

ENGLISH FOR WORK / ENGLISH FOR SPORTS MEDICINE PROFESSIONALS

Sports Medicine English

Describe the movement. Clarify the next step.



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Eight practical lessons. Eleven extended conversations.
Vocabulary, phrase banks, guided speaking, and explained answers.

Revised 2026 edition / Upper-intermediate to advanced

Your route through the book

01 Clarifying an injury mechanism, page 4

Elicit movement and symptom details without turning an athlete's description into an unconfirmed diagnosis.

02 Explaining an examination and inviting a pause, page 14

Give clear examination explanations and check consent without converting cooperation into blanket permission.

03 Reading back a rehabilitation plan, page 26

Clarify exercise-plan language, version changes, and review ownership without inventing treatment details.

04 Communicating concussion follow-up clearly, page 36

Distinguish return-to-learn arrangements from return-to-sport authorization without minimizing symptoms.

05 Comparing training load without false equivalence, page 48

Compare activity records while separating duration, intensity, and the limits of monitoring data.

06 Explaining imaging findings in clinical context, page 58

Explain the distinction between a structural report, symptoms, function, and a participation decision.

07 Discussing return-to-sport criteria under pressure, page 70

Communicate a conditional participation decision while acknowledging competitive pressure and uncertainty.

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Suggested study range: B2-C1. This is an editorial study range, not a certified proficiency assessment.

Participation is not the same as clearance.

Sports medicine conversations connect symptoms and performance with clinical assessment, rehabilitation, and pressure to compete. Accurate English names the activity, evidence, restriction, and responsible decision-maker without turning a hopeful timetable into permission.

Describe before labeling

Clarify contact, movement, timing, and symptoms before adopting the athlete's informal diagnosis. A pop, a twist, or a feeling of instability is information to assess, not a complete diagnosis. "When you say it gave way, what actually happened during the movement?"

Separate instruction from progression

A current rehabilitation plan does not automatically authorize the next activity. Read back the actual instruction and clarify changes with the responsible clinician. "This is the current plan; progression has not been approved in this update."

Make the activity specific

Training, practice, contact, competition, and performance are not interchangeable. A person may participate in one approved activity without being cleared for every sporting demand. "The note allows the specified activity, not unrestricted competition."

Protect the athlete's voice

Performance pressure does not remove privacy, consent, or clinical responsibility. Explain what can be shared, with whom, and for what purpose under the actual rules. "We can communicate authorized participation limits without forwarding the full clinical record."

Professional boundaries

All people, organizations, cases, figures, and documents in the exercises are fictional. This is professional English practice, not medical advice, clinical training, an exercise prescription, or clearance to play. Follow actual emergency procedures, qualified clinical assessment, current evidence, local law, and sport-specific rules. Do not diagnose an injury, calculate a dose, select treatment, or advance rehabilitation from an exercise. Concussion and return-to-sport decisions require the appropriate healthcare professional. Protect athlete information and clarify the authority of each role.

A Read the situation

LESSON 01 / CLARIFYING AN INJURY MECHANISM

Elicit movement and symptom details without turning an athlete's description into an unconfirmed diagnosis.

A twist, not a collision

Football player Luca reports left-knee discomfort after planting the left foot and turning during practice. No other player made contact. Luca says the knee gave way but cannot explain whether that meant pain, buckling, or a fall. Dr Arun is taking the history; no examination, scan result, or diagnosis is supplied. The task is accurate history language, not deciding whether the injury is safe to ignore.

People: Dr Arun, Sports physician; Luca, Athlete.

Read the record

Choose one answer per question using the facts above.

1. Which mechanism is reported?

- A.** A confirmed ligament rupture
- B.** Planting the left foot and turning without contact
- C.** A direct collision to the right knee
- D.** A fall from height

2. Which phrase needs clarification?

- A.** No player contact
- B.** Gave way
- C.** Left foot
- D.** During practice

3. What is not yet supplied?

- A.** The practice setting
- B.** A confirmed diagnosis
- C.** A reported movement
- D.** The side involved

[Answers and explanations, page 107](#)

B Vocabulary in use

CORE TERMS

mechanism of injury

Movement or event associated with the reported injury.

clarify the mechanism of injury

pivot

Turn made around a planted or supporting foot.

describe a pivot

joint instability

Sense or finding that a joint does not maintain expected stability.

distinguish reported joint instability

locking

Reported or assessed inability to move a joint through an expected range.

clarify reported locking

effusion

Fluid accumulation within a joint or body space.

assess a joint effusion

tendon

Tissue connecting muscle to bone.

distinguish a tendon from a ligament

non-contact injury

Injury associated with an event without direct contact from another person or object.

describe a non-contact injury

weight-bearing

Supporting body weight through a limb.

clarify weight-bearing ability

buckling

Sudden giving way during support or movement.

describe an episode of buckling

swelling

Enlargement associated with fluid or tissue change.

describe the onset of swelling

ligament

Connective tissue linking bones across a joint.

explain ligament anatomy

meniscus

Fibrocartilage structure in the knee contributing to load distribution and stability.

explain the meniscus

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

mechanism of injury MECHANISM OF INJURY

clarify the mechanism of injury

Keep the meaning precise: Movement or event associated with the reported injury.

buckling BUCKLING

describe an episode of buckling

Keep the meaning precise: Sudden giving way during support or movement.

B Precision and professional shorthand

EXTEND YOUR RANGE

sprain

Injury involving a ligament.

distinguish a sprain

symptom onset

Time or sequence in which symptoms began.

establish symptom onset

relieving factor

Activity or circumstance associated with reduced symptoms.

identify a relieving factor

clarification request

Question that resolves an unclear meaning or instruction.

make a targeted clarification request

working assumption

Provisional premise used while information is incomplete.

challenge a working assumption

action owner

Named person responsible for a specified next step.

confirm the action owner

strain

Injury involving muscle or tendon.

distinguish a strain

aggravating factor

Activity or circumstance that worsens symptoms.

identify an aggravating factor

prior injury

Earlier injury relevant to the current history.

clarify a prior injury

source attribution

Identification of where information came from.

preserve source attribution

scope boundary

Limit of the work or authority being discussed.

state the scope boundary

check-back

Restatement used to verify that a message was understood.

complete a check-back

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

meniscus MENISCUS

explain the meniscus

Keep the meaning precise: Fibrocartilage structure in the knee contributing to load distribution and stability.

relieving factor RELIEVING FACTOR

identify a relieving factor

Keep the meaning precise: Activity or circumstance associated with reduced symptoms.

Phrases that move the work forward

Locate the event

Which foot was on the ground when you turned?

Unpack the phrase

When you say it gave way, what did you feel or see?

Ask about function

What happened when you tried to support weight afterward?

Check the side

I am confirming that you mean the left knee.

Clarify the question

Are you asking about the finding or the next step?

Attribute information

That is what the current record says; it has not been independently confirmed.

Check scope

That decision sits outside my authority.

Repair misunderstanding

Let me restate the distinction more clearly.

Clarify contact

Did anyone or anything make contact with you?

Separate sequence

Did the discomfort begin before, during, or after the turn?

Preserve uncertainty

That describes the event; it does not confirm the injured structure.

Avoid a shortcut

We should not replace your description with a diagnosis yet.

Invite correction

Please correct me if I have misunderstood that detail.

Separate possibility

That is a possibility, not an agreed outcome.

Pin down responsibility

Who is responsible for that specific next step?

Close an exchange

We agree on the action, the owner, and the point for review.

Precision in real exchanges

Purpose: Separate sequence

Useful wording: Did the discomfort begin before, during, or after the turn?

Purpose: Ask about function

Useful wording: What happened when you tried to support weight afterward?

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which opening question resolves the key ambiguity?

- A.** So your examination was normal?
- B.** What happened when you say the knee gave way?
- C.** Which ligament definitely ruptured?
- D.** Why did you keep playing after a diagnosis?

2. Which summary preserves the reported mechanism?

- A.** Confirmed meniscal tear on imaging
- B.** No injury because there was no contact
- C.** Left foot planted; turn without player contact
- D.** Right knee struck by another player

3. A colleague needs the term for this meaning: Supporting body weight through a limb. Which term fits?

- A.** working assumption
- B.** effusion
- C.** symptom onset
- D.** weight-bearing

D Choose the response that fits / continued

4. Rebuild the exchange from "A twist, not a collision". Dr Arun: "We can keep your own description while clarifying it. Did the discomfort begin during the turn or afterward?" Luca: [missing response] Dr Arun: "That uncertainty is useful to preserve. What happened when you tried to put weight through the leg afterward?" Which response belongs in the gap?

- A.** During the pivot, as far as I remember. I cannot separate the exact moment any more precisely than that.
- B.** There was a prior injury to this knee, although I do not have the old records with me today.
- C.** Turning feels like an aggravating factor, but I have not been trying movements just to test the knee myself.
- D.** Then my report is a non-contact injury event with left-knee discomfort and some uncertain details, not a confirmed tear.

[Answers and explanations, page 107](#)

One useful distinction

A non-contact pivot describes a mechanism, not a confirmed ligament or meniscal injury. Gave way needs clarification and must not be recorded as an examination finding.

Conversation

A twist, not a collision

A twist, not a collision

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

mechanism of injury / swelling / non-contact injury / prior injury / strain / buckling / aggravating factor / weight-bearing / pivot / ligament

- 01 **Dr Arun:** Tell me what happened just before the knee discomfort started, including where your foot was on the ground.
- 02 **Luca:** My left foot was planted, and I turned. The ¹ _____ was not a tackle; nobody made contact with me.
- 03 **Dr Arun:** I will record that distinction. When you said it gave way, what actually happened during the movement?
- 04 **Luca:** I am not sure whether ² _____ is the right word. I felt something unexpected and stopped, but I did not fall.
- 05 **Dr Arun:** We can keep your own description while clarifying it. Did the discomfort begin during the turn or afterward?
- 06 **Luca:** During the ³ _____, as far as I remember. I cannot separate the exact moment any more precisely than that.
- 07 **Dr Arun:** That uncertainty is useful to preserve. What happened when you tried to put weight through the leg afterward?
- 08 **Luca:** I can describe my ⁴ _____ experience, but I do not want my answer treated as proof of what structure is injured.
- 09 **Dr Arun:** It will be part of the history, not a substitute for the actual assessment. Did you notice any change in size?
- 10 **Luca:** I noticed some ⁵ _____ later, but I cannot say whether it began immediately because I was concentrating on the discomfort.

Conversation continues on the next page.

A twist, not a collision

CONVERSATION / CONTINUED

- 11 **Dr Arun:** We should distinguish that report from what is found on examination. Has anything similar happened before?
- 12 **Luca:** There was a ⁶ _____ to this knee, although I do not have the old records with me today.
- 13 **Dr Arun:** We can clarify those separately. What movement seems to make the current discomfort more noticeable?
- 14 **Luca:** Turning feels like an ⁷ _____, but I have not been trying movements just to test the knee myself.
- 15 **Dr Arun:** That account helps. Have you been told a diagnosis, or are the terms you have heard guesses from teammates?
- 16 **Luca:** They mentioned a ⁸ _____ tear and a meniscus problem, but those were suggestions rather than a clinician's findings.
- 17 **Dr Arun:** Then we will not copy them into the record as confirmed. Different structures and symptoms need proper assessment.
- 18 **Luca:** I also mixed up sprain and ⁹ _____. I understand now that the words do not simply mean mild and severe versions of the same injury.
- 19 **Dr Arun:** Exactly. The next clinical assessment uses the actual history and findings; this description does not settle the diagnosis.
- 20 **Luca:** Then my report is a ¹⁰ _____ event with left-knee discomfort and some uncertain details, not a confirmed tear.

