CASE NARRATIVE PREPARATION ON EVIDENCE, REASONING, AND THOUGHTS

PUBLISHED POPULATION EVIDENCE

Epidemiology Consider most likely pathology for this demographic
Prognosis Consider studies which allow you to predict outcome of your patient
Diagnosis / clinical impression Consider diagnostic utility of test, etc.
Intervention Consider levels of evidence for possible interventions

SCREENING FOR REFERRAL

Red Flags
Consider any warning signs, symptoms or items which raise the suspicion on the scope of practice

Clinical Profile
Consider the individual profile of the person's health determinants (e.g., sex, age, etc.)

Medical conditions | Specific pathology
Consider referring for further examination or medical consultation

MULTI-DIMENSIONAL CLINICAL REASONING FRAMEWORK

Primary Clinical Impression:
General health and co-morbidities:
Severity:
Irritability:

Stage	Recent	Persistent

DIMENSION 1 _SENSORY MOTOR RELATED PAIN BEHAVIOUR

LOADING IMPAIRMENT	MOVEMENT IMPAIRMENT	CONTROL IMPAIRMENT
Force: Direction: Time:	What is range / quality of movement compared to expected movement? (control for fear, apprehension):	Identify difficulties with thoughtless, fearless, efficient goal-directed movements:

| Level of de-conditioning | Low | High |
| Functional behaviour | Helpful | Unhelpful |

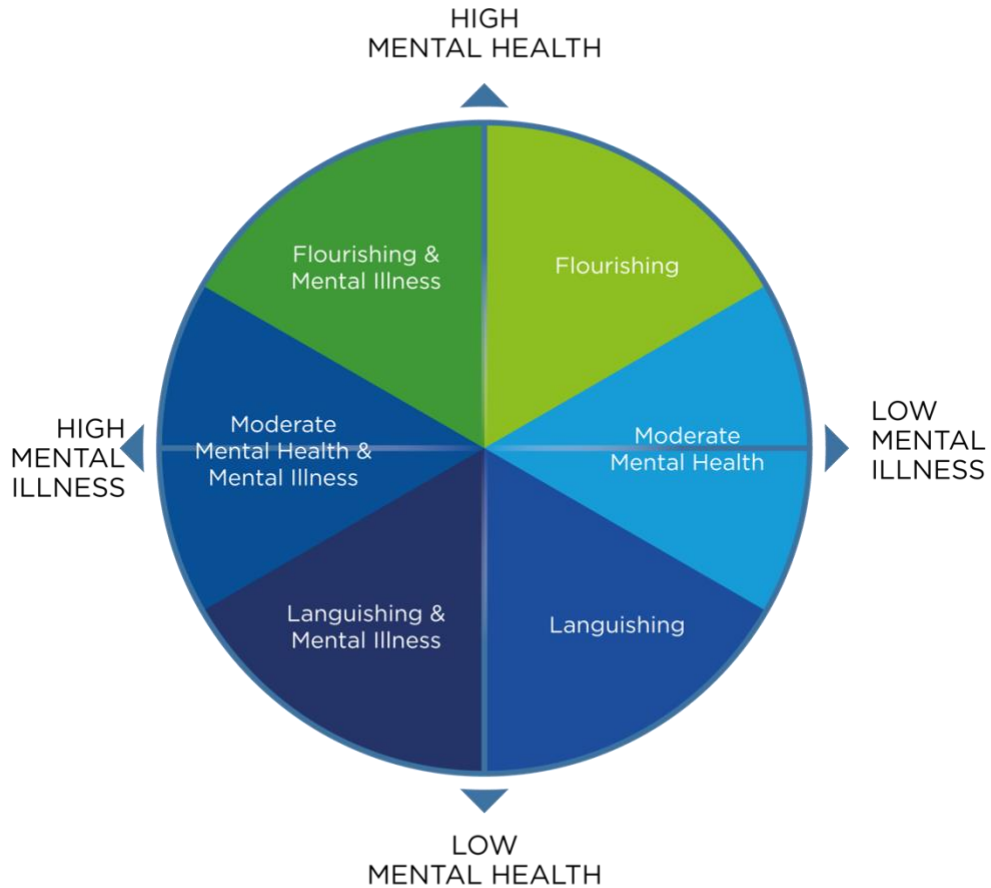**DIMENSION 2 _MENTAL HEATH & ILLNESS PROFILE [PSYCHOLOGICAL DUAL CONTINUUM MODEL]**

