data			
Peripheral pulse Cluster	Examination of peripheral pulse.		*rami Abbas (11-Apr-2017)* before setting goals
(Peripheral pulse) Cluster Optional, repeating	Type of peripheral pulse measured.		
Side Cluster Optional, repeating	Findings of peripheral pulse examination by side (right or left).		*rami Abbas (11-Apr-2017)* before setting goals
Amplitude Coded Text	Amplitude of peripheral pulse.	• Bounding [The strength of the pulse beat is bounding.] • Increased [The strength of the pulse beat is increased.] • Normal [The strength of the pulse beat is norrmal.] • Weak [The strength of the pulse beat is weak.] • Absent or non-palpable [The pulse beat is absent or the strength of the pulse beat is not palpable.]	*rami Abbas (11-Apr-2017)* before setting goals
Peripheral pulse #1 Cluster	Examination of peripheral pulse.		*rami Abbas (11-Apr-2017)* before setting goals

Posterior tibial Cluster	Posterior tibial pulse.		*rami Abbas (11-Apr-2017)* before setting goals
Side Cluster Optional, repeating	Findings of peripheral pulse examination by side (right or left).		*rami Abbas (11-Apr-2017)* before setting goals
Amplitude Coded Text	Amplitude of peripheral pulse.	• Bounding [The strength of the pulse beat is bounding.] • Increased [The strength of the pulse beat is increased.] • Normal [The strength of the pulse beat is norrmal.] • Weak [The strength of the pulse beat is weak.] • Absent or non-palpable [The pulse beat is absent or the strength of the pulse beat is not palpable.]	*rami Abbas (11-Apr-2017)* before setting goals
Examination of cranial nerves Cluster	Findings observed during the physical examination of the cranial nerves.		*Dipak Kalra (26-Mar-2017)* I would not have expected this to be part of a sprained ankle assessment, but I defer to your expertise and to the guidelines on this. *rami Abbas (11-Apr-2017)* WHY????
Clinical description Text	Narrative description of the overall findings observed during the physical examination.		*rami Abbas (11-Apr-2017)* WHY???
Clinical interpretation Text	Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.	• Normal • Impaired mobility	*rami Abbas (11-Apr-2017)* before setting goals
Mobility of peroneal nerve Cluster	The mobility of the peroneal nerve.		*rami Abbas (11-Apr-2017)* before setting goals
Mobility Coded Text	Stating whether the patient's ability to perform dorsiflexion and eversion mobility is normal or impaired.	• Normal [Patient is able to move the injured ankle normally.] • Impaired mobility [Patient has an impairement of mobility during dorsiflexion and eversion.]	*rami Abbas (11-Apr-2017)* this is duplicated???
State			
Protocol			
Reflex testing Observation	Findings observed during the physical examination of a subject of care.		*rami Abbas (11-Apr-2017)* before setting goals
Description Text	Narrative description of the overall findings observed during a physical examination of a patient. Comment: May be used to record a narrative summary of the complete clinical examination or key aspects of clinical examination findings, which will be supported by structured data. Details of specific structured findings can be included using CLUSTER archetypes in the 'Examination	*Default value:* Reflex test	*rami Abbas (11-Apr-2017)* before setting goals

	Detail' slot. This data element may be used to capture legacy data that is not available in a structured format.		
Interpretation Text	Single word, phrase or brief description which represents the clinical meaning and significance of the physical examination findings. Comment: Coding with a terminology is preferred, if possible. For example, 'normal examination' or 'tympanic membrane perforation'.	• Normal • Hyporeflexia	*rami Abbas (11-Apr-2017)* before setting goals
Functional mobility Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* before setting goals
Functional mobility Cluster	Function mobility assessment.		*rami Abbas (11-Apr-2017)* before setting goals
Ability to use the stairs Coded Text	States whether the patient is able or not able to use the stairs or use the stairs with limitations.	• Able [Patient is able to use the stairs.] • Not able [Patient is not able to use the stairs.] • With limitation [Patient is using the stairs with limitations.]	*rami Abbas (11-Apr-2017)* before setting goals
Ability to get out of chairs/cars Coded Text	State whether the patient is able to get out of chairs/cars or with limitation.	• Able [Patient is able to get out of chairs/car.] • Not able [Patient is not able to get out of chairs/car.] • With limitations [Patient is able to get out of chairs/car with limitations.]	*rami Abbas (11-Apr-2017)* before setting goals
Timed Up and Go (TUG) test score Quantity	Measurement of the time taken during the up and go.	>=0 s	*rami Abbas (11-Apr-2017)* before setting goals
Interpretation Coded Text	Statement of whether TUG test is normal or indicates risk of fall.	• Normal [The TUG test is less than 13.5 seconds.] • Risk of fall [The TUG test is more than 13.5 seconds.]	*rami Abbas (11-Apr-2017)* before setting goals
Functional performance testing for athletes only Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* before setting goals
Functional performance testing (RTP) Evaluation	Functional performance testing related to balance in the context of ankle sprain assessments.		*rami Abbas (11-Apr-2017)* before setting goals
Dynamic balance Cluster	Stating the ability of patient to perform dynamic balance during multiple functions.		*rami Abbas (11-Apr-2017)* before setting goals
Star excursion balance test done Boolean	Statement whether the patient is able or not able to do the star excursion test.		*rami Abbas (11-Apr-2017)* before setting goals
Star excursion test result Coded Text Optional, repeating	Position the patient is able to turn.	• 1. Anterior [Patient is able to do anterior movement.] • 2. Anteromedial [Patient is able to do anteromedial movement.] • 3. Medial [Patient is able to do medial movement.] • 4. Pesteromedial [Pateint is able to do posteromedial movement.] • 5. Posterior [Patient is able to	*rami Abbas (11-Apr-2017)* before setting goals