CHECK THE GAPS

1. mechanism of injury / **2.** buckling / **3.** pivot / **4.** weight-bearing / **5.** swelling / **6.** prior injury / **7.** aggravating factor / **8.** ligament / **9.** strain / **10.** non-contact injury

[Why these answers fit, page 108](#)

F Check accuracy and scope

A twist, not a collision

Return to the case

Football player Luca reports left-knee discomfort after planting the left foot and turning during practice. No other player made contact. Luca says the knee gave way but cannot explain whether that meant pain, buckling, or a fall. Dr Arun is taking the history; no examination, scan result, or diagnosis is supplied. The task is accurate history language, not deciding whether the injury is safe to ignore.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which distinction is anatomically appropriate?

- A.** A sprain and strain always name the same tissue
- B.** A tendon connects two bones across every joint
- C.** A meniscus is a muscle
- D.** A sprain involves a ligament; a strain involves muscle or tendon

2. Which claim exceeds the case?

- A.** The left foot was planted
- B.** The ligament is definitely torn
- C.** The athlete reports discomfort
- D.** The event occurred at practice

[Answers and explanations, page 110](#)

Listen for the distinction

Change roles and clarify gave way without inserting a structural diagnosis.

The athlete's words need room

An everyday phrase such as gave way may have several meanings. Ask for the actual experience before substituting a clinical label.

F Say it / transfer to a new case

The side was entered incorrectly

An athlete clarifies that the right ankle was involved, not the left. No diagnosis is supplied. The clinician follows the actual correction process and retains the source of the clarification.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

unconfirmed / right / left / source

- 01 **Athlete:** The affected ankle was the ¹ _____ one.
- 02 **Clinician:** The earlier ² _____ entry needs correction.
- 03 **Athlete:** The diagnosis remains ³ _____.
- 04 **Clinician:** I will preserve the correction's ⁴ _____.

CHECK THE GAPS

1. right / 2. left / 3. unconfirmed / 4. source

[Why these answers fit, page 110](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "A twist, not a collision". Dr Arun: "We can clarify those separately. What movement seems to make the current discomfort more noticeable?" Luca: [missing response] Dr Arun: "That account helps. Have you been told a diagnosis, or are the terms you have heard guesses from teammates?" Which response belongs in the gap?

- A.** During the pivot, as far as I remember. I cannot separate the exact moment any more precisely than that.
- B.** Turning feels like an aggravating factor, but I have not been trying movements just to test the knee myself.
- C.** Then my report is a non-contact injury event with left-knee discomfort and some uncertain details, not a confirmed tear.
- D.** There was a prior injury to this knee, although I do not have the old records with me today.

[Answers and explanations, page 111](#)

A Read the situation

LESSON 02 / EXPLAINING AN EXAMINATION AND INVITING A PAUSE

Give clear examination explanations and check consent without converting cooperation into blanket permission.

Active movement is not passive movement

Physiotherapist Elena explains a planned shoulder examination to athlete Mo. She distinguishes movement Mo performs from movement guided by the examiner and explains that Mo can ask to pause. No maneuver, measured angle, diagnosis, or exercise prescription is supplied. Mo initially thinks range of motion means strength. The conversation practices explanation and consent within the actual clinical process.

People: Elena, Physiotherapist; Mo, Athlete.

Read the record

Choose one answer per question using the facts above.

1. What does Mo initially confuse?

- A.** Movement range and strength
- B.** Appointment time and date
- C.** Shoulder and ankle
- D.** Consent and an imaging result

2. Which action remains available to Mo?

- A.** Ask to pause
- B.** Authorize every future procedure automatically
- C.** Diagnose the shoulder from the dialogue
- D.** Choose an invented maneuver

3. What is not supplied?

- A.** A planned explanation
- B.** A patient question
- C.** The clinician's role
- D.** A measured angle

[Answers and explanations, page 112](#)

B Vocabulary in use

CORE TERMS

range of motion

Extent of movement available at a joint.

assess range of motion

passive movement

Movement guided by another person or an external force.

explain passive movement

flexion

Bending movement that generally decreases a joint angle.

explain shoulder flexion in context

abduction

Movement away from the relevant body midline.

explain abduction

internal rotation

Rotation toward the relevant anatomical midline.

describe internal rotation

palpation

Examination by touch using an appropriate clinical technique.

explain palpation before contact

active movement

Movement performed by the person using their own muscles.

explain active movement

resisted movement

Movement or effort made against an applied resistance.

describe resisted movement

extension

Movement generally increasing a joint angle or moving from flexion.

describe extension

adduction

Movement toward the relevant body midline.

explain adduction

external rotation

Rotation away from the relevant anatomical midline.

describe external rotation

tenderness

Pain or discomfort elicited by examination pressure.

document assessed tenderness

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

range of motion **RANGE OF MOTION**

assess range of motion

Keep the meaning precise: Extent of movement available at a joint.

extension **EXTENSION**

describe extension

Keep the meaning precise: Movement generally increasing a joint angle or moving from flexion.

B Precision and professional shorthand

EXTEND YOUR RANGE

muscle strength

Capacity to produce force in the relevant assessment.

assess muscle strength

baseline measurement

Initial measurement used for later comparison.

record a baseline measurement

chaperone

Person present in an examination under the relevant policy and preference.

offer a chaperone appropriately

clarification request

Question that resolves an unclear meaning or instruction.

make a targeted clarification request

working assumption

Provisional premise used while information is incomplete.

challenge a working assumption

action owner

Named person responsible for a specified next step.

confirm the action owner

functional task

Activity used to examine a relevant everyday or sporting demand.

clarify a functional task

examination consent

Agreement to an explained examination within the actual consent process.

confirm examination consent

stop signal

Agreed way to request a pause or stop.

establish a stop signal

source attribution

Identification of where information came from.

preserve source attribution

scope boundary

Limit of the work or authority being discussed.

state the scope boundary

check-back

Restatement used to verify that a message was understood.

complete a check-back

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

tenderness TENDERNESSESS

document assessed tenderness

Keep the meaning precise: Pain or discomfort elicited by examination pressure.

chaperone CHAPERONE

offer a chaperone appropriately

Keep the meaning precise: Person present in an examination under the relevant policy and preference.

Phrases that move the work forward

Explain the purpose

This part looks at how the shoulder moves, not only how strong it is.

Ask before contact

I will explain the next step before any contact.

Check meaning

How would you describe that distinction in your own words?

Clarify the measure

A range measurement is not a complete diagnosis.

Elena / in the conversation

Before the examination, I would like to explain what we are looking at and how you can ask to pause.

Elena / in the conversation

Movement extent and force production can both be relevant, but one does not replace the other.

Elena / in the conversation

I will also explain whether a movement is one you perform or one that is guided during examination.

Elena / in the conversation

The term describes how the movement happens, not whether you are trying hard enough to please the examiner.

Distinguish the action

Active means you move it yourself; passive means movement is guided.

Invite a pause

Please tell me if you want to pause or stop.

Avoid a label

Passive does not mean you are being unhelpful.

Keep consent specific

We can discuss this step separately before proceeding.

Mo / in the conversation

I thought range of motion was another way of saying how strong my shoulder is.

Mo / in the conversation

So a baseline measurement gives you a starting point rather than a complete diagnosis from one number.

Mo / in the conversation

Would active movement mean that I move the shoulder myself, using my own muscles?

Mo / in the conversation

Then passive movement would mean movement is guided, not that I am being unhelpful or refusing to participate.

Precision in real exchanges

Purpose: Invite a pause

Useful wording: Please tell me if you want to pause or stop.

Purpose: Check meaning

Useful wording: How would you describe that distinction in your own words?

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which explanation distinguishes active and passive correctly?

- A.** You move it yourself versus movement guided by another
- B.** Helpful versus unhelpful behavior
- C.** Strong versus weak tissue
- D.** Safe versus dangerous diagnosis

2. Which instruction supports ongoing consent?

- A.** You attended, so every step is agreed
- B.** Remain silent even if unclear
- C.** Questions can only be asked afterward
- D.** Tell me if you want to pause before we continue

3. A colleague needs the term for this meaning: Movement or effort made against an applied resistance. Which term fits?

- A.** internal rotation
- B.** baseline measurement
- C.** resisted movement
- D.** working assumption

D Choose the response that fits / continued

4. Rebuild the exchange from "Active movement is not passive movement". Elena: "Exactly. I will also explain whether a movement is one you perform or one that is guided during examination." Mo: [missing response] Elena: "Yes. The term describes how the movement happens, not whether you are trying hard enough to please the examiner." Which response belongs in the gap?

- A.** That makes examination consent feel specific to what we discuss, rather than permission for every possible procedure.
- B.** Would active movement mean that I move the shoulder myself, using my own muscles?
- C.** Thank you. I thought range of motion was another way of saying how strong my shoulder is.
- D.** So a baseline measurement gives you a starting point rather than a complete diagnosis from one number.

[Answers and explanations, page 112](#)

One useful distinction

Range of motion describes movement extent, not muscle strength. Active and passive describe how movement occurs, not whether the athlete is cooperative.

Conversation

Active movement is not passive movement

Active movement is not passive movement

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

examination consent / range of motion / active movement / stop signal / palpation /
passive movement / chaperone / functional task / baseline measurement /
muscle strength

- 01 **Elena:** Before the examination, I would like to explain what we are looking at and how you can ask to pause.
- 02 **Mo:** Thank you. I thought ¹ _____ was another way of saying how strong my shoulder is.
- 03 **Elena:** They are different questions. Movement extent and force production can both be relevant, but one does not replace the other.
- 04 **Mo:** So a ² _____ gives you a starting point rather than a complete diagnosis from one number.
- 05 **Elena:** Exactly. I will also explain whether a movement is one you perform or one that is guided during examination.
- 06 **Mo:** Would ³ _____ mean that I move the shoulder myself, using my own muscles?
- 07 **Elena:** Yes. The term describes how the movement happens, not whether you are trying hard enough to please the examiner.
- 08 **Mo:** Then ⁴ _____ would mean movement is guided, not that I am being unhelpful or refusing to participate.
- 09 **Elena:** Correct. I will explain each step before we do it; I am not asking you to try unfamiliar examination techniques yourself.
- 10 **Mo:** I appreciate that. I would like an explanation before ⁵ _____ or any other contact, rather than being surprised halfway through.

Conversation continues on the next page.

Active movement is not passive movement

CONVERSATION / CONTINUED

- 11 **Elena:** We can do that. Please also tell me if something is unclear or you want to pause before the next step.
- 12 **Mo:** Could we agree on a ⁶ _____ now? Sometimes I hesitate when a clinician seems busy or focused.
- 13 **Elena:** Yes, and you can say stop or ask a question directly. Coming to the appointment does not remove that choice.
- 14 **Mo:** That makes ⁷ _____ feel specific to what we discuss, rather than permission for every possible procedure.
- 15 **Elena:** Precisely. We can also discuss the relevant chaperone arrangements and your preferences under the service's actual policy.
- 16 **Mo:** I would like to understand when a ⁸ _____ is offered and how that works before deciding about the appointment arrangements.
- 17 **Elena:** We will explain it. We should also keep the words movement, strength, and function separate in the summary.
- 18 **Mo:** A ⁹ _____ would relate to an actual activity, rather than only one isolated angle or force measurement.
- 19 **Elena:** Exactly. The real assessment determines which information is appropriate and what it means in your situation.
- 20 **Mo:** Then ¹⁰ _____ is one part of the discussion, not a word I should use for every aspect of the shoulder examination.

CHECK THE GAPS

1. range of motion / 2. baseline measurement / 3. active movement / 4. passive movement / 5. palpation / 6. stop signal / 7. examination consent / 8. chaperone / 9. functional task / 10. muscle strength

[Why these answers fit, page 113](#)

F Check accuracy and scope

Active movement is not passive movement

Return to the case

Physiotherapist Elena explains a planned shoulder examination to athlete Mo. She distinguishes movement Mo performs from movement guided by the examiner and explains that Mo can ask to pause. No maneuver, measured angle, diagnosis, or exercise prescription is supplied. Mo initially thinks range of motion means strength. The conversation practices explanation and consent within the actual clinical process.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which pair should not be treated as identical?

