1. Contraindications - Ask candidate to give a list of relative or absolute contraindications -  

<table>
<thead>
<tr>
<th></th>
<th>Misc.</th>
<th>Arthro</th>
<th>Osteo</th>
<th>Neuro</th>
<th>Vascular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative</td>
<td></td>
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<tr>
<td>□ Mild sprain/strain</td>
<td>□ Inflammatory arthritis (RA)</td>
<td>□ Hypermobility (mild instability)</td>
<td>□ Neurologic deficits (disc herniation, osteo-phytes)</td>
<td>□ Calcified abdominal aneurysm</td>
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<tr>
<td>□ Recent spinal trauma</td>
<td>□ Ankylosing spondylitis</td>
<td>□ Benign bone tumor</td>
<td>□ Lack of peripheral sensation</td>
<td>□ Anticoagulant therapy</td>
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<tr>
<td>□ Prior ‘bad experience’ with manip.</td>
<td>□ Atlanto-occipital OA</td>
<td>□ Demineralization (osteopenia, osteoporosis, long-term steroid use)</td>
<td>□ Cauda equina syndrome</td>
<td>□ Aneurysm</td>
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<tr>
<td>Absolute</td>
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<tr>
<td>□ Lack of consent</td>
<td>□ Atlantoaxial instability (Down’s, Marfan’s)</td>
<td>□ Congenital malformation (posterior arch aplasia)</td>
<td>□ Cauda equina syndrome</td>
<td>□ VBI signs &amp; symptoms (5D's And 3 Ns)</td>
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<tr>
<td>□ Intoxication or drug influence</td>
<td>□ Dislocation</td>
<td>□ Bone destruction (cancer, avascular necrosis, osteomyelitis, fracture, severe osteoporosis)</td>
<td>□ Recent TIAs or Stroke</td>
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<td>□ Recent surgery</td>
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</tbody>
</table>

Dizziness, Drop attacks (loss of consciousness), Diplopia (or other visual disturbances) Dysarthria, Dysphagia, Ataxia, Nausea, Nystagmus, Numbness

2. Manipulation - Ask candidate to assess and perform a given set-up & simulated thrust for each region of the spine (15)

Proctor can ask candidate to assess and simulate treatment of what they find or give specific listing set-ups

<table>
<thead>
<tr>
<th>Region</th>
<th>Static/Motion Eval. (give listings)</th>
<th>Patient &amp; doctor position</th>
<th>Contact &amp; tissue pull/slack</th>
<th>Confidence &amp; Explanation</th>
<th>Thrust (end-range, vector, speed, control)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SI joint</td>
<td>0 0.5 1</td>
<td>0 0.5 1</td>
<td>0 0.5 1</td>
<td>0 0.5 1</td>
<td>0 0.5 1</td>
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<tr>
<td>or Lumbar Spine</td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
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<tr>
<td>Options:</td>
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</tbody>
</table>
| □ PI ilium, □ AS ilium, □ Sacral nutation push (Al sacrum), □ Sacral counter-nutation push (P5 sacrum) | | | | |/5
| □ Lumbar push-pull, □ Hypothenar mammillary push, □ Hypothenar SP push | | | | | |
| Thoracic Spine or Ribs | 0 0.5 1                           | 0 0.5 1                   | 0 0.5 1                    | 0 0.5 1                  | 0 0.5 1                                   |       |
| Comments:    |                                   |                           |                            |                          |                                           |       |
| Options:     |                                   |                           |                            |                          |                                           |       |
| □ Prone unilateral hypothenar push, □ Supine extension, □ Cross bilateral hypothenarthener push, □ CT Junction | | | | | |
| □ Hypothenar costal push, □ Supine costal | | | | | |
| Cervical Spine or Occiput | 0 0.5 1                           | 0 0.5 1                   | 0 0.5 1                    | 0 0.5 1                  | 0 0.5 1                                   |       |
| Comments:    |                                   |                           |                            |                          |                                           |       |
| Options:     |                                   |                           |                            |                          |                                           |       |
| □ Index pillar push, □ Thumb pillar push, □ Occipital, C1 lateral or rotational | | | | | |

0 = inability to perform task; 0.5 partial ability to perform task; 1 acceptable ability to perform task

Feedback: (ask if it can be given together or they request it separately)
• Start with ‘what do you think needs improvement?’ - student self assessment

Signature:
Clinic Exit Exam Ortho

The candidate has 7 minutes to complete this section of the exam.

