**Case Example #1:**Johnny Appleseed is performing his second knee evaluation since entering the athletic training program at your institution. During the evaluation you notice Johnny making a mental note of all the special tests that he has performed and those that he has not. While he asks good history questions, he seems to be lacking a connection of that information to the results of his physical evaluation. At the end of his evaluation, Johnny has difficultly coming to a single diagnostic conclusion. He finally says to you, "Well... it could be a possible MCL sprain... but it also... well the clicking and locking with McMurray's test could mean he has torn his medial meniscus. But the athlete's mechanism of injury does not indicate a meniscal tear, though."  
  
What is Johnny's current level of expertise?

*Advanced beginner*

What type of clinical reasoning strategy is Johnny using to make his decision?

*Hypothetico-deductive reasoning*

If applicable, what are some deliberate practice activities that you could use to improve Johnny's clinical performance?

*Simple, controlled practice situations will allow Johnny to work on overcoming his inability to distinguish important from unimportant information and decrease his anxiety. As a clinical preceptor, you can model the hypothetico-deductive reasoning process by allowing Johnny to observe one of your evaluations where you talk him through your thinking process.*

**Case Example #2:**Mary Poppins has just completed an evaluation of a baseball pitcher's elbow and has concluded that the athlete has a partially torn UCL. She also knows that the treatment for a partially torn UCL could be managed conservatively or surgically. Mary explains to the athlete that while it is generally true that conservative treatment would have a shorter recovery period (6-8 weeks), the athlete will most likely never return to their previous level of throwing without pain. She also knows that even with surgical intervention and a much longer recovery period (6-9 months), there is still a small percentage of failure that occurs with the reconstructed UCL once the athlete has returned to full participation. The athlete expressed an interest in going pro after the completion of this year, which ends in less than two months. Given the circumstances of the situation, Mary seeks out advice from her supervisor before recommending a plan to the athlete.  
  
What is Mary's current level of expertise?

*Proficient*

What type of clinical reasoning strategy is Mary using to make her decision?

*Case pattern recognition*

If applicable, what are some deliberate practice activities that you could use to improve Mary's clinical performance?

*Additional contextual experiences will eventually move Mary out of this transitional level and into the expert level of proficiency.*