- A. Explanation and explanation
- B. Range of motion and muscle strength
- C. Left and left
- D. Appointment and scheduled visit

2. Which claim would invent a finding?

- A. No angle is supplied here
- B. Your range is exactly normal
- C. This step concerns movement
- D. You can ask for a pause

[Answers and explanations, page 115](#)

Listen for the distinction

Swap roles and practice asking for a pause before an unexplained step; do not perform examination maneuvers.

Consent stays active

Explain a step before it happens. Agreeing to an appointment does not remove the person's ability to ask questions, decline a step, or request a pause.

F Say it / transfer to a new case

The request was to pause, not to finish

During an examination explanation, an athlete asks to pause for clarification. No measurement has yet been taken and no finding is established.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

pause / taken / finding / explanation

- 01 **Athlete:** I would like to ¹ _____ before the next step.
- 02 **Clinician:** Let us clarify the ² _____ first.
- 03 **Athlete:** No measurement has been ³ _____.
- 04 **Clinician:** There is no established examination ⁴ _____.

CHECK THE GAPS

1. pause / 2. explanation / 3. taken / 4. finding

[Why these answers fit, page 115](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Active movement is not passive movement". Elena: "Yes, and you can say stop or ask a question directly. Coming to the appointment does not remove that choice." Mo: [missing response] Elena: "Precisely. We can also discuss the relevant chaperone arrangements and your preferences under the service's actual policy." Which response belongs in the gap?

- A.** Then passive movement would mean movement is guided, not that I am being unhelpful or refusing to participate.
- B.** Thank you. I thought range of motion was another way of saying how strong my shoulder is.
- C.** That makes examination consent feel specific to what we discuss, rather than permission for every possible procedure.
- D.** So a baseline measurement gives you a starting point rather than a complete diagnosis from one number.

[Answers and explanations, page 116](#)

Review 1 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Clarifying an injury mechanism" and "Explaining an examination and inviting a pause". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Turn made around a planted or supporting foot. Which term fits?

- A. source attribution
- B. strain
- C. pivot
- D. swelling

2. A colleague needs the term for this meaning: Movement toward the relevant body midline. Which term fits?

- A. muscle strength
- B. clarification request
- C. range of motion
- D. adduction

3. Rebuild the exchange from "A twist, not a collision". Dr Arun: "It will be part of the history, not a substitute for the actual assessment. Did you notice any change in size?" Luca: [missing response] Dr Arun: "We should distinguish that report from what is found on examination. Has anything similar happened before?" Which response belongs in the gap?

- A. I noticed some swelling later, but I cannot say whether it began immediately because I was concentrating on the discomfort.
- B. During the pivot, as far as I remember. I cannot separate the exact moment any more precisely than that.
- C. I am not sure whether buckling is the right word. I felt something unexpected and stopped, but I did not fall.
- D. My left foot was planted, and I turned. The mechanism of injury was not a tackle; nobody made contact with me.

Review 1 / Meaning and context / continued

4. Rebuild the exchange from "Active movement is not passive movement". Elena: "We will explain it. We should also keep the words movement, strength, and function separate in the summary." Mo: [missing response] Elena: "Exactly. The real assessment determines which information is appropriate and what it means in your situation." Which response belongs in the gap?

- A.** Thank you. I thought range of motion was another way of saying how strong my shoulder is.
- B.** Could we agree on a stop signal now? Sometimes I hesitate when a clinician seems busy or focused.
- C.** A functional task would relate to an actual activity, rather than only one isolated angle or force measurement.
- D.** Then passive movement would mean movement is guided, not that I am being unhelpful or refusing to participate.

[Answers and explanations, page 147](#)

A Read the situation

LESSON 03 / READING BACK A REHABILITATION PLAN

Clarify exercise-plan language, version changes, and review ownership without inventing treatment details.

The current plan is not the next progression

Athlete Tessa has two rehabilitation documents. The current signed plan specifies supervised rehabilitation and a review before any progression. An older handout uses broader wording about practice. Physiotherapist Omar confirms the current version and the responsible clinician. No exercise name, dosage, resistance, or progression criterion is supplied in this exercise.

People: Tessa, Athlete; Omar, Physiotherapist.

Read the record

Choose one answer per question using the facts above.

1. Which document governs the supplied communication?

- A.** A teammate's routine
- B.** A guessed exercise schedule
- C.** The current signed rehabilitation plan
- D.** The older broad handout

2. What must happen before progression?

- A.** The stated clinical review
- B.** A competition date arriving
- C.** Buying new equipment
- D.** Completing this English exercise

3. Which detail is absent?

- A.** A current plan
- B.** An older handout
- C.** The need for review
- D.** Exercise dosage

[Answers and explanations, page 117](#)

B Vocabulary in use

CORE TERMS

rehabilitation plan

Agreed clinical plan for recovery of relevant function.

clarify the rehabilitation plan

repetition

One complete performance of a specified movement.

distinguish a repetition

resistance

Load opposing a movement or effort.

specify the actual resistance

duration

Length of time an activity lasts.

distinguish duration from frequency

regression

Adjustment to a less demanding activity within a clinical plan.

clarify a regression

home program

Prescribed activities intended for the home setting.

review a home program

exercise prescription

Authorized specification of exercise within a clinical plan.

verify an exercise prescription

set

Group of repetitions performed under a specified plan.

distinguish a set

frequency

How often an activity is prescribed or performed.

clarify exercise frequency

progression

Planned movement to a different activity or demand under relevant criteria.

authorize a progression

supervised session

Session conducted with the specified professional oversight.

confirm a supervised session

load tolerance

Response to a specified amount or type of demand.

assess load tolerance

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

rehabilitation plan REHABILITATION PLAN

clarify the rehabilitation plan

Keep the meaning precise: Agreed clinical plan for recovery of relevant function.

frequency FREQUENCY

clarify exercise frequency

Keep the meaning precise: How often an activity is prescribed or performed.

B Precision and professional shorthand

EXTEND YOUR RANGE

exercise adherence

Extent to which an agreed exercise plan is followed.

discuss exercise adherence accurately

review criterion

Condition or information used at a clinical review.

clarify a review criterion

superseded instruction

Earlier direction replaced by a current one.

identify a superseded instruction

clarification request

Question that resolves an unclear meaning or instruction.

make a targeted clarification request

working assumption

Provisional premise used while information is incomplete.

challenge a working assumption

action owner

Named person responsible for a specified next step.

confirm the action owner

symptom response

Change in symptoms during or after an activity.

report the symptom response

prescribing clinician

Professional responsible for the relevant prescribed plan.

identify the prescribing clinician

plan version

Identifiable issue of a plan distinguished by date or revision.

confirm the plan version

source attribution

Identification of where information came from.

preserve source attribution

scope boundary

Limit of the work or authority being discussed.

state the scope boundary

check-back

Restatement used to verify that a message was understood.

complete a check-back

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

load tolerance LOAD TOLERANCE

assess load tolerance

Keep the meaning precise: Response to a specified amount or type of demand.

superseded instruction SUPERSEDED INSTRUCTION

identify a superseded instruction

Keep the meaning precise: Earlier direction replaced by a current one.

Phrases that move the work forward

Check the version

Which dated plan are we reading together?

Clarify the unit

Do you mean sets, repetitions, or the length of the session?

Identify authority

Which clinician can clarify or change this instruction?

Report response

I will describe what happened during and after the specified activity.

Tessa / in the conversation

I have two documents, and the older one makes it sound as though I can return to practice now.

Tessa / in the conversation

This signed page is the current one.

Omar / in the conversation

Then that is the rehabilitation plan we need to explain, while the older wording is clarified through the appropriate process.

Omar / in the conversation

That does not identify frequency, duration, resistance, or repetitions.

Separate instructions

That wording belongs to the older handout, not the current plan.

Read back

My understanding is supervised rehabilitation, then review before progression.

Avoid guessing

I cannot supply a resistance value that is not written here.

Confirm the limit

Completing this conversation does not change the clinical plan.

Omar / in the conversation

Let us verify the plan version before combining instructions that were written at different stages of your care.

Tessa / in the conversation

It says supervised rehabilitation and review before any progression.

Tessa / in the conversation

I had also written do more in my own notes, but now I cannot remember what more referred to.

Omar / in the conversation

We should not guess which detail was intended.

Precision in real exchanges

Purpose: Read back

Useful wording: My understanding is supervised rehabilitation, then review before progression.

Purpose: Identify authority

Useful wording: Which clinician can clarify or change this instruction?

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which read-back matches the plan?

- A.** Unrestricted practice now
- B.** Progress whenever the calendar changes
- C.** Copy the older handout because it is shorter
- D.** Supervised rehabilitation, with review before progression

2. Why is do more an inadequate instruction?

- A.** It leaves the dimension of change unclear
- B.** It always means double the resistance
- C.** It always means add another day
- D.** It automatically replaces supervision

3. A colleague needs the term for this meaning: Group of repetitions performed under a specified plan. Which term fits?

- A.** working assumption
- B.** review criterion
- C.** regression
- D.** set

D Choose the response that fits / continued

4. Rebuild the exchange from "The current plan is not the next progression". Tessa: "I had also written do more in my own notes, but now I cannot remember what more referred to." Omar: [missing response] Tessa: "I sometimes confuse a set with a repetition. I want to understand the words before reading the actual instructions." Which response belongs in the gap?

- A.** That does not identify frequency, duration, resistance, or repetitions. We should not guess which detail was intended.
- B.** Exactly. A supervised session is a different arrangement, and any change needs the appropriate clarification and authority.
- C.** Describe the actual symptom response, including when it occurred, while following your real clinical instructions and contact pathway.
- D.** Let us verify the plan version before combining instructions that were written at different stages of your care.

[Answers and explanations, page 117](#)

One useful distinction

Sets, repetitions, resistance, frequency, and duration are distinct details. None can be inferred from a generic instruction to do more, and none is supplied here.

E Conversation

The current plan is not the next progression

The current plan is not the next progression

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

plan version / supervised session / review criterion / repetition / rehabilitation plan /
superseded instruction / prescribing clinician / Progression / symptom response /
frequency

- 01 **Tessa:** I have two documents, and the older one makes it sound as though I can return to practice now.
- 02 **Omar:** Let us verify the ¹ _____ before combining instructions that were written at different stages of your care.
- 03 **Tessa:** This signed page is the current one. It says supervised rehabilitation and review before any progression.
- 04 **Omar:** Then that is the ² _____ we need to explain, while the older wording is clarified through the appropriate process.
- 05 **Tessa:** I had also written do more in my own notes, but now I cannot remember what more referred to.
- 06 **Omar:** That does not identify ³ _____, duration, resistance, or repetitions. We should not guess which detail was intended.
- 07 **Tessa:** I sometimes confuse a set with a repetition. I want to understand the words before reading the actual instructions.
- 08 **Omar:** A ⁴ _____ is one complete performance of a movement; a set is a group of repetitions in the plan.
- 09 **Tessa:** Understanding those terms does not give me permission to add either one when I feel confident, does it?
- 10 **Omar:** Correct. ⁵ _____ follows the clinical decision and criteria, not simply your understanding of the terms or the competition calendar.

Conversation continues on the next page.