		do posterior movement.] • 6. Posterolateral [Patient is able to do posterolateral movement.] • 7. Lateral [Patient is able to do lateral movement.] • 8. Anterolateral [Patient is able to do anterolateral movement.]	
Patient able to reach each foot? Boolean	State whether the patient is able to reach each foot during single-injured leg stance.		*rami Abbas (11-Apr-2017)* before setting goals
Constraints to ability to reach each foot Coded Text	Description of constraints to ability to reach each foot.	• Touching down heavily [Patient is not able to reach each foot without touching down heavily.] • Making contact with the ground [Patient is not able to reach each foot without making contact with the ground.] • Coming to rest [Patient is not able to reach each foot without coming to rest.]	*rami Abbas (11-Apr-2017)* before setting goals
Distance injured side Quantity	The length fingers-foot of injured sideduring single -leg stance, when patient is not able to reach foot without coming to rest.	>=0 cm	*rami Abbas (11-Apr-2017)* before setting goals
Distance of sound side Quantity	The length fingers-foot of sound side during single -leg stance, when patient is not able to reach foot without coming to rest.	>=0 cm	*rami Abbas (11-Apr-2017)* before setting goals
Distance difference present? Boolean	Statement whether distance fingers-foot is different between both sides (ipsi and controlateral).		*rami Abbas (11-Apr-2017)* before setting goals
Distance difference Quantity	Distance difference in centimetres.	>=0 cm	*rami Abbas (11-Apr-2017)* before setting goals
Less hip flexion? Boolean	Statement whether less hip flexion is associated during fingers-foot measurement.		*rami Abbas (11-Apr-2017)* before setting goals
Less Knee flexion? Boolean	Statement whether less knee flexion is associated during fingers-foot measurement.		*rami Abbas (11-Apr-2017)* before setting goals
Less ankle dorsiflexion? Boolean	Statement whether less ankle dorsiflexion is associated during fingers-foot measurement.		*rami Abbas (11-Apr-2017)* before setting goals
Ability to maintain single-leg stance Cluster	Details of assessing the patient's ability of maintaining single-leg stance with eyes opened and closed.		*rami Abbas (11-Apr-2017)* before setting goals
Left leg with eyes open? Boolean	Statement whether the patient is able to maintain left single leg with eyes open.		*rami Abbas (11-Apr-2017)* before setting goals
Duration Quantity	Duration of the patient's left single-leg stance with eyes open.	>=0; >=0 *Units:* • s • min	*rami Abbas (11-Apr-2017)* before setting goals
Right leg with eyes open? Boolean	Statement whether the patient is able to maintain right single leg with eyes open.		*rami Abbas (11-Apr-2017)* before setting goals
Duration Quantity	Measurement of the patient endurance during right single-leg stance with eyes open.	>=0; >=0 *Units:* • s	*rami Abbas (11-Apr-2017)* before setting goals

