

## **ABSTRACT**

### **Inter-Reliability in Correct Tissue Differential Diagnosis after Viewing a Videotape of the Ola Grimsby Institute Evaluation Procedures for a Patient with Shoulder Pathology**

**Julie A. Danielson, DPT**

#### **Purpose**

The purpose of this study was to determine the ability of three groups of physical therapists who had been or were being trained in an Ola Grimsby Institute manual therapy residency program to correctly diagnose a shoulder pathology following the OGI evaluation procedures for conducting tissue differential diagnosis, after viewing a videotape evaluation.

#### **Methodology**

For the purpose of this study a descriptive research design was employed to test the hypotheses. Subjects viewed a videotape of an OGI manual therapist performing a shoulder evaluation of a real patient with a supraspinatus tendonitis pathology. The therapist followed OGI evaluation procedures and announced the findings of each test that he performed but not his diagnosis. Subjects then attempted to select the correct diagnosis as portrayed in the videotape from eight available choices.

Subjects selected for inclusion in the study were volunteers who were either second year students in the Part I residency program, graduates of the Part I residency program, or graduates of the Part II residency program.

A one-tailed Z test was used to determine the degree of agreement between the presenting diagnosis and the therapists' selection of diagnostic category within each of the groups.

#### **Findings**

In order for the degree of agreement within groups to be considered statistically significant, it needed to exceed predetermined percentages that could be expected by chance. None of the three groups exceeded the predetermined percentages.

In order to determine if the tissue differential diagnosis portrayed in the videotape was a valid representation of the process that should lead an OGI trained manual therapist to the diagnosis of supraspinatus tendonitis, the researcher obtained diagnoses from a large portion of the OGI Board of Examiners and Part I instructors. Although the degree of agreement between these subjects was higher, it did not achieve statistical significance.

## **Conclusions**

Because there were not articles in the literature that addressed the purpose of this study specifically, a comparison of current and previous findings could not be made. However, the validity of the videotaped differential tissue diagnosis may have created the following two points of confusion: (1) whether a supraspinatus tendonitis pathology can exist without the resisted abduction tests provoking pain in all three positions; and (2) whether sufficient information was provided so subjects could distinguish between the diagnoses of supraspinatus tendonitis and chronic subdeltoid bursitis.

Recommendations for further research included clarifying the difference in diagnoses between supraspinatus tendonitis and chronic subdeltoid bursitis, selecting a patient who presents the clinical features of the desired diagnosis only, and validate the presentation prior to distribution of the videotape, among others.