The current plan is not the next progression

CONVERSATION / CONTINUED

- 11 **Tessa:** The current page also says supervised. I should not turn that into an unsupervised home program myself.
- 12 **Omar:** Exactly. A ⁶ _____ is a different arrangement, and any change needs the appropriate clarification and authority.
- 13 **Tessa:** If I notice a change during the activity, what language helps me report it accurately to the clinician?
- 14 **Omar:** Describe the actual ⁷ _____, including when it occurred, while following your real clinical instructions and contact pathway.
- 15 **Tessa:** I should not decide that discomfort means the plan is definitely working, or that any change proves a new injury.
- 16 **Omar:** Right. The ⁸ _____ needs the actual information rather than a conclusion added to sound certain.
- 17 **Tessa:** Could we mark which older wording is no longer the instruction so I do not repeat it to my coach?
- 18 **Omar:** We should identify the ⁹ _____ through the approved process and ensure the corrected message reaches the relevant people.
- 19 **Tessa:** My read-back is supervised rehabilitation, then the stated review before progression, with no invented numbers or exercises.
- 20 **Omar:** That preserves the ¹⁰ _____ and the clinician's authority. I will clarify the missing detail before we treat any progression as agreed.

CHECK THE GAPS

1. plan version / 2. rehabilitation plan / 3. frequency / 4. repetition / 5. Progression / 6. supervised session / 7. symptom response / 8. prescribing clinician / 9. superseded instruction / 10. review criterion

[Why these answers fit, page 118](#)

F Check accuracy and scope

The current plan is not the next progression

Return to the case

Athlete Tessa has two rehabilitation documents. The current signed plan specifies supervised rehabilitation and a review before any progression. An older handout uses broader wording about practice. Physiotherapist Omar confirms the current version and the responsible clinician. No exercise name, dosage, resistance, or progression criterion is supplied in this exercise.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which action handles the conflicting documents appropriately?

- A. Verify the current version with the responsible clinician
- B. Combine both into a new plan
- C. Choose whichever sounds easier
- D. Treat the older date as stronger authority

2. Which claim exceeds this exercise?

- A. The athlete should use a particular resistance
- B. There are two documents
- C. The current plan requires review
- D. The older wording is broader

[Answers and explanations, page 120](#)

Listen for the distinction

Swap roles and read back the current plan without adding an exercise, dose, or progression rule.

Instructions must survive the journey home

Read-back checks whether the explanation was clear. It should not become a test that rewards guessing an unsupplied exercise or dosage.

F Say it / transfer to a new case

More often is not more resistance

An athlete asks whether more often and greater resistance mean the same thing. No change to the actual rehabilitation plan has been prescribed.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

clarification / prescribed / frequency / load

- 01 **Athlete:** More often refers to ¹ _____.
- 02 **Clinician:** Greater resistance changes the opposing ² _____.
- 03 **Athlete:** No plan change has been ³ _____.
- 04 **Clinician:** The actual instruction needs appropriate ⁴ _____.

CHECK THE GAPS

1. frequency / 2. load / 3. prescribed / 4. clarification

[Why these answers fit, page 120](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "The current plan is not the next progression". Tessa: "If I notice a change during the activity, what language helps me report it accurately to the clinician?" Omar: [missing response] Tessa: "I should not decide that discomfort means the plan is definitely working, or that any change proves a new injury." Which response belongs in the gap?

- A.** A repetition is one complete performance of a movement; a set is a group of repetitions in the plan.
- B.** Let us verify the plan version before combining instructions that were written at different stages of your care.
- C.** Describe the actual symptom response, including when it occurred, while following your real clinical instructions and contact pathway.
- D.** That does not identify frequency, duration, resistance, or repetitions. We should not guess which detail was intended.

[Answers and explanations, page 121](#)

A Read the situation

LESSON 04 / COMMUNICATING CONCUSSION FOLLOW-UP CLEARLY

Distinguish return-to-learn arrangements from return-to-sport authorization without minimizing symptoms.

Back in class is not back in contact practice

Student athlete Avery is following an actual clinician-led concussion process. The current school note permits specified classroom adjustments; it does not authorize contact practice or competition. Coach Morgan asks whether attending class means Avery is cleared to play. Athletic trainer Sal explains the difference and identifies the responsible healthcare professional. No symptom score, examination result, or progression step is supplied.

People: Morgan, Coach; Sal, Athletic trainer.

Read the record

Choose one answer per question using the facts above.

1. What does the current note address?

- A. Competition clearance
- B. A complete symptom assessment
- C. Specified classroom adjustments
- D. Unrestricted contact practice

2. Who must handle the clinical authorization question?

- A. A teammate
- B. The English exercise
- C. The responsible healthcare professional
- D. The coach alone

3. Which inference is unsupported?

- A. The process is clinician-led
- B. Attending class means cleared for contact play
- C. A school note exists
- D. The coach has a question

[Answers and explanations, page 122](#)

B Vocabulary in use

CORE TERMS

concussion

Brain injury requiring appropriate clinical assessment and management.

communicate a concussion concern

return to sport

Clinically guided process of resuming sporting activity.

clarify return-to-sport status

physical exertion

Bodily effort associated with activity.

distinguish physical exertion

headache

Pain experienced in the head.

report a headache accurately

photophobia

Sensitivity or discomfort associated with light.

explain photophobia

academic adjustment

Temporary change supporting participation in learning.

confirm an academic adjustment

return to learn

Process of resuming learning with appropriate supports after concussion.

clarify return-to-learn arrangements

cognitive exertion

Mental effort associated with learning or other thinking tasks.

discuss cognitive exertion

symptom inventory

Structured record of reported symptoms.

review a symptom inventory

dizziness

Reported sense of altered balance or spatial orientation.

describe dizziness

concentration difficulty

Trouble sustaining or directing attention.

describe concentration difficulty

contact practice

Practice involving the relevant sport's physical contact demands.

distinguish contact practice

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

concussion CONCUSSION

communicate a concussion concern

Keep the meaning precise: Brain injury requiring appropriate clinical assessment and management.

symptom inventory SYMPTOM INVENTORY

review a symptom inventory

Keep the meaning precise: Structured record of reported symptoms.

B Precision and professional shorthand

EXTEND YOUR RANGE

non-contact activity

Activity without the specified contact demands.
specify non-contact activity

staged progression

Stepwise advancement under the applicable clinical process.
follow the authorized staged progression

clinical reassessment

Further evaluation by the appropriate healthcare professional.
arrange clinical reassessment

clarification request

Question that resolves an unclear meaning or instruction.
make a targeted clarification request

working assumption

Provisional premise used while information is incomplete.
challenge a working assumption

action owner

Named person responsible for a specified next step.
confirm the action owner

medical clearance

Authorization by the appropriate healthcare professional for a defined activity.
verify medical clearance

symptom recurrence

Return of symptoms after improvement or absence.
report symptom recurrence

participation status

Current authorized level and conditions of involvement.
communicate participation status

source attribution

Identification of where information came from.
preserve source attribution

scope boundary

Limit of the work or authority being discussed.
state the scope boundary

check-back

Restatement used to verify that a message was understood.
complete a check-back

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

contact practice CONTACT PRACTICE

distinguish contact practice

Keep the meaning precise: Practice involving the relevant sport's physical contact demands.

clinical reassessment CLINICAL REASSESSMENT

arrange clinical reassessment

Keep the meaning precise: Further evaluation by the appropriate healthcare professional.

Phrases that move the work forward

Separate the permissions

The school note addresses classroom arrangements, not contact practice.

Avoid all-clear

Progress in one setting is not unrestricted clearance.

Preserve the note

Let us use the current written participation information.

Clarify a report

No symptom score or examination finding is supplied in this update.

Morgan / in the conversation

Avery is back in class this week.

Sal / in the conversation

The note addresses return to learn arrangements, which are different from permission to resume the sport's contact demands.

Sal / in the conversation

We can acknowledge progress while keeping the participation status precise.

Sal / in the conversation

That would be a new activity decision.

Specify the activity

Which exact activity are you asking about?

Identify the decision-maker

The responsible healthcare professional must clarify that authorization.

Reject calendar pressure

The match date does not replace the clinical process.

Confirm receipt

Please read back the participation limit your team has received.

Morgan / in the conversation

Can I take that as permission to include them in contact practice?

Morgan / in the conversation

I do not want to ignore progress, but the phrase back at school sounded like a general all-clear.

Morgan / in the conversation

Would a shorter practice count as the same kind of adjustment, just with less time on the field?

Sal / in the conversation

Physical exertion and the demands of contact sport need their actual clinical authorization.

Precision in real exchanges

Purpose: Identify the decision-maker

Useful wording: The responsible healthcare professional must clarify that authorization.

Purpose: Preserve the note

Useful wording: Let us use the current written participation information.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which reply corrects the coach's inference?

- A.** Attending class always means fit for a match
- B.** A quiet morning proves recovery
- C.** The calendar supplies medical clearance
- D.** Classroom arrangements do not authorize contact practice

2. What detail should accompany cleared?

- A.** The athlete's jersey number
- B.** The public's expectation
- C.** The activity and conditions authorized
- D.** The team's ranking

3. A colleague needs the term for this meaning: Mental effort associated with learning or other thinking tasks. Which term fits?

- A.** cognitive exertion
- B.** photophobia
- C.** working assumption
- D.** staged progression

D Choose the response that fits / continued

4. Rebuild the exchange from "Back in class is not back in contact practice". Morgan: "Would a shorter practice count as the same kind of adjustment, just with less time on the field?" Sal: [missing response] Morgan: "Then a school arrangement involving reduced concentration demands is not a substitute for a sports decision." Which response belongs in the gap?

- A.** That would be a new activity decision. Physical exertion and the demands of contact sport need their actual clinical authorization.
- B.** Exactly. A symptom inventory is not supplied in this update, so we cannot create a reassuring result from its absence.
- C.** The responsible healthcare professional should clarify medical clearance through the actual process, with the permitted activity and conditions made explicit.
- D.** We can acknowledge progress while keeping the participation status precise. The supplied note permits specified classroom adjustments, not contact practice.

[Answers and explanations, page 122](#)

One useful distinction

A return-to-learn note and sport clearance answer different questions. Classroom attendance does not establish readiness for contact practice or competition.

Conversation

Back in class is not back in contact practice

Back in class is not back in contact practice

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

Cognitive exertion / Contact practice / staged progression / Physical exertion /
Return to sport / symptom inventory / participation status / clinical reassessment /
medical clearance / return to learn

- 01 **Morgan:** Avery is back in class this week. Can I take that as permission to include them in contact practice?
- 02 **Sal:** No. The note addresses ¹ _____ arrangements, which are different from permission to resume the sport's contact demands.
- 03 **Morgan:** I do not want to ignore progress, but the phrase back at school sounded like a general all-clear.
- 04 **Sal:** We can acknowledge progress while keeping the ² _____ precise. The supplied note permits specified classroom adjustments, not contact practice.
- 05 **Morgan:** Would a shorter practice count as the same kind of adjustment, just with less time on the field?
- 06 **Sal:** That would be a new activity decision. ³ _____ and the demands of contact sport need their actual clinical authorization.
- 07 **Morgan:** Then a school arrangement involving reduced concentration demands is not a substitute for a sports decision.
- 08 **Sal:** Correct. ⁴ _____ is part of a different context, although the clinical team coordinates the overall recovery process.
- 09 **Morgan:** Who should answer the specific question about practice if the classroom note is not meant to answer it?
- 10 **Sal:** The responsible healthcare professional should clarify ⁵ _____ through the actual process, with the permitted activity and conditions made explicit.

Conversation continues on the next page.

Back in class is not back in contact practice

CONVERSATION / CONTINUED

- 11 **Morgan:** I have not seen a symptom score or an examination report. I should not tell the team they were normal.
- 12 **Sal:** Exactly. A ⁶ _____ is not supplied in this update, so we cannot create a reassuring result from its absence.
- 13 **Morgan:** The match is approaching, and people will ask when the athlete can return. I cannot promise a date from this note.
- 14 **Sal:** That is right. The actual ⁷ _____ is not replaced by the team calendar or a confident-sounding prediction.
- 15 **Morgan:** Could I at least say that non-contact activity and contact practice are separate categories when I explain the question?
- 16 **Sal:** Yes, but neither is authorized by this school note. ⁸ _____ has a particular meaning and needs its own decision in the clinical plan.
- 17 **Morgan:** If there is a new concern, we should use the actual clinical route rather than wait for an informal team discussion.
- 18 **Sal:** Correct. Any need for ⁹ _____ follows our concussion and emergency procedures. Please use the designated clinical contact, not an informal team discussion.
- 19 **Morgan:** My read-back is classroom adjustments only in this note, with the sport participation question still requiring clarification.
- 20 **Sal:** That is accurate. ¹⁰ _____ remains a separate authorization question; we will communicate the actual decision when it is made.