		• min	
Left leg with eyes closed? Boolean	Statement whether the patient is able to maintain left single leg with eyes closed.		*rami Abbas (11-Apr-2017)* before setting goals
Duration Quantity	Measurement of the patient endurance during left single-leg stance with eyes closed.	>=0; >=0 *Units:* • s • min	*rami Abbas (11-Apr-2017)* before setting goals
Right leg with eyes closed? Boolean	Statement whether the patient is able to maintain right single leg with eyes closed.		*rami Abbas (11-Apr-2017)* before setting goals
Duration Quantity	Measurement of the patient endurance during right single-leg stance with eyes closed.	>=0; >=0 *Units:* • min • s	*rami Abbas (11-Apr-2017)* before setting goals
Anterior drawer test done Boolean	Statement whether the anterior drawer test was done.		*rami Abbas (11-Apr-2017)* before setting goals
Talar tilt test Boolean	Statement whether the talar tilt test was done.		*rami Abbas (11-Apr-2017)* before setting goals
Squeeze test Boolean	Statement whether the squeeze test was done.		
Lateral and forward hop test Cluster	Details of assessing the ability of patient to perform lateral and forward hop test.		*rami Abbas (11-Apr-2017)* before setting goals
Lateral hops test-3 hops Coded Text	Statement about the ability of the patient to do 3 lateral hops successfully or unsuccessfully.	• Successful [Patient is successful in doing 3 lateral hops.] • Unsuccessful [Patient is unsuccessful in doing 3 lateral hops.]	*rami Abbas (11-Apr-2017)* before setting goals
Forward hops test-3 hops Coded Text	Statement about the ability of the patient to do 3 forward hops successfully or unsuccessfully.	• Successful [Patient is successful in doing 3 forward hops.] • Unsuccessful [Patient is unsuccessful in doing 3 forward hops.]	*rami Abbas (11-Apr-2017)* before setting goals
Heel rocker test-10 times Coded Text	Statement about the ability of the patient to do 10 heel rockers successfully or unsuccessfully.	• Successful [Patient is able to raise the toes repeatedly off the ground until full exhaustion.] • Unsuccessful [Patient is unable to raise the toes repeatedly off the ground until full exhaustion.] • Foot lags behind [The patient is able to do heel rockers but the injured foot lags behind.]	*rami Abbas (11-Apr-2017)* before setting goals
Jumping Coded Text	Assessment of the patient's ability to jump and description of kinematics alteration and normality.	• Normal kinematics [Patient is able to jump with normal kinematics and landing strategies.] • Altered kinematics [Patient is able to	*rami Abbas (11-Apr-2017)* before setting goals

		jump with altered kinematics and landing strategies.] • Reduction of ankle plantar flexion [Patient compensates by increasing the hip flexion during the jump.] • Altered preparatory movement [Patient has altered preparatory movement.]	
Berg balance scale Observation	The Berg balance scale.		*rami Abbas (11-Apr-2017)* before setting goals
Sitting to standing Ordinal	Assessment of patient's ability to go from sitting to standing.	• 0: Needs moderate or maximal assist to stand [Patient needs moderate or maximal assist to stand.] • 1: Patient needs minimal aid to stand or stabilize [Patient needs minimal aid to stand or stabilize.] • 2: Able to stand using hands after several tries [Patient is able to stand using hands after several tries.] • 3: Able to stand without using hands and stabilize independently [Patient is able to stand independently using hands.] • 4: Able to stand independently using hands [Patient is able to stand without using hands and stabilize independently.]	*rami Abbas (11-Apr-2017)* before setting goals
Standing unsupported Ordinal	Assessment of patient's ability to standing unsupported.	• 0: Unable to stand 30 seconds unsupported [Patient is unable to stand 30 seconds unsupported.] • 1: Several tries to stand 30 seconds unsupported [Patient needs several tries to stand 30 seconds unsupported.] • 2: Able to stand 30 seconds unsupported [Patient is able to stand 30 seconds unsupported.] • 3: Able to stand 2 minutes with supervision [Patient is able to stand 2 minutes with supervision.] • 4: Able to stand safely for 2 minutes [Patient is able to stand safely for 2 minutes.]	*rami Abbas (11-Apr-2017)* before setting goals
Sitting with back unsupported	Assessment of patient's ability to sitting with	• 0: Unable to sit	*rami Abbas (11-Apr-*

Ordinal	back unsupported.	without support 10 seconds [Patient is unable to sit without support 10 seconds.] • 1: Able to sit 10 seconds [Patient is able to sit 10 seconds.] • 2: Able to sit 30 seconds [Patient is able to sit 30 seconds.] • 3: Able to sit 2 minutes under supervision [Patient is able to sit 2 minutes under supervision.] • 4: Able to sit safely and securely for 2 minutes [Patient is able to sit safely and securely for 2 minutes.]	*2017)* no need???
Standing to sitting Ordinal	Assessment of patient's ability to go from standing to sitting.	• 0: Needs assistance to sit [Pateint needs assistance to sit.] • 1: Sits independently but has uncontrolled descent [Patient is able to sit independently but has uncontrolled descent.] • 2: Uses back of legs against chair to control descent [Patient needs to use back of legs against chair to control descent.] • 3: Controls descent by using hands [Patient needs to control the descent by using hands.] • 4: Sits safely with minimal use of hands [Patient is able to sit safely with minimal use of hands.]	*rami Abbas (11-Apr-2017)* before setting goals
Transfers Ordinal	Assessment of patient's ability to transfer safely.	• 0: Needs two people to assist or supervise to be safe [Patient needs two people to assist with transfer or supervise to be safe.] • 1: Needs one person to assist [Patient needs one person to assist with transfer.] • 2: Able to transfer with verbal cuing and/or supervision [Patient is able to transfer with verbal cuing and/or supervision.] • 3: Able to transfer safely definite need of hands [Patient is able to transfer safely with definite need of hands.] • 4: Able to transfer safely	*rami Abbas (11-Apr-2017)* before setting goals

