Skills Test – Orthopedic Clinical Examination & Diagnosis
Clinical Proficiency 2A1.1 – 2A1.14
Orthopedic Clinical Examination & Diagnosis

Name________________________________________ Date_____________________________

Body Part________________________________________

**HISTORY:**
Establishes chief complaint YES NO N/A
Establishes mechanism of injury YES NO N/A
Establishes onset (acute vs. chronic / overuse) YES NO N/A
Establishes type, location, & severity of symptoms? YES NO N/A
Establishes previous history? YES NO N/A
Other appropriate questions related to situation? YES NO N/A
Overall, obtains adequate history? YES NO N/A

**OBSERVATION:**
Observes for posturing or altered gait? YES NO N/A
Observes for swelling? YES NO N/A
Observes for deformity? YES NO N/A
Observes for discoloration? YES NO N/A
Observes for sounds (auscultation)? YES NO N/A
Observes for symmetry/asymmetry? YES NO N/A
Observes for other common clinical signs? YES NO N/A
Observes bilaterally? YES NO N/A

**PALPATION:**
Identifies and palpates appropriate bony landmarks for pain, deformity, crepitus, proper alignment, etc. YES NO N/A
Identifies and palpates appropriate soft-tissue landmarks for pain, spasm, deformity, etc. YES NO N/A
Checks for pulse / circulation YES NO N/A
Checks tissue texture and temperature YES NO N/A

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Begins palpation away from injured structure

YES  NO  N/A

Palpates landmarks bilaterally (or states so)

YES  NO  N/A

**SPECIAL TESTS:**
Assesses AROM

YES  NO  N/A

Assesses PROM

YES  NO  N/A

Assesses RROM / performs MMT

YES  NO  N/A

Performs appropriate neurological testing

YES  NO  N/A

Performs & explains appropriate special / stress tests

YES  NO  N/A

Assesses ROM & performs tests bilaterally

YES  NO  N/A

Performs functional evaluation as appropriate

YES  NO  N/A

**ASSESSMENT:**
Provides a correct assessment/diagnosis of findings

YES  NO  N/A

**PLAN:**
Takes appropriate action (i.e. provides first aid, immobilizes/ supports injury, refers prn, activates EAP, etc.)

YES  NO  N/A

**DOCUMENTATION:**
Completes a SOAP note or acceptable form of documentation

YES  NO  N/A

Using the scale below, please rate this student’s overall skill level on this clinical proficiency (circle one):

| 2 | 1 | 0 |

Please use the space below for comments: ____________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

ACI’s Signature ___________________________ Date ______________

Student’s Signature________________________ Date ______________

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## Skills Test – Orthopedic Clinical Examination & Diagnosis

### Clinical Proficiency 2A1.15

### Orthopedic Clinical Examination & Diagnosis

<table>
<thead>
<tr>
<th>Name ____________________________</th>
<th>Date ____________________________</th>
</tr>
</thead>
</table>

**Injury/Condition**

<table>
<thead>
<tr>
<th>Performs a thorough clinical examination to determine an accurate diagnosis.</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs appropriate first aid procedures/techniques</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Selects appropriate modalities for injury (complies with indications &amp; contraindications)</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Provides patient education about modality</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Selects appropriate parameters for modality</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Applies / uses modality correctly, safely, &amp; effectively</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Provides support or bracing for the injury</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Advises athlete on follow-up actions/treatments</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Provides long-term treatment plan that sees patient back to activity</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Completes appropriate documentation</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Rate student’s overall ability to effectively and safely complete this proficiency**

2  1  0

Please use the space below for comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

_**ACI’s Signature__________________________ Date__________________________**_

_**Student’s Signature__________________________ Date__________________________**_

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