CHECK THE GAPS

1. return to learn / 2. participation status / 3. Physical exertion / 4. Cognitive exertion / 5. medical clearance / 6. symptom inventory / 7. staged progression / 8. Contact practice / 9. clinical reassessment / 10. Return to sport

[Why these answers fit, page 123](#)

F Check accuracy and scope

Back in class is not back in contact practice

Return to the case

Student athlete Avery is following an actual clinician-led concussion process. The current school note permits specified classroom adjustments; it does not authorize contact practice or competition. Coach Morgan asks whether attending class means Avery is cleared to play. Athletic trainer Sal explains the difference and identifies the responsible healthcare professional. No symptom score, examination result, or progression step is supplied.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which wording preserves the evidence limit?

- A. The examination is normal
- B. There is no risk of recurrence
- C. No symptom score is supplied in this update
- D. All symptoms have resolved

2. What does the match date establish?

- A. A normal assessment
- B. A scheduling pressure, not clinical authorization
- C. Automatic permission for contact
- D. Completion of every progression stage

[Answers and explanations, page 125](#)

Listen for the distinction

Swap roles and answer the coach's question without promising a date or inventing a normal assessment.

A positive step can still have limits

Acknowledge progress without making it an all-clear. Coaches need precise participation information, not a reassuring phrase that erases the stated restrictions.

F Say it / transfer to a new case

The message omitted the activity

A team message says cleared, but the actual current note authorizes only a specified non-contact activity. It does not authorize competition.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

scope / competition / information / non-contact

- 01 **Clinician:** The authorization is for the specified ¹ _____ activity.
- 02 **Coach:** It does not authorize ² _____.
- 03 **Clinician:** The shorter message lost the ³ _____.
- 04 **Coach:** I will send the accurate participation ⁴ _____.

CHECK THE GAPS

1. non-contact / 2. competition / 3. scope / 4. information

[Why these answers fit, page 125](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Back in class is not back in contact practice". Morgan: "The match is approaching, and people will ask when the athlete can return. I cannot promise a date from this note." Sal: [missing response] Morgan: "Could I at least say that non-contact activity and contact practice are separate categories when I explain the question?" Which response belongs in the gap?

- A.** Correct. Cognitive exertion is part of a different context, although the clinical team coordinates the overall recovery process.
- B.** We can acknowledge progress while keeping the participation status precise. The supplied note permits specified classroom adjustments, not contact practice.
- C.** No. The note addresses return to learn arrangements, which are different from permission to resume the sport's contact demands.
- D.** That is right. The actual staged progression is not replaced by the team calendar or a confident-sounding prediction.

[Answers and explanations, page 126](#)

Review 2 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Reading back a rehabilitation plan" and "Communicating concussion follow-up clearly". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: One complete performance of a specified movement. Which term fits?

- A. source attribution
- B. symptom response
- C. progression
- D. repetition

2. A colleague needs the term for this meaning: Reported sense of altered balance or spatial orientation. Which term fits?

- A. non-contact activity
- B. clarification request
- C. concussion
- D. dizziness

3. Rebuild the exchange from "Active movement is not passive movement". Elena: "Correct. I will explain each step before we do it; I am not asking you to try unfamiliar examination techniques yourself." Mo: [missing response] Elena: "We can do that. Please also tell me if something is unclear or you want to pause before the next step." Which response belongs in the gap?

- A. Could we agree on a stop signal now? Sometimes I hesitate when a clinician seems busy or focused.
- B. I would like to understand when a chaperone is offered and how that works before deciding about the appointment arrangements.
- C. Then passive movement would mean movement is guided, not that I am being unhelpful or refusing to participate.
- D. I appreciate that. I would like an explanation before palpation or any other contact, rather than being surprised halfway through.

Review 2 / Meaning and context / continued

4. Rebuild the exchange from "Back in class is not back in contact practice". Morgan: "If there is a new concern, we should use the actual clinical route rather than wait for an informal team discussion." Sal: [missing response] Morgan: "My read-back is classroom adjustments only in this note, with the sport participation question still requiring clarification." Which response belongs in the gap?

- A.** Correct. Any need for clinical reassessment follows our concussion and emergency procedures. Please use the designated clinical contact, not an informal team discussion.
- B.** We can acknowledge progress while keeping the participation status precise. The supplied note permits specified classroom adjustments, not contact practice.
- C.** Yes, but neither is authorized by this school note. Contact practice has a particular meaning and needs its own decision in the clinical plan.
- D.** That is accurate. Return to sport remains a separate authorization question; we will communicate the actual decision when it is made.

[Answers and explanations, page 149](#)

A Read the situation

LESSON 05 / COMPARING TRAINING LOAD WITHOUT FALSE EQUIVALENCE

Compare activity records while separating duration, intensity, and the limits of monitoring data.

The same minutes, a different session

Athlete Dani and sports clinician Priya compare two fictional training logs. Both sessions lasted 30 minutes. One was recorded as easy cycling; the other as repeated hard intervals. The logs use a stated perceived-effort scale, but no individualized training recommendation is supplied. Dani calls the sessions the same load because their durations match. Priya clarifies what the records do and do not establish.

People: Dani, Athlete; Priya, Sports clinician.

Read the record

Choose one answer per question using the facts above.

1. Which detail is the same in both records?

- A. A verified clinical effect
- B. Duration of 30 minutes
- C. Intensity description
- D. Type of session

2. What distinguishes the sessions?

- A. Different prescribed medicines
- B. A guaranteed recovery difference
- C. Easy cycling versus repeated hard intervals
- D. Different documented injuries

3. What is not provided by this comparison?

- A. A shared duration
- B. Different effort descriptions
- C. An individualized progression recommendation
- D. Two activity records

[Answers and explanations, page 127](#)

B Vocabulary in use

CORE TERMS

training load

Amount and character of demand imposed by training.

describe training load

internal load

Person's physiological or perceived response to the work.

describe internal load

intensity

Degree of effort or demand relative to the stated context.

distinguish training intensity

perceived exertion

Person's reported sense of effort.

clarify perceived exertion

steady-state activity

Activity maintained at a relatively consistent demand.

compare steady-state activity

work-to-rest ratio

Relationship between effort and recovery periods.

clarify the work-to-rest ratio

external load

Work performed, such as distance or power, measured outside the person's response.

quantify external load

training volume

Total amount of training under the stated measure.

compare training volume

session RPE

Session rating of perceived exertion under a defined scale and method.

record session RPE

interval training

Training alternating periods of specified effort and recovery.

describe interval training

recovery interval

Period between efforts within a training session.

specify the recovery interval

weekly mileage

Distance covered in the stated week.

compare weekly mileage

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

training load TRAINING LOAD

describe training load

Keep the meaning precise: Amount and character of demand imposed by training.

session RPE SESSION RPE

record session RPE

Keep the meaning precise: Session rating of perceived exertion under a defined scale and method.

B Precision and professional shorthand

EXTEND YOUR RANGE

acute workload

Recent training demand over the defined short period.

define the acute workload window

fatigue

Experience or state of reduced capacity associated with effort or other factors.

report fatigue in context

wearable metric

Measurement or estimate reported by a wearable device.

interpret a wearable metric

clarification request

Question that resolves an unclear meaning or instruction.

make a targeted clarification request

working assumption

Provisional premise used while information is incomplete.

challenge a working assumption

action owner

Named person responsible for a specified next step.

confirm the action owner

chronic workload

Training demand over the defined longer period.

define the chronic workload window

recovery status

Current condition relevant to recovery, assessed through appropriate information.

discuss recovery status

monitoring limitation

Constraint on what a measurement or record can establish.

state a monitoring limitation

source attribution

Identification of where information came from.

preserve source attribution

scope boundary

Limit of the work or authority being discussed.

state the scope boundary

check-back

Restatement used to verify that a message was understood.

complete a check-back

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

weekly mileage WEEKLY MILEAGE

compare weekly mileage

Keep the meaning precise: Distance covered in the stated week.

wearable metric WEARABLE METRIC

interpret a wearable metric

Keep the meaning precise: Measurement or estimate reported by a wearable device.

Phrases that move the work forward

Align the measure

Are we comparing time, distance, power, or reported effort?

Clarify the scale

Which effort scale was used for this entry?

Separate data types

That is a device estimate; this is the athlete's report.

Ask about context

What changed in the session besides the number of minutes?

Dani / in the conversation

Both sessions were thirty minutes, so I entered them as the same training load in my summary.

Dani / in the conversation

One session was easy cycling, and the other was repeated hard intervals with recovery periods between them.

Dani / in the conversation

I also used a perceived-effort scale, though I am not sure whether the other athlete used the same one.

Priya / in the conversation

The number needs its definition and recording method attached to it.

Preserve the difference

The durations match, but the session demands differ.

Define the window

What dates are included in the weekly total?

Avoid prediction

This record alone cannot predict an injury or guarantee readiness.

Summarize precisely

Equal time does not mean an equivalent training session.

Priya / in the conversation

They have the same duration, but training load is not described completely by the number of minutes alone.

Priya / in the conversation

That difference in intensity should remain visible instead of disappearing behind a shared duration figure.

Priya / in the conversation

Clarify the scale before comparing session RPE.

Dani / in the conversation

So my report of effort is not automatically the same kind of information as the bike's power reading.

Precision in real exchanges

Purpose: Define the window

Useful wording: What dates are included in the weekly total?

Purpose: Separate data types

Useful wording: That is a device estimate; this is the athlete's report.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which comparison is justified by the logs?

- A.** Equal duration but different recorded intensity
- B.** Identical overall load
- C.** Identical clinical effect
- D.** Guaranteed equal recovery time

2. What does perceived exertion identify?

- A.** A direct image of tissue damage
- B.** A guaranteed readiness score
- C.** The device's battery level
- D.** The person's reported effort

3. A colleague needs the term for this meaning: Total amount of training under the stated measure. Which term fits?

- A.** fatigue
- B.** working assumption
- C.** steady-state activity
- D.** training volume

D Choose the response that fits / continued

4. Rebuild the exchange from "The same minutes, a different session". Dani: "I also used a perceived-effort scale, though I am not sure whether the other athlete used the same one." Priya: [missing response] Dani: "So my report of effort is not automatically the same kind of information as the bike's power reading." Which response belongs in the gap?

- A.** Clarify the scale before comparing session RPE. The number needs its definition and recording method attached to it.
- B.** Yes. Keep any monitoring limitation explicit rather than using a precise-looking number to support an unsupported prediction.
- C.** The work-to-rest ratio helps describe the session, provided we use the actual recorded timings rather than inventing them.
- D.** They have the same duration, but training load is not described completely by the number of minutes alone.

[Answers and explanations, page 127](#)

One useful distinction

Equal minutes do not establish equal intensity or overall demand. A perceived-effort score and a device estimate are different kinds of information, not automatic diagnoses or permission to progress.

