Skills Test – Medical Conditions & Disabilities
Clinical Proficiency 3A1.1 – 3A1.14
Clinical Examination & Diagnosis

Name________________________________________Date_____________________________

Body Part/System______________________________________________________________

**HISTORY:**  
Establishes chief complaint  
YES \ NO \ N/A

Establishes mechanism of injury  
YES \ NO \ N/A

Establishes onset (acute vs. chronic)  
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 / INSPECTION:**  
Observes for swelling?  
YES \ NO \ N/A

Observes for deformity?  
YES \ NO \ N/A

Observes for discoloration?  
YES \ NO \ N/A

Observes for symmetry/asymmetry?  
YES \ NO \ N/A

Inspects ears, nose & throat w/ otoscope  
YES \ NO \ N/A

Observes for other common clinical signs?  
YES \ NO \ N/A

Observes bilaterally?  
YES \ NO \ N/A

**PALPATION:**  
 Checks for pulse / circulation  
YES \ NO \ N/A

Checks tissue texture and temperature  
YES \ NO \ N/A

Identifies and palpates appropriate anatomical landmarks  
for pain, deformity, crepitus, proper alignment, etc  
YES \ NO \ N/A

Palpates bilaterally  
YES \ NO \ N/A

This form is to be kept in the student’s clinical rotation folder
SPECIAL TESTS:
Assesses vital signs (BP, HR, Temp, RR) YES NO N/A
Performs auscultation of heart, lungs, bowels YES NO N/A
Performs appropriate neurological testing YES NO N/A
Assesses AROM, PROM, RROM YES NO N/A
Performs & explains appropriate special / stress tests YES NO N/A

ASSESSMENT:
Provides a correct diagnosis/assessment 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 __________
Skills Test – Learning Over Time  
Clinical Proficiency 3A4.1 – 3A4.3  
Comprehensive Patient Care

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<td>Injury/Condition</td>
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| Performs a thorough clinical evaluation and provides an accurate diagnosis/assessment of findings | Yes | No | N/A |
| Performs appropriate acute management (i.e. first aid, EAP, referral, etc.) | Yes | No | N/A |
| Selects and applies appropriate therapeutic modalities | Yes | No | N/A |
| Provides appropriate long-term care (i.e. rehab program, modalities, referrals, etc.) | Yes | No | N/A |

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

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Please use the space below for comments:

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ACI’s Signature ___________________________ Date _____________

Student’s Signature ___________________________ Date _____________

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