

**Orthopaedic Division**  
**Groupe d'orthopédie**



Canadian  
Physiotherapy  
Association

l'Association  
canadienne de  
physiothérapie

## **Orthopaedic Division Education Guidelines for Mentorship**

[www.orthodiv.org](http://www.orthodiv.org)

### **Introduction**

Canadian orthopaedic manipulative therapists are officially represented internationally by the Canadian Academy of Manipulative Physical Therapists (CAMPT), the member organization to the International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT). One of IFOMPT's membership requirements is that a member country's nationally recognized educational standards meet those outlined by IFOMPT.

IFOMPT's Educational Standards Guidelines stipulate that a member organization's educational curriculum should include a minimum of 200 hours of theory instruction, 150 hours of practical instruction, 150 hours of clinical supervision and evaluation of competency. To ensure continued recognition by IFOMPT as a member country; a clinical supervision requirement of 150 hours total has been incorporated into the Orthopaedic Division's educational curriculum. Ninety of these hours of clinical supervision must be completed prior to submitting an application to challenge the Intermediate Practical Examination. An additional 60 hours of clinical supervision must be completed prior to submitting an application to challenge the Advanced Practical Examination.

The supervising clinician for the 150 hours must possess an FCAMPT membership [and be registered as a mentor with the Orthopaedic Division National Mentorship Directory](#). IFOMPT standards recommend a maximum 4:1 ratio of students to supervisor. Individuals will be responsible for making their own arrangements for clinical supervision with accredited supervising clinicians. Proof of completed supervised hours must be submitted by the student to the Examinations Coordinator along with the Intermediate Practical and Advanced Examinations application forms. To this end a letter signed by the supervising therapist documenting the dates and hours of supervision is required. [In addition, prior to the final advanced exam, documentation of the mentors evaluation of the student with a new patient assessment must also be submitted to the Examination Coordinator.](#)

## **Total Clinical Mentorship Requirements for Intermediate and Advanced Exams**

Total hours = 150

Direct Clinical Hours = 85

Indirect Clinical Hours = 65

### Breakdown of Clinical Mentorship Hours

Prior to registering for the Intermediate Practical Exam (IPE) 90 hours must be completed

- 55 hours must be direct clinical hours (must be supervised by a mentor)
- 35 hours may be indirect clinical hours (group study – not directly supervised)
- Supervision must be with a physiotherapist who has successfully completed their Canadian Advanced Diploma Exam or a graduate of the University of Western Ontario MCISc Manipulative Program who is registered as a FCAMPT

Prior to registering for the Advanced Exams 60 hours must be completed

- 30 hours are direct clinical hours (must be supervised)
- 30 hours are indirect clinical hours (group study – not directly supervised)
- Supervision must be with a physiotherapist who has successfully completed their Canadian Advanced Diploma Exam or a graduate of the University of Western Ontario MCISc Manipulative Program who is registered as a FCAMPT

### **Direct Clinical Hours (a combination of hours from 1,2,3 are encouraged)**

1. Direct patient care may consist of any of the following activities

- Shadowing/co-treating at the preceptor's clinic with a 1:1 and up to 3:1 Student:Mentor ratio. The Mentor should attempt to be present for at least 20 minutes of every hour of patient care by the student.
- Supervision of assessment/treatment at the student's clinic in which the Mentor attends the student's clinic to provide 1:1 and up to 3:1 feedback
- While the student is performing direct patient care hours the Mentor may provide 1 to 2 hours of extra instruction at the end of the day or the next day and/or visit in regards to practicing specific techniques encountered while treating actual patients.
- Evaluation of at least one new patient assessment either at the mentor's clinic or student's clinic is mandatory for the Advanced Diploma exam (Appendix IV).

2. Study group with your mentor performing various Mock Scenarios and/or practical Clinical Reasoning cases
  - Mentor provides a mock scenario at either their clinic or the student's facility using volunteers or other physiotherapists who are not actual patients
  - This must be performed with the mentor present and the student:mentor ratio can vary from 1:1 to 4:1.
  
3. Controlled Teaching
  - Focused patient care is outside of regular clinic hours and the student and Mentor are focused on certain conditions with actual patients. Ratio of Student:Mentor can vary from a 1:1 to 4:1 ratio.