		with minor use of hands [Patient is able to transfer safely with minor use of hands.]	
Standing unsupported with eyes closed Ordinal	Assessment of patient's ability to stand unsupported with eyes closed.	• 0: Needs help to keep from falling [Patient needs help to keep from falling.] • 1: Unable to keep eyes closed 3 seconds but stays safely [Patient is unable to keep eyes closed 3 seconds but stays safely.] • 2: Able to stand 3 seconds [Patient is able to stand 3 seconds.] • 3: Able to stand 10 seconds with supervision [Patient is able to stand 10 seconds with supervision.] • 4: Able to stand 10 seconds safely [Patient is able to stand 10 seconds safely.]	*rami Abbas (11-Apr-2017)* before setting goals
Standing unsupported with feet together Ordinal	Assessment of patient's ability to stand unsupported with feet together.	• 0: Needs help to attain position and unable to hold for 15 seconds [Patient needs help to attain position and unable to hold for 15 seconds.] • 1: Needs help to attain position but able to stand 15 seconds feet together [Patient needs help to attain position but able to stand 15 seconds feet together.] • 2: Able to place feet together independently but unable to hold for 30 seconds [Patient is able to place feet together independently but unable to hold for 30 seconds.] • 3: Able to place feet together independently and stand 1 minute with supervision [Patient is able to place feet together independently and stand 1 minute with supervision.] • 4: Able to place feet together independently and stand 1 minute safely [Patient is able to place feet together independently and stand 1 minute safely.]	*rami Abbas (11-Apr-2017)* before setting goals
Reaching forward with outstretched arm while standing Ordinal	Assessment of patient's ability to reach with outstretched arm while standing.	• 0: Loses balance while trying/requires external support [Patient loses balance while	*rami Abbas (11-Apr-2017)* before setting goals

		trying/requires external support.] • 1: Reaches forward but needs supervision [Patient is able reaches forward but needs supervision.] • 2: Can reach forward 5 cm (2 inches) [Patient can reach forward 5 cm (2 inches).] • 3: Can reach forward 12 cm (5 inches) [Patient can reach forward 12 cm (5 inches).] • 4: Can reach forward confidently 25 cm (10 inches) [Patient can reach forward confidently 25 cm (10 inches).]	
Pick up object from the floor from a standing position Ordinal	Assessment of patient's ability to pick up object from the floor from a standing position.	• 0: Unable to try/needs assist to keep from losing balance or falling [Patient is unable to try/needs assist to keep from losing balance or falling.] • 1: Unable to pick up and needs supervision while trying [Patient is unable to pick up and needs supervision while trying.] • 2: Unable to pick up but reaches 2-5 cm(1-2 inches) from slipper and keeps balance independently [Patient is unable to pick up but reaches 2-5 cm(1-2 inches) from slipper and keeps balance independently.] • 3: Able to pick up slipper but needs supervision [Patient is able to pick up slipper but needs supervision.] • 4: Able to pick up slipper safely and easily [Patient is able to pick up slipper safely and easily.]	*rami Abbas (11-Apr-2017)* before setting goals
Turning to look behind over left and right while standing Ordinal	Assessment of patient's ability turning to look behind over left and right shoulder while standing.	• 0: Needs assistance while turning [Patient needs assistance while turning.] • 1: Needs supervision when turning [Patient needs close supervision when turning.] • 2: Turns sideways only but maintains balance [Patient is able to turn sideways only but maintains balance.] • 3: Looks behind one side only other side shows less weight shift [Patient is able to	*rami Abbas (11-Apr-2017)* before setting goals

		look behind one side only, the other side shows less weight shift.] • 4: Looks behind from both sides and weight shifts well [Patient is able to look behind from both sides and weight shifts well.]	
Turn 360 degrees Ordinal	Assessment of patient's ability to turn completely around in a full circle.	• 0: Needs assistance to keep from falling/unable to try [Patient needs assistance to keep from falling/unable to try.] • 1: Able to complete > 2 steps needs minimal assist [Patient le to complete > 2 steps needs minimal assist.] • 2: Able to complete 4 steps without aid with supervision [Patient is able to complete 4 steps without aid with supervision.] • 3: Able to stand independently and complete 8 steps in more than 20 seconds [Patient is able to stand independently and complete 8 steps in > 20 seconds.] • 4: Able to stand independently and safely and complete 8 steps in 20 seconds [Patient is able to stand independently and safely and complete 8 steps in 20 seconds.]	*rami Abbas (11-Apr-2017)* before setting goals
Place alternate foot on step ot stool while standing unsupported Ordinal	Assessment of patient ability to place alternate foot on step ot stool while standing unsupported.	• 0: Needs assistance to keep from falling/unable to try [Patient needs assistance to keep from falling/unable to try.] • 1: Able to complete > 2 steps needs minimal assist [Patient is able to complete > 2 steps needs minimal assist .] • 2: Able to complete 4 steps without aid with supervision. [Patient is able to complete 4 steps without aid with supervision.] • 3: Able to stand independently and complete 8 steps in > 20 seconds [Patient is able to stand independently and complete 8 steps in > 20 seconds.] • 4: Able to stand independently	*rami Abbas (11-Apr-2017)* before setting goals