Consider flourishing, languishing, depression, loneliness, anxiety, guilt, outlook on life

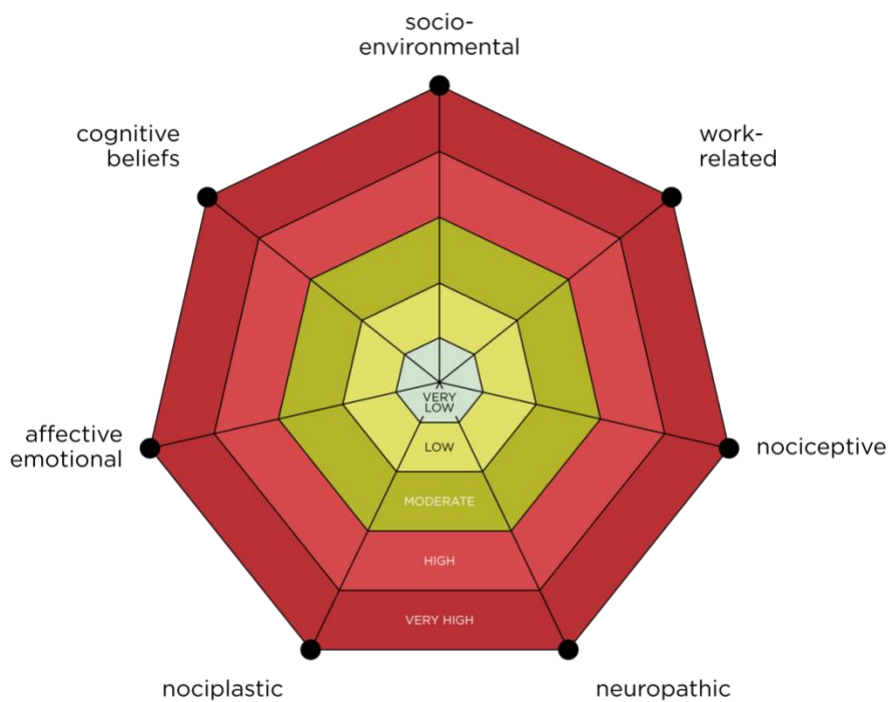| Positive prognostic factor:	Negative prognostic factor:	Comments:

DIMENSION 3 _LIFESTYLE | SOCIAL FACTORS

Comment on diet, social interaction, workplace factors, stress management, physical activity levels, smoking, sleep hygiene
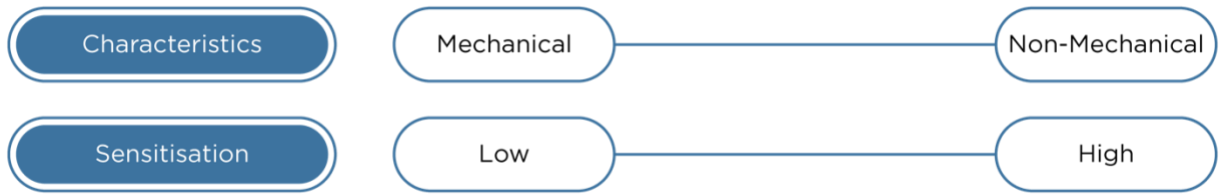
Comments:

DIMENSION 4

_NEUROLOGICAL FACTORS

Dominant pain mechanism and pain experience radar plot (adapted from Walton & Elliott, 2018)

| Characteristics | Mechanical —————————— Non-Mechanical |
| Sensitisation | Low —————————— High |

DIMENSION 5 _PHYSICAL IMPAIRMENT

Finding from objective examination; bottom-up approach to modulate central processing and positively reinforcing preferences | expectations

PATIENT CENTERED ANALYSIS
Vector model of tendencies and mutual manifestations (adapted from Low, 2017)