E Conversation

The same minutes, a different session

The same minutes, a different session

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

training load / Internal load / monitoring limitation / session RPE / external load / intensity / work-to-rest ratio / weekly mileage / recovery status / wearable metric

- 01 **Dani:** Both sessions were thirty minutes, so I entered them as the same training load in my summary.
- 02 **Priya:** They have the same duration, but ¹ _____ is not described completely by the number of minutes alone.
- 03 **Dani:** One session was easy cycling, and the other was repeated hard intervals with recovery periods between them.
- 04 **Priya:** That difference in ² _____ should remain visible instead of disappearing behind a shared duration figure.
- 05 **Dani:** I also used a perceived-effort scale, though I am not sure whether the other athlete used the same one.
- 06 **Priya:** Clarify the scale before comparing ³ _____. The number needs its definition and recording method attached to it.
- 07 **Dani:** So my report of effort is not automatically the same kind of information as the bike's power reading.
- 08 **Priya:** Correct. The work performed can describe ⁴ _____, while your response to that work is a different part of the account.
- 09 **Dani:** The same bike session might feel harder on another day, but that feeling alone would not tell us why.
- 10 **Priya:** Exactly. ⁵ _____ describes the response, not a complete explanation of every factor behind it.

Conversation continues on the next page.

The same minutes, a different session

CONVERSATION / CONTINUED

- 11 **Dani:** I wrote intervals without saying how long the recovery periods were. That seems to leave an important detail out.
- 12 **Priya:** The ⁶ _____ helps describe the session, provided we use the actual recorded timings rather than inventing them.
- 13 **Dani:** My weekly total also starts on Sunday, while the team dashboard uses Monday through Sunday.
- 14 **Priya:** Then even ⁷ _____ needs a shared date window before you compare those totals meaningfully.
- 15 **Dani:** The watch gives a recovery number, but I should not describe that as a clinician saying I am ready.
- 16 **Priya:** A ⁸ _____ is not clinical clearance. Its method and limitations belong in the interpretation.
- 17 **Dani:** I can report the sessions and how I felt without claiming that a ratio predicts an injury.
- 18 **Priya:** Yes. Keep any ⁹ _____ explicit rather than using a precise-looking number to support an unsupported prediction.
- 19 **Dani:** My corrected summary is equal duration, different intensity, different activity structure, and clearly identified data sources.
- 20 **Priya:** That is useful. We will assess ¹⁰ _____ and any training changes through the clinical process, not by treating those two durations as equivalent sessions.

CHECK THE GAPS

1. training load / **2.** intensity / **3.** session RPE / **4.** external load / **5.** Internal load / **6.** work-to-rest ratio / **7.** weekly mileage / **8.** wearable metric / **9.** monitoring limitation / **10.** recovery status

[Why these answers fit, page 128](#)

F Check accuracy and scope

The same minutes, a different session

Return to the case

Athlete Dani and sports clinician Priya compare two fictional training logs. Both sessions lasted 30 minutes. One was recorded as easy cycling; the other as repeated hard intervals. The logs use a stated perceived-effort scale, but no individualized training recommendation is supplied. Dani calls the sessions the same load because their durations match. Priya clarifies what the records do and do not establish.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Why clarify the weekly date range?

- A. Time windows never affect comparisons
- B. Totals need matching time windows
- C. Dates establish a diagnosis
- D. Every week has identical activity

2. Which statement overreaches?

- A. This wearable number guarantees no injury
- B. The device reports an estimate
- C. The sessions differ in intensity
- D. The durations both equal thirty minutes

[Answers and explanations, page 130](#)

Listen for the distinction

Swap roles and distinguish recorded work, reported effort, and device estimates without prescribing training.

A number needs its definition

Wearable metrics and training jargon can create apparent precision. Clarify what the number measures before comparing it or assigning a clinical meaning.

F Say it / transfer to a new case

The weekly totals cover different days

Two logs both show 20 kilometers. Log A covers Monday to Friday; Log B covers Monday to Sunday. No intensity information is supplied.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

equal / absent / different / demand

- 01 **Athlete:** The distance totals are ¹ _____.
- 02 **Clinician:** The recording windows are ² _____.
- 03 **Athlete:** Intensity information is ³ _____.
- 04 **Clinician:** Equal distance does not establish equivalent ⁴ _____.

CHECK THE GAPS

1. equal / 2. different / 3. absent / 4. demand

[Why these answers fit, page 130](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "The same minutes, a different session". Dani: "My weekly total also starts on Sunday, while the team dashboard uses Monday through Sunday." Priya: [missing response] Dani: "The watch gives a recovery number, but I should not describe that as a clinician saying I am ready." Which response belongs in the gap?

- A.** Then even weekly mileage needs a shared date window before you compare those totals meaningfully.
- B.** A wearable metric is not clinical clearance. Its method and limitations belong in the interpretation.
- C.** Exactly. Internal load describes the response, not a complete explanation of every factor behind it.
- D.** That difference in intensity should remain visible instead of disappearing behind a shared duration figure.

[Answers and explanations, page 131](#)

A Read the situation

LESSON 06 / EXPLAINING IMAGING FINDINGS IN CLINICAL CONTEXT

Explain the distinction between a structural report, symptoms, function, and a participation decision.

An image is not a return-to-play decision

Athlete Niko reads a fictional imaging report describing a finding that the reporting clinician says needs clinical correlation. No specific structure, diagnosis, severity, or treatment recommendation is supplied. Dr Bell explains what correlation means and why neither an alarming word nor a reassuring image phrase alone establishes symptoms, function, or sport clearance.

People: Niko, Athlete; Dr Bell, Sports physician.

Read the record

Choose one answer per question using the facts above.

1. What does the report request?

- A. Immediate unrestricted sport
- B. A specific operation
- C. A guaranteed prognosis
- D. Clinical correlation

2. Which detail is deliberately not supplied?

- A. A named structural diagnosis
- B. A report phrase
- C. The athlete's question
- D. The physician's explanatory role

3. What cannot be concluded from this exercise?

- A. The athlete's sport clearance
- B. That an imaging report exists
- C. That context matters
- D. That Niko wants clarification

[Answers and explanations, page 132](#)

B Vocabulary in use

CORE TERMS

imaging report

Written interpretation of an imaging examination.

review the imaging report

magnetic resonance imaging

Imaging method using magnetic fields and radio waves.

discuss magnetic resonance imaging

structural finding

Feature of anatomy described by examination or imaging.

interpret a structural finding

clinical correlation

Interpretation of a finding alongside history, examination, and other relevant information.

seek clinical correlation

imaging limitation

Constraint on what an examination can show or establish.

state an imaging limitation

comparison study

Earlier examination used as a reference for the current interpretation.

identify the comparison study

radiograph

Image commonly produced using X-rays.

explain a radiograph

diagnostic ultrasound

Imaging using sound waves for the relevant clinical examination.

explain diagnostic ultrasound

incidental finding

Finding discovered outside the primary question prompting the examination.

explain an incidental finding

clinical significance

Meaning or importance of a finding for the actual clinical situation.

clarify clinical significance

report impression

Summarized interpretation section of an imaging report.

explain the report impression

image quality

Technical adequacy of images for the question being assessed.

describe image quality

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

imaging report IMAGING REPORT

review the imaging report

Keep the meaning precise: Written interpretation of an imaging examination.

incidental finding INCIDENTAL FINDING

explain an incidental finding

Keep the meaning precise: Finding discovered outside the primary question prompting the examination.

B Precision and professional shorthand

EXTEND YOUR RANGE

artifact

Image feature caused by technical or acquisition factors rather than the assumed anatomy.

identify a possible artifact

symptom generator

Structure or process considered a possible source of symptoms.

assess a possible symptom generator

prognosis

Expected course or outcome with appropriate uncertainty.

discuss prognosis cautiously

clarification request

Question that resolves an unclear meaning or instruction.

make a targeted clarification request

working assumption

Provisional premise used while information is incomplete.

challenge a working assumption

action owner

Named person responsible for a specified next step.

confirm the action owner

differential diagnosis

Set of possible explanations evaluated through clinical reasoning.

explain a differential diagnosis

functional limitation

Restriction in performing a relevant activity.

describe a functional limitation

shared interpretation

Explanation bringing the relevant findings and perspectives together.

support shared interpretation

source attribution

Identification of where information came from.

preserve source attribution

scope boundary

Limit of the work or authority being discussed.

state the scope boundary

check-back

Restatement used to verify that a message was understood.

complete a check-back

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

image quality IMAGE QUALITY

describe image quality

Keep the meaning precise: Technical adequacy of images for the question being assessed.

prognosis PROGNOSIS

discuss prognosis cautiously

Keep the meaning precise: Expected course or outcome with appropriate uncertainty.

Phrases that move the work forward

Explain correlation

We need to connect this finding with the history and examination.

Avoid a leap

That phrase alone does not identify the cause of your symptoms.

Explain incidental

It was found outside the main question; that does not automatically mean unimportant.

Preserve uncertainty

We should not turn a possible explanation into a confirmed one.

Niko / in the conversation

I read the report before the appointment, and the phrase clinical correlation made me think something had been missed.

Niko / in the conversation

I saw one unfamiliar word and began treating it as the explanation for every symptom I have.

Dr Bell / in the conversation

We need the actual clinical context before making that connection.

Dr Bell / in the conversation

The report impression summarizes the interpretation, but it still needs to be read with the details and any stated limitations.

Separate structure and function

The image and your activity limitations answer different questions.

Keep limits visible

The examination has limits that the report should describe.

Ask what matters

Which part of the report is most unclear to you?

Separate permission

An imaging phrase is not itself sport clearance.

Dr Bell / in the conversation

Clinical correlation means we interpret the finding alongside the history, examination, and other relevant information, not that the phrase itself proves an error.

Dr Bell / in the conversation

A structural finding is not automatically the cause of every symptom.

Niko / in the conversation

Does the summary at the end carry a different role from the detailed description above it?

Niko / in the conversation

If the report mentions an incidental finding, can I assume it has no importance at all?

Precision in real exchanges

Purpose: Keep limits visible

Useful wording: The examination has limits that the report should describe.

Purpose: Explain incidental

Useful wording: It was found outside the main question; that does not automatically mean unimportant.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which explanation best fits clinical correlation?

- A.** Ignore the athlete's symptoms
- B.** Choose treatment from one isolated word
- C.** Interpret the finding with the history and examination
- D.** Treat the report as complete sport clearance

2. Which conclusion does incidental not automatically support?

- A.** The finding was outside the primary question
- B.** The context matters
- C.** The report needs explanation
- D.** The finding is harmless and needs no review

3. A colleague needs the term for this meaning: Imaging using sound waves for the relevant clinical examination. Which term fits?

- A.** symptom generator
- B.** imaging limitation
- C.** diagnostic ultrasound
- D.** working assumption

D Choose the response that fits / continued

4. Rebuild the exchange from "An image is not a return-to-play decision". Niko: "Does the summary at the end carry a different role from the detailed description above it?" Dr Bell: [missing response] Niko: "If the report mentions an incidental finding, can I assume it has no importance at all?" Which response belongs in the gap?

- A.** No. An incidental finding is outside the primary question that prompted the examination; its actual significance still needs appropriate review.
- B.** The report impression summarizes the interpretation, but it still needs to be read with the details and any stated limitations.
- C.** A structural finding is not automatically the cause of every symptom. We need the actual clinical context before making that connection.
- D.** We can do that while keeping clinical significance separate from how dramatic a term sounds when read without an explanation.

[Answers and explanations, page 132](#)

One useful distinction

Clinical correlation means the finding must be interpreted with the relevant clinical information. It does not mean the report proves the cause of symptoms, mandates treatment, or authorizes sport.

E Conversation

An image is not a return-to-play decision

An image is not a return-to-play decision

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

report impression / prognosis / incidental finding / imaging limitation / clinical significance
/ artifact / functional limitation / structural finding / shared interpretation /
Clinical correlation

- 01 **Niko:** I read the report before the appointment, and the phrase clinical correlation made me think something had been missed.
- 02 **Dr Bell:** ¹ _____ means we interpret the finding alongside the history, examination, and other relevant information, not that the phrase itself proves an error.
- 03 **Niko:** I saw one unfamiliar word and began treating it as the explanation for every symptom I have.
- 04 **Dr Bell:** A ² _____ is not automatically the cause of every symptom. We need the actual clinical context before making that connection.
- 05 **Niko:** Does the summary at the end carry a different role from the detailed description above it?
- 06 **Dr Bell:** The ³ _____ summarizes the interpretation, but it still needs to be read with the details and any stated limitations.
- 07 **Niko:** If the report mentions an incidental finding, can I assume it has no importance at all?
- 08 **Dr Bell:** No. An ⁴ _____ is outside the primary question that prompted the examination; its actual significance still needs appropriate review.
- 09 **Niko:** I also want to understand why my ability to train is discussed separately from what an image shows.
- 10 **Dr Bell:** A ⁵ _____ describes difficulty performing an activity. It is a different kind of information from the structure described in a scan.

