Women's Health Clinical Specialization
*Professional Development Portfolio*

Clinical Care and Reasoning:
Reflective Case Portfolio Submission
Purpose of the Reflective Portfolio:

The purpose of the patient case reflection is for the applicant to document continued competency in patient/client management in the specialty area of women's health physical therapy. Ability to demonstrate patient management in a clinical case reveals the applicants clinical reasoning skills, which is essential to demonstrating continued competency in the specialty area.

The patient case reflective portfolio submissions will not be scored. Each case will be read for completion of required information and associated reflections.

The applicant will be granted 5 points for completion of the patient case reflective portfolio. This component of the professional development portfolio is REQUIRED. Only one reflective portfolio will be accepted.

Guidelines:

1. The reflective portfolio patient case submission can be retrospective or a current patient case.
   a. Both female and male patient cases will be accepted.

2. The Reflective Case Portfolio template serves as a guide for the applicant; each section of the template is required to be completed. The sections include:
   a. Initial Date Gathering/Subjective Interview
   b. Generation of Initial Hypothesis
   c. Examination
   d. Evaluation
   e. Plan of Care
   f. Interventions
   g. Re-examination
   h. Patient Outcome

3. Reflection: Applicants are to provide reflection throughout the case portfolio to demonstrate understanding of clinical decisions and reasoning in their
patient/client management. The reflective guiding questions are provided to be “a guide” for the applicant to reflect upon and shape their reflective statements.

a. Applicant must complete a reflection on 2 of the case portfolio sections. Applicant may select the 2 sections they wish to reflect upon based on their specific practice setting emphasis.

b. An *Overall Summary Reflection* is required at the end of the document.
Instruction: 
*Applicant is required to address each of the following 6 sections in the case reflection. The points associated with each section are to be a guide to frame applicants presentation of the patient case. Additional information not listed specifically in each section maybe warranted.*

I. Initial Data Gathering/ Subjective Interview

   a. Patient history
   b. Patient symptom history and course of care
   c. Patient present function and subjective limitation

II. Generation of Initial Hypothesis

   a. Body structures/functions
   b. Impairments
   c. Activity limitations
   d. Participation restrictions

III. Examination

   a. Tests and measures performed
      i. Specifically list all tests performed and associated findings

IV. Evaluation (insert the ICG chart with this section)

   a. Interpretation of clinical findings
   b. Physical Therapy diagnosis
   c. Patient prognosis
   d. Expected clinical outcome

V. Plan of Care

   a. Identify short-term and long-term goals
   b. Identify outcome measures and discuss reason for selection
      i. Discuss why used outcomes were selected
ii. Discuss how use of outcome will improve patient care

c. PT prescription
   i. Frequency
   ii. Intensity of service
   iii. Appropriate treatment elements

VI. Interventions

a. Describe how you use the evidence to guide your treatment of the patient
b. Identify and justify overall approach/strategy of treatment selected
c. Describe and prioritize specific procedural interventions
d. Describe your plan for patient progression
e. Describe patient educational interventions

VII. Re-examination

a. When and how often?

VIII. Patient Outcome

a. Describe the patient's outcome with physical therapy
b. Discharge planning and long term management plan
   i. Include follow-up
   ii. Possible equipment
   iii. School/work/community re-entry

IX. Overall Summary Reflection
Instruction:
Applicant is required to complete reflection on 2 of the 8 case portfolio sections and the Overall Summary Reflection (section IX). Applicant may choose the 2 most relevant sections to their clinical practice or experience to reflect upon.

Applicant may use these guiding questions to develop the reflections although reflection outside the provided questions is encouraged.

I. Initial Data Gathering/Interview
- Assess how the patient’s medical diagnosis affects your interview.
- How might your personal biases/assumptions affect your interview?
- Assessing the information you gathered, what do you see as a pattern or connection between the symptoms?
- What is the value of the data you gathered?
- What are some of the judgments you can draw from the data? Are there alternative solutions?
- What is your assessment of the patient’s/caregiver’s knowledge and understanding of their diagnosis and need for PT?
- Have you verified the patient’s goals and what resources are available?
- Based on the information gathered, are you able to assess a need for a referral to another health care professional?

II. Generation of Initial Hypothesis
- Can you construct a hypothesis based on the information gathered?
  - What is that based on (biases, experiences)?
- How did you arrive at the hypothesis?
- How can you explain your rationale?
- What about this patient and the information you have gathered might support your hypothesis?
What do you anticipate could be an outcome for this patient (prognosis)?
Based on your hypothesis, how might your strategy for the examination be influenced?
What is your approach/planned sequence/strategy for the examination?
How might the environmental factors affect your examination?
How might other diagnostic information affect your examination?

III. Examination
➢ Appraising the tests and measures you selected for your examination; how and why did you select them?
➢ Reflecting on these tests, how might they support/negate your hypothesis?
➢ Can the identified tests and measures help you determine a change in status?
  o Are they able to detect a minimum clinically important difference?
➢ How did you organize the examination?
  o What might you do differently next time?
➢ Describe considerations for the psychometric properties of tests and measures used.
➢ Discuss other systems not tested that may be affecting the patient’s problem.
➢ Compare your examination findings for this patient with another patient with a similar medical diagnosis.
➢ How does your selection of tests and measures relate to the patient’s goals?

IV. Evaluation
➢ How did you determine your diagnosis? What about this patient suggested your diagnosis?
➢ How did your examination findings support or negate your initial hypothesis?
➢ What is your appraisal of the most important issues to work on?
➢ How do these relate to the patient’s goals and identified issues?
➢ What factors might support or interfere with the patient’s prognosis?
➢ How might other factors such as bodily functions and environmental and societal factors affect the patient?
➢ What is your rationale for the prognosis, and what are the positive and negative prognostic indicators?
➢ How will you go about developing a therapeutic relationship?
➢ How might any cultural factors influence your care of the patient?
➢ What are your considerations for behavior, motivation, and readiness?
➢ How can you determine capacity for progress toward goals?