		and safely and complete 8 steps in 20 seconds [Patient is able to stand independently and safely and complete 8 steps in 20 seconds.]	
Standing unsupported one foot in front Ordinal	Assessment of patient ability to stand unsupported one foot in front.	• 0: Loses balance while stepping or standing [Patient loses balance while stepping or standing.] • 1: Needs help to step but can hold 15 seconds [Patient needs help to step but can hold 15 seconds.] • 2: Able to take small step independently and hold 30 seconds [Patient is able to take small step independently and hold 30 seconds.] • 3: Able to place foot ahead independently and hold 30 seconds [Patient is able to place foot ahead independently and hold 30 seconds.] • 4: Able to place foot tandem independently and hold 30 seconds [Patient is able to place foot tandem independently and hold 30 seconds.]	*rami Abbas (11-Apr-2017)* before setting goals
Standing on one leg Ordinal	Assessment of patient ability to stand on one leg.	• 0: Unable to try of needs assist to prevent fal [Patient is unable to try of needs assist to prevent fall.] • 1: Tries to lift leg unable to hold 3 seconds but remains standing independently [Patient tries to lift leg unable to hold 3 seconds but remains standing independently.] • 2: Able to lift leg independently and hold ≥ 3 seconds [Patient is able to lift leg independently and hold ≥ 3 seconds.] • 3: Able to lift leg independently and hold 5-10 seconds [Patient is able to lift leg independently and hold 5-10 seconds.] • 4: Able to lift leg independently and hold > 10 seconds [Patient is able to lift leg independently and hold > 10 seconds.]	*rami Abbas (11-Apr-2017)* before setting goals

Total score Count	Total score from all the individual assessments.	0..56	*rami Abbas (11-Apr-2017)* before setting goals
Gait/locomotion Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* before setting goals
Dynamic gait index Observation	The dynamic gait index for assessing functional mobility, gait, balance and fall risk.		*rami Abbas (11-Apr-2017)* before setting goals
Gait level surface Ordinal	Assessment of patient ablility to walk 20 feet from the start point.	• 0: Severe impairment [Patient is unable to walk 20 feet without assistance, severe gait deviations or imbalance.] • 1: Moderate impairment [Patient is able to walk 20 feet, slow speed, abnormal gait, evidence of imbalance.] • 2: Mild impairment [Patient is able to walk 20 feet, uses assistive devices, slower speed, mild gait deviations.] • 3: Normal [Patient is able to walk 20 feet with; no assistive devices, good speed, no evidence of imbalance, normal gait.]	*rami Abbas (11-Apr-2017)* before setting goals
Change in gait speed Ordinal	Assessment of change in gait speed.	• 0: Severe impairment [Patient is unable to change speeds, or loses balance and has to reach for wall to be caught.] • 1: Moderate impairement [Patient makes only minor adjustments to walking speed, or significant gait.deviations, or loses significant gait, or loses balance.] • 2: Mild impairment [Patient is able to change walking speed but demonstrates mild gait deviations, or no gait deviation.] • 3: Normal [Patient is able to change walking speed smoothly without loss of balance or gait deviation.]	*rami Abbas (11-Apr-2017)* before setting goals
Gait with horizontal head turns Ordinal	Assessment of the patient's ability to walk straight with horizontal head turns.	• 0: Severe impairment [Patient is only able to turn smoothly with severe disruption.] • 1: Moderate impairment [Patient is able to turn head smoothly with moderate change in gait.]	*rami Abbas (11-Apr-2017)* before setting goals