Conversation continues on the next page.

An image is not a return-to-play decision

CONVERSATION / CONTINUED

- 11 **Niko:** So a reassuring-sounding phrase would not by itself give me permission to return to every sporting demand.
- 12 **Dr Bell:** Correct. A ⁶ _____ brings the relevant information together; neither a reassuring phrase nor an alarming word supplies the entire participation decision.
- 13 **Niko:** The report also mentions limits. I thought any modern scan would answer every possible question about the injury.
- 14 **Dr Bell:** An ⁷ _____ tells us what the examination cannot reliably show or establish. Different methods answer different questions.
- 15 **Niko:** Could a technical feature in an image be mistaken for something anatomical if the context is lost?
- 16 **Dr Bell:** That is one reason an ⁸ _____ must be interpreted by the appropriate imaging professional rather than diagnosed from a cropped picture.
- 17 **Niko:** I would like an explanation of the actual report, not a general promise that every uncertain phrase is harmless.
- 18 **Dr Bell:** We can do that while keeping ⁹ _____ separate from how dramatic a term sounds when read without an explanation.
- 19 **Niko:** And any forecast about recovery should state what is known and what remains uncertain in my assessment.
- 20 **Dr Bell:** Exactly. A ¹⁰ _____ is not a guarantee extracted from one report phrase. It belongs to the actual clinical discussion.

CHECK THE GAPS

1. Clinical correlation / 2. structural finding / 3. report impression / 4. incidental finding / 5. functional limitation / 6. shared interpretation / 7. imaging limitation / 8. artifact / 9. clinical significance / 10. prognosis

[Why these answers fit, page 133](#)

F Check accuracy and scope

An image is not a return-to-play decision

Return to the case

Athlete Niko reads a fictional imaging report describing a finding that the reporting clinician says needs clinical correlation. No specific structure, diagnosis, severity, or treatment recommendation is supplied. Dr Bell explains what correlation means and why neither an alarming word nor a reassuring image phrase alone establishes symptoms, function, or sport clearance.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which pair should remain distinct?

- A. Report and written report
- B. Scan and imaging examination
- C. Question and inquiry
- D. Structural finding and functional limitation

2. Which response handles uncertainty accurately?

- A. No image has any clinical value
- B. This possible explanation needs clinical review
- C. The report guarantees the cause
- D. Every image phrase is a treatment instruction

[Answers and explanations, page 135](#)

Listen for the distinction

Change roles and explain clinical correlation without inventing a diagnosis or treatment recommendation.

Translate the question the test answered

Patients may read a report before discussing it with a clinician. Explain what an imaging finding can describe without making it the whole story or dismissing the concern it raises.

F Say it / transfer to a new case

Suggests became confirms

A referral summary changed the report phrase suggests a possible explanation to confirms the cause. The original report required clinical correlation; no further assessment is supplied.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

suggests / remains / certainty / confirms

- 01 **Clinician:** The original report said ¹ _____.
- 02 **Colleague:** The summary incorrectly changed that to ² _____.
- 03 **Clinician:** The need for clinical correlation ³ _____.
- 04 **Colleague:** I will correct the overstated ⁴ _____.

CHECK THE GAPS

1. suggests / 2. confirms / 3. remains / 4. certainty

[Why these answers fit, page 135](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "An image is not a return-to-play decision". Niko: "The report also mentions limits. I thought any modern scan would answer every possible question about the injury." Dr Bell: [missing response] Niko: "Could a technical feature in an image be mistaken for something anatomical if the context is lost?" Which response belongs in the gap?

- A.** No. An incidental finding is outside the primary question that prompted the examination; its actual significance still needs appropriate review.
- B.** Exactly. A prognosis is not a guarantee extracted from one report phrase. It belongs to the actual clinical discussion.
- C.** The report impression summarizes the interpretation, but it still needs to be read with the details and any stated limitations.
- D.** An imaging limitation tells us what the examination cannot reliably show or establish. Different methods answer different questions.

[Answers and explanations, page 136](#)

Review 3 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Comparing training load without false equivalence" and "Explaining imaging findings in clinical context". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Person's physiological or perceived response to the work. Which term fits?

- A. source attribution
- B. internal load
- C. interval training
- D. chronic workload

2. A colleague needs the term for this meaning: Meaning or importance of a finding for the actual clinical situation. Which term fits?

- A. imaging report
- B. clarification request
- C. clinical significance
- D. artifact

3. Rebuild the exchange from "Back in class is not back in contact practice". Morgan: "Who should answer the specific question about practice if the classroom note is not meant to answer it?" Sal: [missing response] Morgan: "I have not seen a symptom score or an examination report. I should not tell the team they were normal." Which response belongs in the gap?

- A. The responsible healthcare professional should clarify medical clearance through the actual process, with the permitted activity and conditions made explicit.
- B. That would be a new activity decision. Physical exertion and the demands of contact sport need their actual clinical authorization.
- C. Exactly. A symptom inventory is not supplied in this update, so we cannot create a reassuring result from its absence.
- D. We can acknowledge progress while keeping the participation status precise. The supplied note permits specified classroom adjustments, not contact practice.

Review 3 / Meaning and context / continued

4. Rebuild the exchange from "An image is not a return-to-play decision". Niko: "I would like an explanation of the actual report, not a general promise that every uncertain phrase is harmless." Dr Bell: [missing response] Niko: "And any forecast about recovery should state what is known and what remains uncertain in my assessment." Which response belongs in the gap?

- A.** We can do that while keeping clinical significance separate from how dramatic a term sounds when read without an explanation.
- B.** No. An incidental finding is outside the primary question that prompted the examination; its actual significance still needs appropriate review.
- C.** The report impression summarizes the interpretation, but it still needs to be read with the details and any stated limitations.
- D.** A structural finding is not automatically the cause of every symptom. We need the actual clinical context before making that connection.

[Answers and explanations, page 151](#)

A Read the situation

LESSON 07 / DISCUSSING RETURN-TO-SPORT CRITERIA UNDER PRESSURE

Communicate a conditional participation decision while acknowledging competitive pressure and uncertainty.

The final is a date, not a criterion

Athlete Imani hopes to play in a final in two weeks. The actual rehabilitation team has not yet authorized competition; a review of the relevant functional and sport-specific criteria is pending. Sports physician Dr Vale explains that the event date is not a clinical criterion. No test score, recovery timetable, or specific clearance standard is supplied. Imani asks how to explain the position to the coach without sounding uncommitted.

People: Imani, Athlete; Dr Vale, Sports physician.

Read the record

Choose one answer per question using the facts above.

1. What is the current competition status?

- A.** Not yet authorized
- B.** Unrestricted clearance
- C.** Guaranteed selection
- D.** Approved because the final is near

2. What is pending?

- A.** A known winning result
- B.** A supplied normal test score
- C.** A promised two-week recovery
- D.** Review of relevant criteria

3. What does two weeks identify?

- A.** A universal clearance standard
- B.** A prescribed rehabilitation dose
- C.** Time until the final
- D.** Guaranteed recovery duration

[Answers and explanations, page 137](#)

B Vocabulary in use

CORE TERMS

return to participation

Resumption of some sporting involvement under the relevant limits.

distinguish return to participation

competition readiness

Suitability for the relevant competitive demands under actual assessment.

discuss competition readiness

functional testing

Assessment of relevant task performance under the actual clinical process.

explain functional testing

time-based milestone

Point defined by elapsed time.

distinguish a time-based milestone

fear of reinjury

Concern about sustaining injury again.

acknowledge fear of reinjury

graded exposure

Planned increase in exposure to relevant demands within an appropriate plan.

clarify graded exposure

return to performance

Regaining the desired level of sporting performance.

distinguish return to performance

sport-specific demand

Requirement particular to the athlete's sport or role.

identify sport-specific demands

criteria-based decision

Decision linked to specified evidence or conditions rather than time alone.

communicate a criteria-based decision

psychological readiness

Mental preparedness relevant to returning to activity.

discuss psychological readiness

confidence in movement

Person's trust in performing a movement or task.

explore confidence in movement

movement quality

Characteristics of how a task is performed.

assess movement quality

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

return to participation RETURN TO PARTICIPATION

distinguish return to participation

Keep the meaning precise: Resumption of some sporting involvement under the relevant limits.

criteria-based decision CRITERIA-BASED DECISION

communicate a criteria-based decision

Keep the meaning precise: Decision linked to specified evidence or conditions rather than time alone.

B Precision and professional shorthand

EXTEND YOUR RANGE

capacity

Ability to meet a specified demand under the relevant assessment.

describe assessed capacity

selection pressure

Pressure associated with team or event selection.

acknowledge selection pressure

decision rationale

Explanation of the basis for a decision.

explain the decision rationale

clarification request

Question that resolves an unclear meaning or instruction.

make a targeted clarification request

working assumption

Provisional premise used while information is incomplete.

challenge a working assumption

action owner

Named person responsible for a specified next step.

confirm the action owner

performance demand

Requirement needed for the intended level of sporting performance.

specify the performance demand

conditional authorization

Permission dependent on stated conditions.

communicate conditional authorization

review outcome

Result of the actual review.

communicate the review outcome

source attribution

Identification of where information came from.

preserve source attribution

scope boundary

Limit of the work or authority being discussed.

state the scope boundary

check-back

Restatement used to verify that a message was understood.

complete a check-back

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

movement quality **MOVEMENT QUALITY**

assess movement quality

Keep the meaning precise: Characteristics of how a task is performed.

decision rationale **DECISION RATIONALE**

explain the decision rationale

Keep the meaning precise: Explanation of the basis for a decision.

Phrases that move the work forward

Acknowledge the goal

I understand why this final matters to you.

Separate the calendar

The date tells us when the event happens, not whether the criteria are met.

Avoid a promise

I cannot turn the two-week interval into a guaranteed recovery time.

Support the message

You can state the current limit without apologizing for following the plan.

Imani / in the conversation

The final is in two weeks, and I am worried that saying I am not cleared will sound like a lack of commitment.

Imani / in the conversation

Can the two weeks become our target, or would that make the date sound more certain than the assessment allows?

Dr Vale / in the conversation

I cannot promise recovery by that date.

Dr Vale / in the conversation

Return to participation may describe limited involvement, while competition and your previous performance can involve different demands.

State the present position

Competition has not yet been authorized.

Explain conditions

The decision depends on the actual review and relevant findings.

Keep roles clear

Team selection and clinical authorization are different decisions.

Close with the next step

We will communicate the actual review outcome and its scope.

Dr Vale / in the conversation

Caring about the team does not require you to describe an authorization that has not been given.

Dr Vale / in the conversation

It is a time-based milestone, not proof that the relevant criteria will be met.

Imani / in the conversation

Then what is the distinction between returning to some activity and returning to the level I played at before?

Imani / in the conversation

I do not want a note about limited activity to be repeated as permission to play an entire match.

Precision in real exchanges

Purpose: Explain conditions

Useful wording: The decision depends on the actual review and relevant findings.

Purpose: Avoid a promise

Useful wording: I cannot turn the two-week interval into a guaranteed recovery time.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which sentence preserves the condition?