Examples of the above direct hours:

- a. If you are shadowing/co-treating direct patient care with your mentor at their clinic for 8 hours (not including lunch) then this will count as 8 direct hours. These 8 hours will count if there are 1 and/or 3 students present.
  
- b. If you are participating in a study group with a mentor and there are up to 4 students present, then every hour will count when you are with the mentor in this clinical reasoning/mock scenario teaching session.
  
- c. In a controlled teaching session with an actual patient then every hour present with the patient will count as a direct hour whether there are 1 or up to 4 students present.
  
- d. Other examples of acquiring direct mentoring hours can be achieved through approved advanced exam prep courses, Skype and video conferencing to review new patient assessments, case studies and clinical reasoning scenarios. It is recommended that no more than 50% of direct mentor hours are achieved through distance or remote conferencing.

**\*\* Any combination of the above direct hours will be accepted\*\***

### **Indirect Clinical Hours**

- Hours spent in small study groups or “prep groups”
- Peer presentations i.e. case study presentations
- On-line case study discussions with fellow students

- While studying in a small group write the name and date of the other students present and have them initial or sign next to their names

### **Recommended Timetable for Completing Supervised clinical hours**

Intermediate Practical Exam requires 55 supervised direct clinical hours

#### **Level 1**

↓ 10 hours

#### **Level 2 Upper and Lower**

↓ 20 hours

#### **Level 3 Upper and Lower**

↓ 25 hours

#### **Apply for Intermediate Exam (Fall)**

↓

#### **Intermediate Practical Exam (Winter/Spring)**

Advanced Exam requires 30 supervised direct clinical hours plus at least one completed new patient assessment review (Appendix IV)

#### **Level 4**

↓ 10 hours

#### **Level 5**

↓ 20 hours

#### **Apply for Advanced Exam (summer)**

↓

#### **Advanced Exam (fall)**

## **Expectations of MENTORS: BEFORE THE MENTORSHIP BEGINS**

- To qualify as a mentor you must possess a **Canadian Physiotherapy Orthopaedic Division Advanced Manual/Manipulative Therapy diploma or a degree in Manipulative Therapy from the University of Western Ontario.**
- Register online at [www.orthodived.com](http://www.orthodived.com) to be a mentor
- You must be registered with CAMPT (FCAMPT) in order to be a mentor ([www.manipulativetherapy.org](http://www.manipulativetherapy.org))
- Log onto the [www.orthodived.com](http://www.orthodived.com) website with the login created when you registered as a mentor and review all information in the mentorship section of the website. Resources available include:
  - Outcome measure folder
  - Clinical reasoning folder – Chapter one of Mark Jones Clinical Reasoning, Checklist for assessing a student with a patient, subjective and objective clinical reasoning forms
  - Upper Quadrant case example with an accompanying power point- that helps to understand and clarify what is expected when completing the subjective and objective clinical reasoning forms  
The blank subjective and objective clinical reasoning forms to be used when the mentor observes the mentee performing an assessment
- You **MUST** complete all yearly on-line educational tutorials as sent out by the mentorship chair for the education committee.
- Ensure that all relevant administrators (practice owners, program directors, and professional practice leaders) are aware and approve of the mentorship activities performed in the practice setting.
- Obtain a copy of the student's college registration and malpractice insurance
- Review the student's goals and ensure they are congruent with the practice setting and your abilities.
- Discuss any remuneration costs associated with the mentorship with the student prior to the start of the preceptorship (Appendix VI)

## **DURING THE MENTORSHIP PROGRAM**

- Be an exemplary role model of specialized practice.
- Conduct yourself according to College regulations, relevant legislative bodies, and institutional policies.

- Fill in and sign the Clinical Mentorship Hours Log Sheet (Appendix V) to document the number of mentorship hours the student has completed under your supervision.
- Complete a Mentor/Mentee Evaluation Form for an Actual Patient (Appendix IV) in order to provide feedback and guidance to the student. This form should be completed at least once prior to applying for the advanced exams. **(Refer to Appendix IX for a summary of this patient assessment evaluation)**
- Assist the student in keeping a log of clinical knowledge, skills, and behaviors performed/exhibited during the clinical mentorship (Appendix I). Place your initials beside all clinical skills/abilities that you have directly observed. This is just a partial list and a complete list of skills can be acquired from the clinical technique manuals that the students should possess.
- Appendix II, III and IV are designed to help facilitate learning and not meant as a means of grading the student.
- **The Mentor/Mentee Evaluation Form of an Actual Patient (Appendix IV) must be completed at least once during the 85 hours of direct mentoring. These documents will be submitted to the examination coordinator prior to the final practical exam.**