Proctor: ____________________________ (1)

Region: □ C-spine, □ T-spine, □ L-spine & SI, □ shoulder, □ elbow, □ wrist & hand, □ hip, □ knee, □ ankle foot

History: give findings associated with 1 condition ..........(____/3)
□ Define Condition (circle on list):________________________________________ (1)
□ Hx-SSx: ____________________________ (____/1)
□ DDx: ____________________________ (____/1)

Inspect/Palp: 2 structures (introduction, consent, bilateral). (____/1)
□ ____________ (½), □ ____________ (½)

Motion: perform 1 ROM assessment (tissues list)................. (____/1)
□ AROM (intro statement): ____________________________ (1)
□ PROM (with end play): ____________________________ (1)
□ RROM (correct instructions): ____________________________ (1)

Neurovascular: perform 1 exam for region.......... (____/1)
□ Muscle test, DTR, sensation, temp, cap refill, pulse

Referral: ........................................................... (____/1)
□ 2 areas/conditions that can refer to region

Special tests: perform 3 special ortho tests............. (____/3)
evaluate position, contacts, ability, effectiveness & explanation/rationale
□ regional: ____________________________ (1)
□ regional: ____________________________ (1)
□ any test: ____________________________ (1)

Basic understanding: (choose 2).............................. (____/2)
□ List 5 factors that improve or slow healing (prognostic indicators)?
□ Give 3 parts of a diagnosis & example? (stage, severity, pathoanatomy)
□ Postural eval. plumb line falls through _________? (ant, lat. or post)
□ Give an example of 2 end-play types (soft tissue stretch or approx., myo-spasm, empty, bone on bone, ligamentous, bogy)
□ Normal ROM _______ degrees? or gait cycle demonstration?
□ Define the terms sensitivity and specificity
□ Give the 7 principles of medicine? (do no harm, healing power of nature, treat the cause, doctor as teacher, treat whole person, prevention, follow evidence)
□ What is the therapeutic order? (rule of 9, progress least to most invasive)

Treatment options: .................................................. (____/2)

Overall impression: ............................................. (____/2)
□ Lack of prompting & confidence
□ Professionalism (skill, contact, limb support, communication, permission, hygiene)

Total: 15

Student:

Hip & thigh
□ Acetabular labral tear
□ Avascular necrosis hip
□ Femoral/inguinal hernia
□ Groin strain
□ Hamstring strain
□ Hip DJD
□ Legg-Calvé-Perthes
□ Myositis ossificans
□ Slipped femoral epiphysis
□ Snapping hip
□ Transient hip synovitis

Knee
□ ACL Sprain or PCL Sprain
□ Chondromalacia patellae
□ Iliobial band syndrome
□ MCL Sprain or LCL Sprain
□ Meniscus tear
□ Osgood-Schlatter’s
□ Osteochondritis dissecans
□ Patella dislocation
□ Tibia stress fracture

Elbow
□ Elbow osteochondritis
□ Lateral epicondylitis
□ Medial epicondylitis
□ Olecranon bursitis
□ Toddler’s elbow

Wrist
□ Carpal instability
□ Carpal tunnel syndrome
□ de Quervain’s
□ Dupuytren contracture
□ Ganglion cyst
□ Lunate dislocation
□ Scaphoid fracture
□ Skier’s Thumb (UCL)
□ Triangular fibrocart. tear
□ Wrist sprain

C-Spine
□ Brachial stretch test
□ Cervical compression test
□ Cervical distraction test
□ Foraminal compression
□ Jull’s (supine neck flexion)
□ Shoulder depression test
□ Soto-Hall test (Budzinski)
□ Swivel chair test
□ Transverse lig. stress test
□ Vertebral Artery test (VBI)

Shoulder
□ AC sprain
□ Bicipital tendinopathy
□ Brachial neuritis
□ Calcific tendinopathy
□ Frozen shoulder
□ Glenohumeral instability
□ Glenoid labral tear
□ GH dislocation
□ Supraspinatus imping.
□ Reflex symp. dystrophy
□ Subscap. tendinopathy
□ Supraspinatus tendinitis
□ Thoracic outlet syn.

Thoracic & Costal
□ Compression fracture
□ Herpes Zoster (shingles)
□ Postural syndrome
□ Rib subluxation
□ Scheuermann’s disease
□ Scoliosis
□ Vertebral subluxation

Lumbar & Sacroiliac
□ Abdominal aneurysm
□ Ankylosing spondylitis
□ Leg length inequality
□ Lumbar disc herniation
□ Lumbar DJD
□ Lumbar facet syndrome
□ Lumbar spondylolisthesis
□ Lumbar sprain/strain
□ Pelvic instability
□ Pinformis syndrome

Neurovascular:
□ L, R
□ C-spine, □ T-spine, □ L-spine & SI, □ shoulder, □ elbow, □ wrist & hand, □ hip, □ knee, □ ankle foot

Arms:
□ (skill, contact, limb support, ability, effectiveness & explanation/rationale)
□ Lack of prompting & confidence
□ List 5 factors that improve or slow healing
□ Postural eval. plumb line

Signatures:

Signature: ____________________________