**FiT Name: Date:**

**Faculty Name: Faculty Signature:**

Techniques examinations should include **8** techniques, and must include a minimum of one thrust manipulation technique. Any exam techniques in the lower quarter and lumbopelvic chapters of *The Users’ Guide to the Musculoskeletal Examination* can also be included in this exam. Even if a FiT is retesting on a specific technique previously failed, he/she shall also be tested on a full sampling of additional techniques (8 total) for the same body region. All 8 techniques must be passed to have a passing exam. In the second table (on the back of this page), mark pass/no pass in the appropriate column and add additional comments below the table.

Below is the rubric to use as a guide for grading the FiT techniques. FiTs must achieve an A or A- to pass the techniques examination. The rubric below is to be used as a guide in grading techniques exams. Any additional factors identified by the examiner may also impact the final grade for a techniques exam, and extremely poor performance in any one category can also cause the FiT to fail the techniques exam. Contact the OMPT Fellowship Program Director with questions.

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| --- | --- |
| **Category (weighting)** | **Description of Grading Considerations** |
| **Patient**  **Positioning (15%)** | The patient is positioned comfortably. Extremities supported. Pillows under head, feet, +/or pelvis as needed. Patient set-up for optimal technique performance (example, positioned at edge of the table, etc). Use of standardized positioning for exam techniques / overpressures. |
| **Clinician Body Position (20%)** | Clinician hand, UE, and overall body position allows for desired angle and speed of forces, "whole body" is used to block or restrict unwanted movement/ produce desired technique. His/her position should not put himself/ herself at risk for injury. |
| **Technique Performance (40%)** | Hand placement is comfortable. Speed, angle, and depth/amplitude of forces performed in a manner to achieve desired results. Stabilization of the patient is performed as needed. Correct table height. Tools are used to facilitate optimal techniques (gatch in table, pillows, belts, bolsters, etc). Patient positioning and movement is controlled as needed to ensure optimal technique application and safety. The technique is adjusted based on patient feedback and pain/mobility response, and progression of the technique is demonstrated upon request. |
| **Communication (15%)** | Communication with patient is clear and jargon-free. Clinician explains what the patient should expect to feel, as well as any information that the clinician needs to know to effectively perform technique (location/intensity of sxs produced, any pain, location of stretch, etc). Clinician is positive and reassuring. |
| **Confidence (10%)** | The clinician is confident in communication and performance of the technique. |
| **Safety (pass/fail)** | Techniques performed safely (for patient & clinician). |

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| **Essential Competency Skills** | **Passed/ Retest** | **Essential Competency Skills** | **Passed/ Retest** |
| EXAMINATION PROCEDURES - Cervico-Thoracic |  | MANUAL THERAPY PROCEDURES- Thoracic Spine |  |
| Neuoromotor Sensory Screening Examination, |  | Seated CT Junction Distraction Manipulation |  |
| Cranial Nerve Examination |  | Seated & Standing Mid Thoracic Distraction Manipulation |  |
| Cervical ROM (Overpressures) |  | Prone Extension Bias Manipulation |  |
| Spurling’s Test |  | Supine Flexion Bias Manipulation |  |
| Cervical Rotation Lateral Flexion Test (CRLF) |  | Supine Extension Bias Manipulation of the Upper Thorax |  |
| Thoracic Segmental Examination-Sitting |  | Supine Manipulation over Bolster |  |
| Cervical Distraction |  | MANUAL THERAPY PROCEDURES- Cervical Spine |  |
| Upper Limb Tension Testing (Ask for Median, Ulnar, or Radial bias) |  | Supine Cervical Flexion Bias Hold-Relax MET |  |
| Cervical Segmental Examination- Supine |  | Supine Cervical Translation Manipulation (mid-lower) |  |
| Cervical Segmental Examination- Prone (CPA & UPA) |  | Supine Cervical Extension Bias Hold-Relax MET |  |
| Seated Thoracic Segmental Exam (Rotation & Translation) |  | Supine Cervical Extension Bias Manipulation (mid-lower) |  |
| Ribcage Mobility Assessment |  | Supine Cx Upslope Glide Rotational Manip (mid-lower) |  |
| Upper Cx Ligament Testing – Sharp Purser, Alar &Transverse Lig.s) |  | Supine Cx Downslope Glide Manipulation (mid-lower) |  |
| MANUAL THERAPY PROCEDURES- Ribcage |  | Supine OA Flexion Bias Hold-Relax MET |  |
| Seated 1st Rib Hold-Relax MET |  | Supine AA Rotation Hold-Relax MET |  |
| Seated 1st Rib Manipulation |  | Supine Cervical Active Rotation with Therapist Traction |  |
| Supine 1st Rib Inferior Glide Manipulation |  | Supine Cervical Local Rotational Mobilization |  |
| Seated Anterior Rib Dysfunction Hold-Relax Technique |  | Supine Manual Scalene Stretching |  |
| Supine External Rib Torsion Manipulation |  | Supine Manual Upper Trapezius Stretching |  |
| Prone Ribs 4-10 Glide Manipulation |  | Supine Manual Levator Scapulae Stretching |  |
| THERAPEUTIC EXERCISE |  | Scapulo-Thoracic Mobilization/Manipulation |  |
| Prone Lower Trapezius Strengthening |  | THERAPEUTIC EXERCISE |  |
| Deep Neck Flexor & Extensor Strengthening |  | Sitting Mid Tx Flexion Stretching (Barrel Hug Stretch) |  |
| Cervical Progressive Resistive Exercises |  | Supine Thoracic Extension Self Mobilization |  |
| Sidelying Shdr Sweep with Scapulo-Thoracic Mob /Manip |  | Sitting Cervical Flexion/Rotation Self Mobilization |  |
| Sitting Levator Scapulae Stretching |  | Sitting Cervical Extension/Rotation Self Mobilization |  |
| Sitting Upper Trapezius Stretching |  | Sitting Scalene & SCM Stretching |  |

**Final Grade: A / A- / Fail (circle one) . Comments (include suggested focus for retesting):**