### **Expectations of STUDENTS:** **BEFORE THE MENTORSHIP BEGINS**

- Select a qualified clinical mentor(s) in your region based on your strengths, weaknesses, and interests. Contact and confirm this/these potential mentor(s) is/are interested and available to participate in the clinical mentorship program. All potential mentors must be registered in the National Orthopaedic Division Mentor Directory which can be found at [www.orthodived.com](http://www.orthodived.com)
- Review with the potential mentor your goals for the mentoring experience and confirm they are congruent with the mentor's abilities and opportunities.
- Complete any additional requirements set out by the clinical facility(ies) in which the mentorship hours will be completed.
- Provide a copy of your college registration and malpractice insurance to your mentor(s).
- Be aware of all relevant College regulations, legislative requirements, and institutional policies related to your intended mentorship experience and take any necessary steps to fulfill them prior to commencing any mentorship hours.
- Discuss any remuneration costs with your mentor prior to the start of your preceptorship (Appendix VI)

## **DURING THE MENTORSHIP PROGRAM**

- Abide by all relevant regulations and policies related to your mentorship experience.
- Perform clinical skills within the scope of practice of your discipline.
- Conduct yourself according to College regulations, relevant legislative bodies, and institutional policies.
- Practice in a safe manner that minimizes risk to patient, self, and others. Be prepared to take appropriate action in emergency situations.
- Communicate verbally and non-verbally, in an effective, professional and timely manner with patients, family members, and other members of the health care team.
- Obtain patient consent and take all required steps to protect patient confidentiality and dignity.
- Maintain a Clinical Mentorship Hours Log Sheet (Appendix V) to document the number of mentorship hours you have completed.
- Complete a Mentor/Mentee Evaluation Form of an Actual Patient (Appendix IV, III, and II) to provide feedback and guidance to the mentor. This form should be completed at least once prior to applying for the advanced final exams.
- Maintain a log of clinical knowledge, skills, and behaviors performed/practiced during the clinical mentorship (Appendix I). This is not a complete list but only a log to help keep track of your skills practiced during the mentorship.
- Appendix II, III and IV are designed to help facilitate learning and not meant as a means of grading the student. Therefore, use these tools to help assist yourself with self-learning and clinical reasoning appraisals
- [The Mentor/Mentee Evaluation Form of an Actual Patient \(Appendix IV, III and II\) must be completed once during the 85 hours of direct mentoring and will be submitted to the examination coordinator prior to the Advanced practical exam.](#)

### **Additional Information to help assist the Mentors**

1. To help assist the mentors please find in the Appendix a very brief summary of the Manual/Manipulative Techniques. Also, mock scenarios are available from the orthopaedic division if you are registered as a mentor. Finally, any additional manual/manipulative techniques can be found in the Clinical Technique manuals that the students possess.
2. The Subjective and Objective Clinical Reasoning Reflection Form (Appendix II and III) must be completed when the student assesses an actual patient (Appendix IV). For additional information about completing these forms see the example and articles provided in the “mentor folder” that can be found on-line at [www.orthodived.com](http://www.orthodived.com) website when you sign in as a mentor.
3. To help assist with understanding the Clinical Reasoning process associated with mentoring the Education committee is strongly recommending the book: **Clinical Reasoning for Manual Therapist by Mark A.Jones and Darren A. Rivett ISBN 0-7506-3906-7 and can be ordered at [www.elsevier.ca](http://www.elsevier.ca)**
4. The Mentor/Mentee Evaluation Form of an Actual Patient (Appendix IV) must be completed once during the 85 hours of direct mentoring and will be submitted to the examination coordinator prior to being [accepted to challenge the final Advanced Practical Exam](#).



