

## IPE Practical Skill Check – Example Questions

### Lower Quadrant Spinal

1. Demonstrate the passive anterior translation stability test at L3/L4.

Domain	Not Demonstrated	Needs Development	Emerging	Proficient	Exemplary
Safety/Comfort/Communication					
Planning & Execution					
Effectiveness					

Meets Expectations

Does Not Meet Expectations

2. Demonstrate combined flexion/left side flexion/right rotation passive mobility testing (PPIVMs) at L4/L5.

Domain	Not Demonstrated	Needs Development	Emerging	Proficient	Exemplary
Safety/Comfort/Communication					
Planning & Execution					
Effectiveness					

Meets Expectations

Does Not Meet Expectations

3. Demonstrate a passive mobilization to restore extension/left side flexion/left rotation at T12/L1.

Domain	Not Demonstrated	Needs Development	Emerging	Proficient	Exemplary
Safety/Comfort/Communication					
Planning & Execution					
Effectiveness					

Meets Expectations

Does Not Meet Expectations

## Upper Quadrant Peripheral

### Lower Quadrant Peripheral

1. Demonstrate a passive accessory mobilization to restore terminal extension of the right tibiofemoral joint.

Domain	Not Demonstrated	Needs Development	Emerging	Proficient	Exemplary
Safety/Comfort/Communication					
Planning & Execution					
Effectiveness					

Meets Expectations

Does Not Meet Expectations

2. What clinical history features would increase the probability of gluteal tendinopathy. Demonstrate a test you would perform to confirm this.

Domain	Not Demonstrated	Needs Development	Emerging	Proficient	Exemplary
Safety/Comfort/Communication					
Planning & Execution					
Effectiveness					

Meets Expectations

Does Not Meet Expectations

3. Demonstrate a distraction manipulation of the left talocrural joint.

Domain	Not Demonstrated	Needs Development	Emerging	Proficient	Exemplary
Safety/Comfort/Communication					
Planning & Execution					
Effectiveness					

Meets Expectations

Does Not Meet Expectations

## Manipulations (Peripheral and Spinal)

Peripheral	Spinal
Loose body manipulation – hip, knee, talocrural, subtalar Superior tibfib joint – anterior/posterior thrust Talocrural joint – distraction, anterior/posterior thrust, J-stroke Subtalar – osteokinematic flick for inversion/eversion, distraction, medial/lateral thrust Calcaneocuboid – distraction, dorsal/plantar thrust Talonavicular – distraction, dorsal/plantar thrust TMT distraction, dorsal/plantar thrust 1 <sup>st</sup> MTP distraction	Lumbar oblique gap Lumbar extension Supine SI gap SI inferior thrust

### Example of an Exercise Prescription Question

A 20-year-old recreational runner presents with a three-month history of anterior knee pain that worsens with running, going downstairs and prolonged sitting. On assessment they demonstrate pain during single-leg squat with femoral internal rotation and mild weakness of the hip abductors. Prescribe and teach one exercise to address their impairments.

Domain	Not Demonstrated 0	Needs Development 1	Emerging 2	Proficient 3	Exemplary 4
Clinical Reasoning, Exercise Selection and Dosage					
Communication and Teaching					
Client Monitoring and Safety					

Meets Expectations  
 Does Not Meet Expectations