		• 2: Mild impairment [Patient is able to turn head smoothy with slight change in gait.] • 3: Normal [Patient is able to turn head smoothly with no change in gait.]	
Gait with vertical head turns Ordinal	Assessment of the patient's ability to walk straight with 'look up' and 'look down'.	• 0: Severe impairment [Patient is only able to perform vertical head turns with severe disruption of gait.] • 1: Moderate impairment [Patient is abe to perform vertical head turns with moderate change in gait.] • 2: Mild impairment [Patient is able to perform vertical head turns with slight change in gait.] • 3: Normal [Patient is able to perform vertical head turns with no change in gait.]	*rami Abbas (11-Apr-2017)* before setting goals
Gait and pivot turn Ordinal	Assessement of patient's ability to walk and 'turn and stop'.	• 0: Severe impairment [Patient is unable to pivot safely, requires assistance to turn and stop.] • 1: Moderate impairment [Patient is able to pivot turns slowly, requires verbal cueing, requires several small steps to catch balance following turn and stop.] • 2: Mild impairment [Patient is able to pivot safely in over 3 seconds and stops with no loss of balance.] • 3: Normal [Patient is able to pivot turns safely within 3 seconds and stops quickly with no loss of balance.]	*rami Abbas (11-Apr-2017)* before setting goals
Step over obstacle Ordinal	Assessment of patient's ability to walk over obstacle.	• 0: Severe impairment [Patient is unable step over box without assistance.] • 1: Moderate impairment [Patient is able to step over box, but must stop before stepping over.] • 2: Mild impairment [Patient is able to step over box, but must slow and adjust steps to clear box safely.]	*rami Abbas (11-Apr-2017)* before setting goals

		• 3: Normal [Patient is able to step over box and changing gait, no evidence of imbalance.]	
Step around obstacles Ordinal	Assessment of patient's ability to step around obstacles.	• 0: Severe impairment [Patient is unable to walk to clear cones, walks into one or both, or requires physical assistance.] • 1: Moderate impairment [Patient is able to walk around both cones, but significantly slow gait or requires verbal cueing.] • 2: Mild impairment [Patient is able to walk around both cones, but must slow down and adjust gait to clear cones.] • 3: Normal [Patient is able to walk cones safely without changing gait, no evidence of imbalance.]	*rami Abbas (11-Apr-2017)* before setting goals
Steps Ordinal	Assessment of patient's ability to walk up stairs, turn arround and come down.	• 0: Severe impairment [Patient is unable to do steps safely.] • 1: Moderate impairment [Patient is able to so steps with two feet to a stair, must use rail.] • 2: Mild impairment [Patient is able to do steps with alternate feet, must use rail.] • 3: Normal [Patient is able to do steps; alternate feet, no rail.]	*rami Abbas (11-Apr-2017)* before setting goals
Total score Count	Total score from all individual assessments.	0..24	*rami Abbas (11-Apr-2017)* before setting goals
Joint integrity and mobility Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* before setting goals
Joint integrity and mobility assessment Evaluation	Details of joint integrity and mobility assessment.		*rami Abbas (11-Apr-2017)* before setting goals
Joint integrity and mobility Boolean	Statement whether the joint integrity and mobility assessment is performed or not.		*rami Abbas (11-Apr-2017)* before setting goals
Mobility assessment Coded Text Optional, repeating	Description of the patient's limitation in mobility.	• Limited mobility in all directions [Patient has mobility limitation in all directions.] • Increased joint laxity [Patient has an increase in joint laxity in the direction that stresses the sprained ligament.] • Limited posterior talar mobility [Patient has	*rami Abbas (11-Apr-2017)* before setting goals

		limited posteriot talar mobility.] • Restricted ankle dorsiflexion [Patient has restriction in ankle dorsiflexion range of motion.]	
Muscle strength Section	A generic section header which should be renamed in a template to suit a specific clinical context.		*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Muscle strength assessment Evaluation	Isotonic and isokinetic muscle strength of injured and non-injured side in the context of ankle injury.		*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Isotonic strength testing of injured side Cluster	Assessment of isotonic muscle strength of injured side.		*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Plantar flexion Ordinal Optional, repeating	Assessement of isotonic muscle strength of the injured side, during plantar flexion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do plantar flexion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full plantar flexion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full plantar flexion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full plantar flexion against strong resistance.]	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Dorsiflexion Ordinal	Assessement of isotonic muscle strength of the injured side, during dorsiflexion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do dorsiflexion in	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals

		full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full dorsiflexion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full dorsiflexion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full dorsiflexion against strong resistance.]	
Inversion Ordinal	Assessement of isotonic muscle strength of the injured side, during Inversion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do inversion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full inversion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full inversion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full inversion against strong resistance.]	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Eversion Ordinal	Assessement of isotonic muscle strength of the injured side, during eversion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do eversion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full eversion against gravity.] • 4: Through full range actively	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals

		against some resistance [Patient is able to do full eversion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full eversion against strong resistance.]	
Total score isotonic strength injured side Count	Total score from individual assessments of isotonic strength on injured side.	0..20	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Isotonic strength testing of non-injured side Cluster	Assessment of isotonic muscle strength of non-injured side.		*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Plantar flexion Ordinal	Assessement of isotonic muscle strength of the non-injured side, during plantar flexion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do plantar flexion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full plantar flexion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full plantar flexion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full plantar flexion against strong resistance.]	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Dorsiflexion Ordinal	Assessement of isotonic muscle strength of the non-injured side, during dorsiflexion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do dorsiflexion in full range with gravity counterbalanced.]	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals

		• 3: Through full range actively against gravity [Patient is able to do full dorsiflexion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full dorsiflexion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full dorsiflexion against strong resistance.]	
Inversion Ordinal	Assessement of isotonic muscle strength of the injured side, during Inversion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do inversion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full inversion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full inversion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full inversion against strong resistance.]	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Eversion Ordinal	Assessement of isotonic muscle strength of the injured side, during eversion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do eversion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full eversion against gravity.] • 4: Through full range actively against some resistance [Patient is able to	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals

		do full eversion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full eversion against strong resistance.]	
Total score isotonic strength non-injured side Count	Total score from individual assessments of isotonic strength on non-injured side.	0..20	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Isokinetic strength testing of injured side Cluster	Assessment of isokinetic muscle strength of injured side.		*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Plantar flexion Ordinal	Assessement of isokinetic muscle strength of the injured side, during plantar flexion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do plantar flexion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full plantar flexion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full plantar flexion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full plantar flexion against strong resistance.]	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Dorsiflexion Ordinal	Assessement of isokinetic muscle strength of the injured side, during dorsiflexion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do dorsiflexion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals

		do full dorsiflexion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full dorsiflexion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full dorsiflexion against strong resistance.]	
Inversion Ordinal	Assessement of isokinetic muscle strength of the injured side, during Inversion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do inversion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full inversion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full inversion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full inversion against strong resistance.]	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Eversion Ordinal	Assessement of isokinetic muscle strength of the injured side, during eversion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do eversion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full eversion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full eversion against some resistance.]	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals

		• 5: Through full range actively against strong resistance [Patient is able to do full eversion against strong resistance.]	
Total score isokinetic strength injured side Count	Total score from individual assessments of isokinetic strength on injured side.	0..20	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Isokinetic strength testing of non-injured side Cluster	Assessment of isokinetic muscle strength of non-injured side.		*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Plantar flexion Ordinal	Assessement of isokinetic muscle strength of the non-injured side, during plantar flexion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do plantar flexion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full plantar flexion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full plantar flexion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full plantar flexion against strong resistance.]	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Dorsiflexion Ordinal	Assessement of isokinetic muscle strength of the non-injured side, during dorsiflexion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do dorsiflexion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full dorsiflexion against gravity.]	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals

		• 4: Through full range actively against some resistance [Patient is able to do full dorsiflexion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full dorsiflexion against strong resistance.]	
Inversion Ordinal	Assessement of isokinetic muscle strength of the non-injured side, during Inversion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do inversion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full inversion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full inversion against some resistance.] • 5: Through full range actively against strong resistance [Patient is able to do full inversion against strong resistance.]	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals
Eversion Ordinal	Assessement of isokinetic muscle strength of the non-injured side, during eversion movement.	• 0: No contraction [Patient is not able to do any contraction.] • 1: Flicker of movement [Only a trace or flicker of movement is seen or felt in the muscle.] • 2: Through full range actively with gravity counterbalanced [Patient is able to do eversion in full range with gravity counterbalanced.] • 3: Through full range actively against gravity [Patient is able to do full eversion against gravity.] • 4: Through full range actively against some resistance [Patient is able to do full eversion against some resistance.] • 5: Through full range actively against strong resistance	*rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals

		[Patient is able to do full eversion against strong resistance.]	
Total score isokinetic strength non-injured side 1 2 3 Count	Total score from individual assessments of isokinetic strength on non-injured side.	0..20	*Jamila Chihab (22-Mar-2017)* I think is good to include the demography section as well *rami Abbas (11-Apr-2017)* it seems there is duplication on muscle strength and Joint ROM mobility must be put before setting goals