## Appendix

**Appendix I (A & B) – Summary/Syllabus of the Manual/Manipulative Techniques (not an exhaustive list, please refer to your manuals or the Orthopaedic Division curriculum for a full list)**

**Appendix II – Clinical Reasoning Reflection form – to be completed after the Subjective Examination**

**Appendix III – Clinical Reasoning Reflection form – to be completed after the Objective Examination**

**Appendix IV – Mentor/Mentee Evaluation Form of an Actual Patient (must be submitted to the examination coordinator prior to the Advanced Exams starting in 2013)**

**Appendix V – Log hours sheet (mandatory and will be necessary to maintain a copy to send for Intermediate Practical and Advanced Exams and the check box for completion of Appendix IV will be on this form)**

**Appendix VI – Recommended fee guidelines**

**Appendix VIII – Mentee/Mentor Evaluation Form (to be completed at least once if a mentee/mentor has spent at least 10 hours with the individual)**

**Appendix IX – Patient Assessment with a Mentor (Flowchart)**

**Appendix X - Checklist for Assessing a Manipulative Therapy Student with a Patient**

## Appendix IA

### Log of Clinical Knowledge, Skills, Behaviours Performed/Exhibited

Mentor : \_\_\_\_\_ Student Name: \_\_\_\_\_

	<b>Stability tests – Craniovertebral (C-V), cervical, thoracic, lumbar, sacroiliac (SI), shoulder, elbow, wrist, hand, fingers, hip, knee, ankle and foot</b>
	<b>VBI Assessment (including indications and contraindications) Orthopaedic Division Screening Protocol</b>
	<b>Upper and Lower Quadrant Scans</b>
	<b>Accessory movements (assessment and mobilization) – C-V, cervical, thoracic, lumbar, SI, shoulder, elbow, wrist, hand, fingers, hip, knee, ankle, and foot</b>
	<b>PIVMS and PAVMS – C-V, cervical, cervico-thoracic, thoracic, thoracolumbar, lumbar</b>
	<b>Upper and Lower Quadrant Neurodynamics – Assessment and Mobilization</b>
	<b>Upper and Lower Quadrant Muscle Length / Strength Testing</b>
	<b>Observational Gait Analysis</b>
	<b>Special Tests as they pertain to various regions or joints eg. rotator cuff, labral tears (hip/shoulder), meniscus, cluster of tests eg. SI</b>
	<b>Manipulations:</b>
	<b>Theory of Manipulation – indications/contraindications, effects/efficacy of manipulations (peripheral and spinal) / post manipulation care</b>
	<b>C-V manipulations: O-A distraction, A-A posterior glide and distraction</b>
	<b>Cervical – unilateral flexion, unilateral extension</b>
	<b>Thoracic costo-transverse distraction manipulation</b>
	<b>Thoracic “z” joint bilateral distraction / axial traction manipulation – supine / sitting</b>
	<b>Elbow – Mill’s manipulation and lateral glide manipulation, distraction ulnohumeral and radiohumeral joints, loose body manipulation</b>
	<b>Wrist – dorsal and volar carpal manipulations Superior Radioulnar - anterior/posterior translation Inferior Radioulnar - manipulation for the TFCC CMC/MCP/DIP - distraction</b>

	<b>Lumbar – oblique gap, unilateral flexion and unilateral extension manipulation</b>
	<b>Sacroiliac Joint – Inferior translation, supine gap</b>
	<b>Hip –loose body manipulation</b>
	<b>Knee – distraction, loose body manipulation, medial/lateral translation</b>
	<b>Superior tib/fib – anterior/posterior translation</b>
	<b>Talocrural - “j” stroke manipulation, distraction manipulation, anterior/posterior translation</b>
	<b>Subtalar joint – distraction, medial/lateral thrust – anterior and posterior joints, dynamic flick manipulations into inversion or eversion, loose body</b>
	<b>Foot – navicular and/or cuboid manipulation, MTPs - distraction</b>

