**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.

|  |  |
| --- | --- |
| **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 & MANUAL THERAPY PROCEDURES- Shoulder** |  | **EXAMINATION & MANUAL THERAPY PROCEDURES- Elbow** |  |
| Shoulder flexion: Active, Passive, Overpressure |  | Distal radioulnar joint supination & pronation |  |
| Shoulder abduction: Active, Passive, Overpressure  |  | Radial head manipulation – Varus thrust |  |
| Shoulder internal rotation: Active, Passive, Overpressure  |  | Radial head manipulation – Extension thrust (Mill’s manipulation) |  |
| Shoulder external rotation: Active, Passive, Overpressure  |  | Elbow mobilization with movement |  |
| Shoulder horizontal adduction: Active, Passive, Overpressure  |  | **EXAMINATION & MANUAL THERAPY PROCEDURES- Wrist** |  |
| GH joint caudal glides in Abduction |  | * Radiocarpal joint dorsal/volar glides
 |  |
| GH joint caudal glides in Flexion |  | * Radiocarpal joint radial/ulnar glides
 |  |
| GH joint AP glides |  | * Radiocarpal joint flexion & extension
 |  |
| GH PA glides progression (flx/abd/ER) in prone |  | * Radiocarpal joint supination & pronation
 |  |
| AC joint caudal glides |  | * Intercarpal joint dorsal/volar glides
 |  |
| AC joint AP glides |  | * Intercarpal joint horizontal extension
 |  |
| SC joint AP glides |  | * Scapholunate manipulation
 |  |
| Clavicle Rotation / wiggle |  | * MCP, PIP, DIP dorsal/volar glides, tilting & rotary
 |  |
| * Scapulo-thoracic mobilization & manipulation
 |  | 1st CMC manipulation |  |
| Muscle re-education: Mid & lower traps, Serratus ant, Shoulder sweep  |  | **NEURAL DYNAMICS** |  |
| Muscle Stretching: Pectoralis major/minor & Latissimus dorsi |  | Neural Dynamic Assessment – Median, Radial, Ulnar nerves.  |  |
| **EXAMINATION & MANUAL THERAPY PROCEDURES- Elbow** |  | Neural Dynamic Slider & Tensioner Exercises: Median, Ulnar, Radial Nerve biasing |  |
| Flexion (with supination/abduction & pronation/adduction) |  | **Remediated Techniques from prior courses** |  |
| Flexion with longitudinal distraction |  |  |  |
| Extension (with Abd or Add) |  |  |  |
| Humeroradial distraction |  |  |  |
| Proximal radioulnar joint supination & pronation |  |  |  |

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