Overall Comments

Completeness and/or any missing elements	*Archana Tapuria (21-Mar-2017)* Are the demographics like name, age, sex handled separately? Version mnagmenet *Mohamed Beydoun (05-Apr-2017)* No missing elements *Seref Arikan (11-Apr-2017)* Can't comment: I'm not a clinician *rami Abbas (11-Apr-2017)* I think the review is extensive
General design issues of this archetype	*Archana Tapuria (21-Mar-2017)* The general design is certainly good. You may check the cardinalities more carefully to be correct with them, as the capture of information is affected by it. *Dipak Kalra (26-Mar-2017)* You will see from my comments about the different objects on the template that my main concern lies with the clarity of understanding, and at times the relevance, of information captured in the first half of the form. I think it's often unclear to me whether the information is intended to be capturing the history and pre-visit observations of the patient about their injury, or if they are capturing some initial observations by the physiotherapist. You will see that the second important kind of response from me is to challenge the inclusion within a specific template the information about a patient's overall health situation, conditions, treatment etc. which I believe should be captured in a different more generic template. Once I arrived at the detailed observational assessment of this ankle, really the second half of the whole template, I admit that a proper critique of each of the data items is beyond my expertise. It looks impressive, and provided you have aligned well to published guidelines I suspect the second half will be robust. I had expected the template to close with some concluding information about the overall assessment of the physiotherapist, what treatment plans they now wish to instigate including any specific advice given to the patient, and what follow-up arrangements might be recommended. I do not think I came across where to put this information within your template. *Ian McNicoll (26-Mar-2017)* This is a very complete and in most cases, very successful replication of a complex physio. assessment but it does highlight a number of issues. 1. There are some limitations around the way that 'tick-box absent-present questions are represented, particularly with the openEHR symptoms archetype. It would be very difficult for someone unfamiliar with openEHR to figure out how the symptoms/signs section is supposed to be used. 2. The source guideline (in common with almost every other) takes absolutely no account of clinical informatics or attempts to standardise clinical recording practice electronically. This is most evident in the section where past co-morbidity is sub-divided into various disease groups cardio-vascular / respiratory etc. This mixes up actual data collection with prompts to the user to think about significant

	disease groups. This is not a criticism of the modelling process but a recognition that guidelines /pathway developers take virtually no heed of the requirements of real-word data recording. 3. The faithful rendition of the guideline makes it wholly clear (to me at least!) that the guideline is quite impractical as it stands. I simply cannot see how it could be used in a real-world setting, as it stands. It might be very interesting to take the existing 'theoretical' template and strip it right back to something that is actually useable. *Mohamed Beydoun (05-Apr-2017)* Good *Seref Arikan (11-Apr-2017)* From an implementer point of view, this template is too large. Templates, at least as of openEHR adl 1.4, end up units of commit in openEHR implementations. An actual openEHR implementation would most likely accept everything on this template to be submitted together. If all the data is collected at once, it may be OK, but if there is a chance to break this template up, or if all of the information in the template is not collected at once, it would help breaking this template up from a software implementation point of view. This would probably require looking for ways of establishing connections between multiple templates using the features of openEHR reference model. I'm not sure if clinical processes allow for the suggestion to break the template up and I don't know if modelling connections between potentially multiple templates is a large piece of work, so I'm suggesting a minor revision. *rami Abbas (11-Apr-2017)* I prefer to re-cluster some items in a way where: there is a history of the present complain, activities limitations, participation restrictions and then to proceed into physical examination with all its measurements and numbers. I also prefer to add a narrative EVALUATION of the case summarizing major examination findings (may be not more than 6-7 lines); it will look like a physical therapy diagnosis statement finally setting GOALS
Other resources	*Archana Tapuria (21-Mar-2017)* //www.ncbi.nlm.nih.gov/pmc/articles/PMC164372/ https://www.ncbi.nlm.nih.gov/labs/articles/22874150/ *Mohamed Beydoun (05-Apr-2017)* Complete
Overall comments	*Archana Tapuria (21-Mar-2017)* Well done! *jacob omourloglou (22-Mar-2017)* Athought no single test is sufficienlty accurate for diagnosis,i reccomend a combination of sensitive signs and symptoms and tests to confirm ankle syndesmosis involvement *Jamila Chihab (22-Mar-2017)* this template is very comprehensive, some tests might not be done for all types of ankle sprain injury. *Dipak Kalra (26-Mar-2017)* I have suggested major revision below because I think some restructuring of the first half of the template is required, not just tweaking an occasional data item. *Ian McNicoll (26-Mar-2017)* My comments above are largely 'existential' and not a criticism of the template per-se, pointing to the disconnect between 'paper' guidelines and the real-world of system implementation and usability. I have suggested a major review because the symptom/signs aspects are just too confusing for me to understand how to implement or explain, as thing stand, appreciating that this might be a limitation of the iunderlying archetypes, or review tooling. *Seref Arikan (11-Apr-2017)* Try to consider the actual software implementation that will use the template and what, if any software using this template would be doing. Clinical information systems? Population data analysis? Considering these use cases almost always leads to changes in the templates. *rami Abbas (11-Apr-2017)* overall it is almost containing major items to be included in an assessment of ankle sprain
Overall recommendation	*Archana Tapuria (21-Mar-2017)* Minor Revision

jacob omourloglou (22-Mar-2017)
Major Revision

Jamila Chihab (22-Mar-2017)
Minor Revision

Dipak Kalra (26-Mar-2017)
Major Revision

Ian McNicoll (26-Mar-2017)
Major Revision

Mohamed Beydoun (05-Apr-2017)
Accept

Seref Arikan (11-Apr-2017)
Minor Revision

rami Abbas (11-Apr-2017)
Minor Revision