## Appendix IB

### Log of Clinical Knowledge, Skills, Behaviours Performed/Exhibited

Mentor: \_\_\_\_\_ Student Name: \_\_\_\_\_

	<b>Exercise prescription – deep neck flexor, core strengthening and any home exercise to compliment a manual/manipulative technique etc.</b>
	<b>Graded Movement Techniques for accessory and physiological mobilizations</b>
<b>Advanced Manipulations: refer to the Level 4/5 Manuals for comprehensive list</b>	
	<b>C-V manipulations: O-A distraction, unilateral flexion/extension, A-A anterior glide and posterior glide, distraction</b>
	<b>Cervical – unilateral flexion/ extension, axial traction, distraction, specific and non-specific techniques in the presence of hypermobility and/or instability</b>
	<b>Cervico-thoracic junction- axial traction (bilateral) unilateral flexion and extension, 1<sup>st</sup> rib – inferomedial translation and distraction (roll down)</b>
	<b>Thoracic – distraction, unilateral bilateral flexion/extension (Z joints) - distraction costotransverse joints</b>
	<b>Thoracic-lumbar junction –oblique gap, unilateral flexion and extension</b>
	<b>Lumbar – with the presence of instability and/or hypermobility for flexion, extension and gap – direct and indirect techniques</b>
	<b>SI joint- unilateral gap (side lying), anterior/posterior innominate, inferior translation, unilateral sacral nutation/counternutation</b>
	<b>Other: Describe: _____</b>
	<b>Other: Describe: _____</b>
	<b>Other: Describe: _____</b>
	<b>Other: Describe: _____</b>

## Appendix II

### Clinical Reasoning Reflection Form – Subjective

#### Questions to be completed after the subjective assessment

1. Identify the key activities and participation restrictions for this client (based on the International Classification of Function, Disability and Health – ICF)
  
2. In what stage of the healing process does this client present (acute inflammatory – 0-3 days, proliferation/sub-acute phase 3 days – 6 weeks, remodelling/maturation – 6 weeks – 18 months)?
  
3. Identify the dominant pain mechanism (nociceptive, peripherally evoked, centrally evoked) and provide the subjective evidence to support it.

Input Mechanisms		Processing Mechanisms		Output Mechanisms
Nociceptive Symptoms	Peripheral Evoked Neurogenic Symptoms	Centrally Evoked Neurogenic Symptoms	Patient's perspective (Cognitive/Affective Influences)	Motor & Autonomic Mechanisms
% of Influence				

Adapted from “Clinical Reasoning for Manual Therapists” by M. Jones and D. Rivett



9. Based on your subjective examination (and your assumptions) how would you formulate your objective examination? Please state the most relevant tests and the order you would perform them and why.

10. What outcome measurement tools would you use to monitor this patient and why would you choose to use it?

**Adapted from “Clinical Reasoning for Manual Therapists” by M. Jones and D. Rivett**

**CPA Diploma of Advanced Orthopaedic Manual and Manipulative Physiotherapy  
Policies and Procedures: Education and Examination Standards Document  
Education Committee – revised May 2017**





6. Identify the key physical impairments from the objective examination i.e. posture, movement patterns, joint dysfunction, motor control, neural mobility/sensitivity.

7. Indicate your treatment goals for your key impairments:

Goals:

Short term-

Long term-

Management Strategies (include manual therapy, exercise, education, other):

Initial Treatment:

Outcome measures:

8. Identify the key subjective and objective findings that would help you recognize this disorder (i.e. clinical pattern) in the future.

Subjective	Objective

9. Is there evidence to support your assessment procedures and treatment interventions? Please elaborate.

*Reflections for Prognosis, Assessment and Treatment Management:*

*(may be completed on future visits or on reflection of a prior patient)*

- a. *Are the client's needs being met?*
- b. *What clues (if any) can you now recognize that you initially missed, misinterpreted, under-or-over-weighted?*
- c. *What would you do different next time?*
- d. *Did your outcome measure change significantly over time?*

Adapted from "Clinical Reasoning for Manual Therapists" by M. Jones and D. Rivett

**CPA Diploma of Advanced Orthopaedic Manual and Manipulative Physiotherapy  
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**Appendix IV**  
**Mentor/Mentee Evaluation Form**  
**(Assessment of an Actual Patient/Client)**  
**(must be submitted to the examination coordinator prior to**  
**taking the Advanced Exam)**

<b>Clinical Hypothesis</b>	
<b>Clinical Reasoning Skills</b>	<b>Attach the completed subjective and objective clinical reasoning questions (appendix II, III)</b>
<b>Assessment And Treatment</b>	<b>Attach Assessment Form used with the patient</b>
<b>Mentor's Feedback on Performance</b>	

