



# Clinical Reasoning Curriculum and Assessment Research Consortia

## What is Clinical Reasoning in Physical Therapy?

A unified definition of clinical reasoning in physical therapy does not yet exist however several descriptions/conceptualizations have been reported in the literature. The most frequently cited are:

“Clinical reasoning is a context-dependent way of thinking and decision making in professional practice to guide practice actions.”<sup>1</sup>

“Clinical reasoning refers to the thinking and decision-making processes that are used in clinical practice”<sup>2</sup>

Recently a concept analysis in which there is an attempt to clarify a concepts’ characteristics and features and the relationship of these features was completed by members of this consortium. The resulting conceptualization is:

“Clinical reasoning in physical therapy could be conceptualized as integrating cognitive, psychomotor and affective skills. It is contextual in nature and involves both therapist and client perspectives. It is adaptive, iterative and collaborative with the intended outcome being a biopsychosocial approach to patient/client management.”<sup>3</sup>

Therapists use multiple *types* of reasoning and may integrate several in a single session.

Diagnostic Reasoning: “The formation of a diagnosis related to physical disability and impairment with consideration of associated pain mechanisms, tissue pathology, and the broad scope of potential contributing factors.”<sup>2</sup>

Narrative Reasoning: “Involves the apprehension and understanding of patients “stories,” illness experiences, meaning perspectives, contexts, beliefs, and cultures.”<sup>2</sup>

Procedural reasoning: “The decision making behind the determination and carrying out of treatment procedures.”<sup>2</sup>

Interactive Reasoning: “The purposeful establishment and ongoing management of therapist-patient rapport.”<sup>2</sup>

Collaborative reasoning: “The nurturing of a consensual approach toward the interpretation of examination findings, the setting of goals and priorities, and the implementation and progression of intervention.”<sup>2</sup>

Reasoning about Teaching: "Thinking directed to the content, method, and amount of teaching in clinical practice, which is then assessed as to whether it has been effectively understood."<sup>2</sup>

Predictive Reasoning: "The active envisioning of future scenarios with patients, including the exploration of their choices and the implications of those choices."<sup>2</sup>

Ethical Reasoning: "The apprehension of ethical and practical dilemmas that impinge on both the conduct of intervention and its desired goals, and the resultant action towards their resolution."<sup>2</sup>

Intuitive Reasoning: Related to past experience with specific cases which can be used unconsciously in inductive reasoning, similar to heuristics.<sup>4</sup>

Dialectical Reasoning: "An interplay between the different paradigms of knowledge and reasoning processes."<sup>2</sup>

Non-analytical reasoning: The role of experience in medical diagnosis, and the application of an exemplar model of categorization to the process of clinical reasoning.<sup>5</sup>

## **REFERENCES:**

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