Tends towards
pain/dysfunction

Tends away from
pain/dysfunction
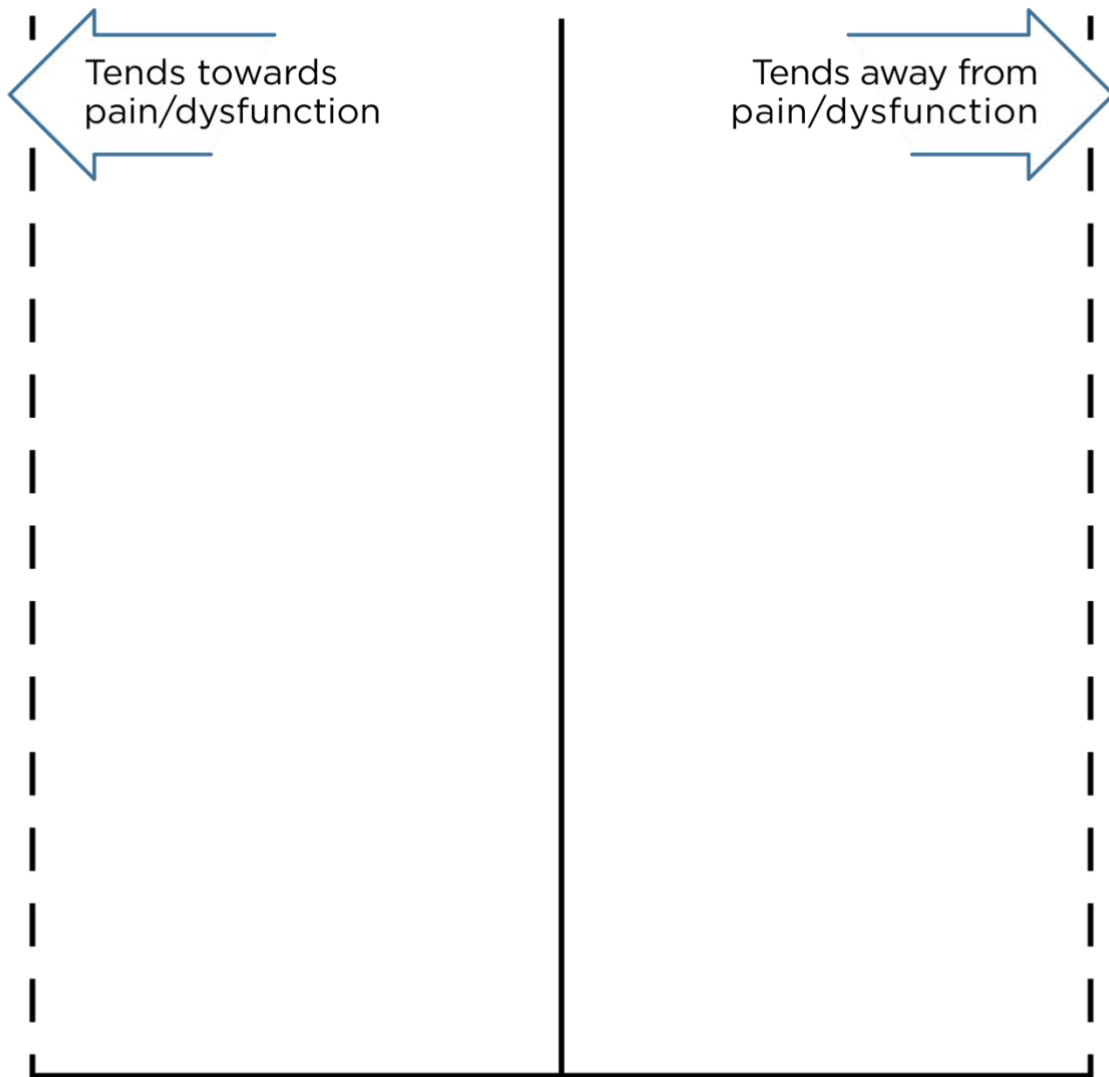
- - - THRESHOLD

GOAL SETTING AND PATIENT'S EXPECTATION

Identify achievable, meaningful goals

PATIENT-CLINICIAN SHARED DECISION-MAKING

If any

PROGNOSIS

Consider both population level predictors, and individual variables

Prognostic indicators:	Prognosis estimation:	Threats to prognosis:

Person-Therapist Mind Map
A narrative collaborative approach