<b>Student's Feedback on Performance</b>	
<b>Agreed Areas for Development</b>	

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**Signature**


---

**Mentor Name**


---

**Date**


---

**Signature**


---

**Mentee Name**


---

**Date**



Submit Appendix II, III, IV, V to the Exam Coordinator prior to the Advanced Exam

### Appendix V: Clinical Indirect Mentorship Hours Log Sheet

INDIRECT CLINICAL HOURS COMPLETED	NATURE OF STUDY	WITNESS NAME (print)	WITNESS SIGNATURE	DATE SIGNED

Total number of Indirect clinical hours completed: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
(Print) (Signature)

## **Appendix VI**

### **Fee Guidelines for Mentorship**

The following is the **suggested** guidelines for mentorship payment which is paid by the student directly to the mentor.

All financial transactions should be discussed clearly and professionally with the student and the **Orthopaedic Division** strongly encourages that all fees charged to the student for mentorship are designed to help minimize any lost income by the supervising mentor and not as a means of profit.

Direct Clinical Hours Only:

1:1 student: mentor ratio = \$50.00/hour maximum

2:1 student: mentor ratio = \$60.00/hour maximum

3:1 student: mentor ratio = \$70.00/hour maximum

4:1 student: mentor ratio = \$80.00/hour maximum

The Orthopaedic Division strongly recommends that a receipt for “services paid” be provided to the manual/manipulative therapy student for proof of payment after the mentor has received full monetary compensation.



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## Appendix VIII

### Mentee Mid-point Relationship Evaluation

1. My Mentor and I have been meeting for (how long/how many hours)

2. We have been able to agree on the terms of our relationship

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. We have been able to finalize a learning plan and mentoring agreement

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I feel we have established the level of trust needed for an effective relationship to grow

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. I believe if I or my Mentor had issues/concerns or obstacles, these would be brought forward and addressed with openness and desire to work toward resolution

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I believe we are making real progress on setting realistic, attainable goals and steps are being taken to achieve goals

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I feel that I am gaining personally and/or professionally from the relationship

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. 5 things I believe are going well in our mentoring relationship

- 1.
- 2.
- 3.



4.

9. Areas I would like to see improved in our mentoring relationship



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- 1.
- 2.
- 3.

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## Appendix VIII

## Mentor Mid-point Relationship Evaluation

1. My Mentee and I have been meeting for (how long/how many hours)

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. We have been able to finalize a learning plan and mentoring agreement

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I feel we have established the level of trust needed for an effective relationship to grow

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. I believe if I or my Mentee had issues/concerns or obstacles, these would be brought forward and addressed with openness and desire to work toward resolution

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I believe we are making real progress on setting realistic, attainable goals and steps are being taken to achieve goals

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I feel that I am gaining personally and/or professionally from the relationship