V. Plan of Care
➢ How have you incorporated the patient’s and family’s goals?
➢ How do the goals reflect your examination and evaluation (ICF framework)?
➢ How did you determine the PT prescription or plan of care (frequency, intensity, anticipated length of service)?
➢ How do key elements of the PT plan of care relate back to primary diagnosis?
➢ How do the patient’s personal and environmental factors affect the PT plan of care?

VI. Interventions
➢ Discuss your overall PT approach or strategies (e.g., motor learning, strengthening).
  o How will you modify principles for this patient?
o Are there specific aspects about this particular patient to keep in mind?
o How does your approach relate to theory and current evidence?
o As you designed your intervention plan, how did you select specific strategies?

➢ What is your rationale for the selected intervention strategies?
➢ How do the interventions relate to the primary problem areas identified using the ICF?
➢ How might you need to modify your interventions for this particular patient and caregiver?
   o What are your criteria for doing so?

➢ What are the coordination of care aspects?
➢ What are the communication needs with other team members?
➢ What are the documentation aspects?
➢ How will you ensure safety?
➢ Patient/caregiver education:
   o What are your overall strategies for teaching?
   o Describe learning styles/barriers and any possible accommodations for the patient and caregiver.
   o How can you ensure understanding and buy-in?
   o What communication strategies (verbal and nonverbal) will be most successful?

VII. Re-examination

➢ Evaluate the effectiveness of your interventions. Do you need to modify anything?
➢ What have you learned about the patient/caregiver that you did not know before?
➢ Using the ICF, how does this patient’s progress toward goals compare with that of other patients with a similar diagnosis?
➢ Is there anything that you overlooked, misinterpreted, overvalued, or undervalued, and what might you do differently?
  o Will this address any potential errors you have made?
➢ How has your interaction with the patient/caregiver changed?
➢ How has your therapeutic relationship changed?
➢ How might any new factors affect the patient outcome?
➢ How do the characteristics of the patient’s progress affect your goals, prognosis, and anticipated outcome?
➢ How can you determine the patient’s views (satisfaction/frustration) about his or her progress toward goals?
  o How might that affect your plan of care?
➢ How has PT affected the patient’s life?

VIII. Outcomes

➢ Was PT effective, and what outcome measures did you use to assess the outcome?
➢ Was there a minimum clinically important difference?
  ➢ Why or why not?
➢ What criteria did you or will you use to determine whether the patient has met his or her goals?
➢ How do you determine the patient is ready to return to home/community/work/school/sports?
➢ What barriers (physical, personal, environmental), if any, are there to discharge?
➢ What are the anticipated life-span needs, and what are they based on?
➢ What might the role of PT be in the future?
➢ What are the patient’s/caregiver’s views of future PT needs?
➢ How can you and the patient/caregiver partner together for a lifetime plan for wellness?
VIV. Overall Summary Reflection

- Applicant is to discuss their overall impressions from working with this patient.
- How has working with this patient effected your clinical practice?
- What will you continue to do or do differently with future patients?
- How did this patient case inspire you to advance your expertise in your specialty area?
Sample ICF Chart

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<tr>
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Sample ICF Chart – 6 year old male

**HEALTH CONDITION**

1.3 Myelomeningocele (Spina Bifida) – 6 years old male
Arnold Chiari II Malformation with hydrocephalus with VP Shunt placement
Bilateral club feet (congenital talipes equinovarus)
Bilateral Hip Dysplasia

**BODY STRUCTURES/FUNCTION (IMPAIRMENTS)**

<table>
<thead>
<tr>
<th>1. Brain and CNS</th>
<th>2. Musculoskeletal involvement of lower extremities</th>
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<tbody>
<tr>
<td>a. Arnold Chiari II Malformation with impaired cognitive functions impacting motor planning abilities</td>
<td>a. Bilateral Hip Dislocation due to Hip dysplasia</td>
</tr>
<tr>
<td>b. Peripheral nerve involvement of lower extremities</td>
<td>b. Impaired lower extremity ROM and joint contractures with bilateral hip flexion contractures</td>
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<table>
<thead>
<tr>
<th>1. Lower extremity paralysis</th>
<th>2. Impaired sensation in both lower extremities</th>
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**ACTIVITY (TASKS)**

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<td>1. Walks independently on level surfaces with HKAFO and forearm crutches. 2. Climbs in/out of tub with supervision 3. Transfers and transitions independently</td>
<td>1. Can’t climb steps independently with HKAFO and crutches. 2. Difficulty keeping up with peers due to slow ambulatory speed.</td>
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**PARTICIPATION**

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<td>1. Attends school with same age peers 2. Plays recreational adaptive soccer with peers 3. Participates in all family activities and outing</td>
<td>1. Limited ability to interact with peers due to difficulty with long distance mobility, speed and endurance.</td>
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**ENVIRONMENTAL**

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<td>1. Above average intelligence motivated to learn and move 2. Very motivated to learn, move and engage with his peers. 3. Has a very social personality</td>
<td>1. Impaired cognitive function due to hydrocephalus resulting in motor planning impairment. 2. Limited LE function</td>
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<tr>
<td>1. Supportive and motivated parents 2. Supportive school system 3. Followed in a multidisciplinary clinic. 4. Support from 3rd party payers including private insurance and state Medicaid.</td>
<td>Limitation due to structural and environmental access. a. School bus access is not available due not owning a wheelchair which is required to ride the bus. b. Structural barriers due to building, etc. not being accessible.</td>
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