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

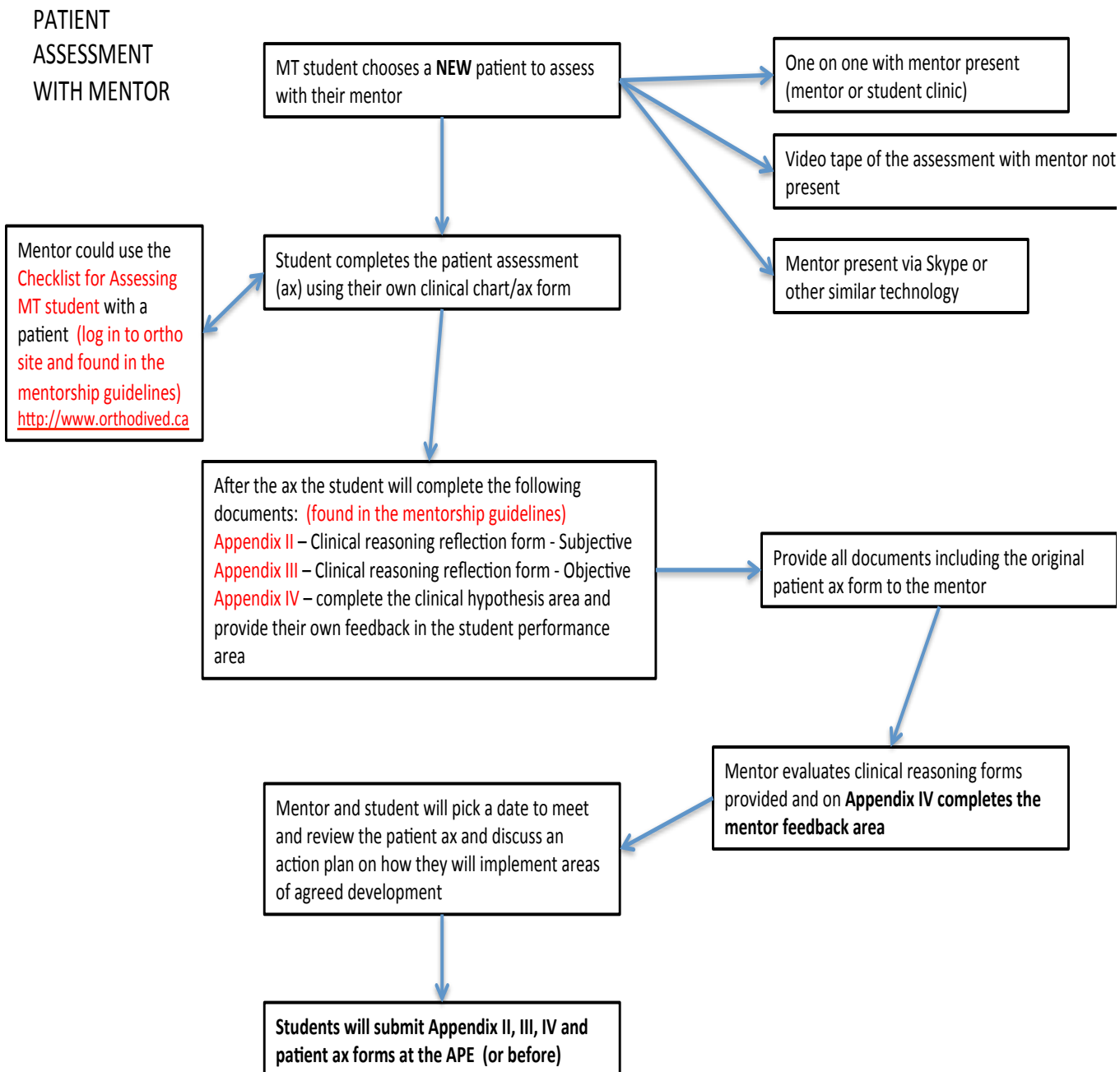
8. 5 things I believe are going well in our mentoring relationship

- 1.
- 2.
- 3.
- 4.
- 5.

9. Areas I would like to see improved in our mentoring relationship

- 1.
- 2.
- 3.
- 4.

## APPENDIX IX



## APPENDIX X

## Checklist for Assessing a Manipulative Therapy student with a Patient

(This checklist will provide the mentor with topic areas to address with the student after a patient assessment)

Major topics to address are in capital lettering	Above Average	Average	Below Average
<b>CLINICAL REASONING</b>			
<i>Ability to deviate from routine and prescription in subjective questioning (adapts to verbal and non-verbal cues)</i>			
<i>Ability to deviate from routine and prescription in objective testing (adapts to verbal and non-verbal cues)</i>			
<i>Specificity in identifying problem list</i>			
<i>Prioritization of problem list</i>			
<i>Integration of different forms of information</i>			
<i>Other:</i>			
<b>BACKGROUND KNOWLEDGE</b>			
<i>Theoretical knowledge</i>			
<i>Effective use of personal knowledge</i>			

<i>Evidenced informed knowledge</i>			
<i>Integration of knowledge and practice</i>			
<i>Integration of all forms of knowledge</i>			
<b>JUSTIFICATION OF DECISIONS</b>			
<b>PSYCHOMOTOR SKILL LEVEL</b>			
<i>Level of precision of skills</i>			
<i>Adaptability of skills</i>			
<b>PATIENT CENTRED APPROACH</b>			
<b>CRITICAL APPROACH TO PRACTICE</b>			
<b>SELF CONFIDENT</b>			

*Adapted from: "Defining the construct of masters level clinical practice in manipulative physiotherapy" by Alison Rushton, Geoff Lindsay; Manual Therapy, 2009*

To help the mentor assist with using this check list please refer to the above article as well as Mark Jones and Darren Rivett book : "Clinical Reasoning for Manual Therapists" – Chapter 1