- A.** When you are cleared next week, play the final
- B.** The final itself proves readiness
- C.** Any participation means full performance
- D.** If the actual review supports authorization, the team will communicate its scope

2. Which distinction helps answer the coach?

- A.** Final and any calendar date
- B.** Athlete and team member
- C.** Clinical authorization and team selection
- D.** Medical review and a jersey color

3. A colleague needs the term for this meaning: Requirement particular to the athlete's sport or role. Which term fits?

- A.** working assumption
- B.** fear of reinjury
- C.** selection pressure
- D.** sport-specific demand

D Choose the response that fits / continued

4. Rebuild the exchange from "The final is a date, not a criterion". Imani: "Then what is the distinction between returning to some activity and returning to the level I played at before?" Dr Vale: [missing response] Imani: "I do not want a note about limited activity to be repeated as permission to play an entire match." Which response belongs in the gap?

- A.** Correct. We should explain the decision rationale clearly while leaving team selection to the appropriate team process.
- B.** Return to participation may describe limited involvement, while competition and your previous performance can involve different demands.
- C.** That is why conditional authorization needs its conditions and scope attached whenever it is communicated to the team.
- D.** Psychological readiness deserves a respectful discussion alongside the other relevant information, not a judgment about your character.

[Answers and explanations, page 137](#)

One useful distinction

An event date and time since injury are not interchangeable with satisfied criteria. Participation, competition, and performance can describe different demands and permissions.

E Conversation

The final is a date, not a criterion

The final is a date, not a criterion

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

sport-specific demand / Psychological readiness / conditional authorization /
Functional testing / criteria-based decision / Return to participation / decision rationale /
review outcome / selection pressure / time-based milestone

- 01 **Imani:** The final is in two weeks, and I am worried that saying I am not cleared will sound like a lack of commitment.
- 02 **Dr Vale:** I understand the ¹ _____. Caring about the team does not require you to describe an authorization that has not been given.
- 03 **Imani:** Can the two weeks become our target, or would that make the date sound more certain than the assessment allows?
- 04 **Dr Vale:** It is a ² _____, not proof that the relevant criteria will be met. I cannot promise recovery by that date.
- 05 **Imani:** Then what is the distinction between returning to some activity and returning to the level I played at before?
- 06 **Dr Vale:** ³ _____ may describe limited involvement, while competition and your previous performance can involve different demands.
- 07 **Imani:** I do not want a note about limited activity to be repeated as permission to play an entire match.
- 08 **Dr Vale:** That is why ⁴ _____ needs its conditions and scope attached whenever it is communicated to the team.
- 09 **Imani:** The coach asked whether I passed the functional tests, but I do not have a completed review outcome to report.
- 10 **Dr Vale:** Then say that. ⁵ _____ is part of the actual process; we should not insert a pass score that has not been supplied.

Conversation continues on the next page.

The final is a date, not a criterion

CONVERSATION / CONTINUED

- 11 **Imani:** I can also feel confident in everyday movement and still feel uncertain about a full-speed change of direction.
- 12 **Dr Vale:** A ⁶ _____ is not necessarily equivalent to an everyday activity. The real assessment addresses the relevant demands.
- 13 **Imani:** Some of my hesitation is fear of another injury, but I do not want it dismissed as being weak.
- 14 **Dr Vale:** ⁷ _____ deserves a respectful discussion alongside the other relevant information, not a judgment about your character.
- 15 **Imani:** How can I explain the position in one clear sentence without sounding as though I am negotiating the decision?
- 16 **Dr Vale:** You can say the ⁸ _____ is pending and competition has not yet been authorized. That is factual, not an apology.
- 17 **Imani:** And if the coach chooses another player, that selection decision is separate from the clinical question.
- 18 **Dr Vale:** Correct. We should explain the ⁹ _____ clearly while leaving team selection to the appropriate team process.
- 19 **Imani:** Then the message is that I want to return, but desire and the calendar do not establish permission.
- 20 **Dr Vale:** Exactly. A ¹⁰ _____ preserves the actual evidence and responsibility, without promising when the required decision will be made.

CHECK THE GAPS

1. selection pressure / 2. time-based milestone / 3. Return to participation / 4. conditional authorization / 5. Functional testing / 6. sport-specific demand / 7. Psychological readiness / 8. review outcome / 9. decision rationale / 10. criteria-based decision

[Why these answers fit, page 138](#)

F Check accuracy and scope

The final is a date, not a criterion

Return to the case

Athlete Imani hopes to play in a final in two weeks. The actual rehabilitation team has not yet authorized competition; a review of the relevant functional and sport-specific criteria is pending. Sports physician Dr Vale explains that the event date is not a clinical criterion. No test score, recovery timetable, or specific clearance standard is supplied. Imani asks how to explain the position to the coach without sounding uncommitted.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which reply acknowledges pressure without promising recovery?

- A. Confidence alone settles readiness
- B. I understand the final matters; the review still determines the decision
- C. You will definitely play because you care
- D. Missing a final means poor commitment

2. What is not supplied in this exercise?

- A. An event date
- B. A universal pass score
- C. A pending review
- D. A competition goal

[Answers and explanations, page 140](#)

Listen for the distinction

Swap roles and give the one-sentence status update without adding a return date or test result.

Acknowledge the stakes without bargaining away the decision

The athlete may fear losing a role or disappointing teammates. Recognize that pressure while keeping authorization tied to the actual assessment and responsible clinician.

F Say it / transfer to a new case

A conditional note was shortened

A clinical note allows only the specified activity under supervision. A team summary changes it to unrestricted training. No wider authorization exists.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

scope / condition / supervision / unrestricted

- 01 **Clinician:** The note requires ¹ _____.
- 02 **Coach:** The summary incorrectly said ² _____ training.
- 03 **Clinician:** That change removed a ³ _____.
- 04 **Coach:** I will restore the actual ⁴ _____.

CHECK THE GAPS

1. supervision / 2. unrestricted / 3. condition / 4. scope

[Why these answers fit, page 140](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "The final is a date, not a criterion". Imani: "Some of my hesitation is fear of another injury, but I do not want it dismissed as being weak." Dr Vale: [missing response] Imani: "How can I explain the position in one clear sentence without sounding as though I am negotiating the decision?" Which response belongs in the gap?

- A.** Psychological readiness deserves a respectful discussion alongside the other relevant information, not a judgment about your character.
- B.** Return to participation may describe limited involvement, while competition and your previous performance can involve different demands.
- C.** That is why conditional authorization needs its conditions and scope attached whenever it is communicated to the team.
- D.** Correct. We should explain the decision rationale clearly while leaving team selection to the appropriate team process.

[Answers and explanations, page 141](#)

A Read the situation

LESSON 08 / SHARING PARTICIPATION INFORMATION WITHOUT OVERSHARING

Clarify the recipient, purpose, and authorized scope of a sports-medicine update.

The coach needs the limit, not the whole chart

Team coordinator Riley requests athlete Casey's complete medical chart to plan a practice session. Clinician Dr Shah explains that the team needs the actual authorized participation information, while access to health details follows the relevant consent, law, and institutional policy. Casey's permission for a limited participation update is documented; permission for unrestricted chart sharing is not. No diagnosis or specific restriction is supplied in the exercise.

People: Riley, Team coordinator; Dr Shah, Clinician.

Read the record

Choose one answer per question using the facts above.

1. What does the coordinator need for the stated task?

- A. A guessed diagnosis
- B. Unrestricted personal records
- C. Authorized participation information
- D. Every historical clinical note

2. What permission is documented?

- A. A limited participation update
- B. Unlimited chart distribution
- C. Public posting of the diagnosis
- D. Permission to add new restrictions

3. What must govern access to health details?

- A. The match result
- B. A general assumption about teammates
- C. Relevant consent, law, and institutional policy
- D. The coordinator's curiosity

[Answers and explanations, page 142](#)

B Vocabulary in use

CORE TERMS

confidentiality

Obligation to protect information under the applicable professional and legal rules.

maintain confidentiality

participation restriction

Limit on an activity under the actual authorized plan.

communicate a participation restriction

clinical record

Recorded information about assessment, care, and relevant health matters.

protect the clinical record

recipient

Person or organization receiving the information.

identify the intended recipient

data minimization

Limiting shared information to what is appropriate for the purpose and requirements.

apply data minimization

role-based access

Access permissions linked to an authorized work role.

check role-based access

authorized disclosure

Sharing permitted under the relevant consent and other applicable requirements.

confirm authorized disclosure

need-to-know access

Access limited to information relevant to an authorized role and purpose.

apply need-to-know access

release authorization

Documented permission for specified information sharing under applicable rules.

verify a release authorization

disclosure purpose

Reason for a particular information exchange.

specify the disclosure purpose

secure channel

Approved communication route with appropriate protections.

use a secure channel

athlete representation

Support or advocacy arrangement acting for an athlete within defined authority.

clarify athlete representation

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

confidentiality **CONFIDENTIALITY**

maintain confidentiality

Keep the meaning precise: Obligation to protect information under the applicable professional and legal rules.

release authorization **RELEASE AUTHORIZATION**

verify a release authorization

Keep the meaning precise: Documented permission for specified information sharing under applicable rules.

B Precision and professional shorthand

EXTEND YOUR RANGE

team liaison

Contact coordinating communication between the team and relevant services.

identify the team liaison

professional independence

Ability to exercise appropriate professional judgment without improper pressure.

preserve professional independence

audit trail

Traceable record of actions, access, or changes.

retain an audit trail

clarification request

Question that resolves an unclear meaning or instruction.

make a targeted clarification request

working assumption

Provisional premise used while information is incomplete.

challenge a working assumption

action owner

Named person responsible for a specified next step.

confirm the action owner

conflict of interest

Situation in which competing interests may affect professional judgment.

disclose a conflict of interest

status update

Communication of the current relevant position.

provide an accurate status update

information governance

Rules and processes controlling information handling.

follow information governance

source attribution

Identification of where information came from.

preserve source attribution

scope boundary

Limit of the work or authority being discussed.

state the scope boundary

check-back

Restatement used to verify that a message was understood.

complete a check-back

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

athlete representation ATHLETE REPRESENTATION

clarify athlete representation

Keep the meaning precise: Support or advocacy arrangement acting for an athlete within defined authority.

audit trail AUDIT TRAIL

retain an audit trail

Keep the meaning precise: Traceable record of actions, access, or changes.

Phrases that move the work forward

Clarify the task

What decision do you need this information to support?

Set the limit

Permission for a limited update is not unrestricted access to the chart.

Preserve authority

Clinical judgment is separate from pressure to field a player.

Avoid disclosure by habit

Let us verify the authorization rather than copy the full record.

Riley / in the conversation

I need to organize tomorrow's practice and do not want to miss anything.

Dr Shah / in the conversation

Clarifying the disclosure purpose will help us identify the relevant information rather than defaulting to the whole record.

Dr Shah / in the conversation

That calls for an authorized status update.

Riley / in the conversation

Casey agreed to a limited participation update.

Identify the useful update

The participation information addresses the practice-planning question.

Check the recipient

Who will receive the message, and will it be forwarded?

Choose the route

We should use the approved communication channel.

Close constructively

I will clarify what can be shared for this specific purpose.

Dr Shah / in the conversation

What decision do you need to make?

Riley / in the conversation

I need the actual participation limits so the practice plan does not contradict the clinical instructions.

Dr Shah / in the conversation

We should not assume that it requires every historical clinical detail.

Riley / in the conversation

Does that permission let me forward the whole chart to the assistants?

Precision in real exchanges

Purpose: Check the recipient

Useful wording: Who will receive the message, and will it be forwarded?

Purpose: Preserve authority

Useful wording: Clinical judgment is separate from pressure to field a player.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which reply is both useful and appropriately bounded?

- A.** I will invent a restriction so no details are needed
- B.** Planning never needs any information
- C.** Let us confirm the authorized participation update for practice planning
- D.** You may have every record because you are on the team

2. What does documented limited permission not establish?

- A.** The need to check scope
- B.** The identity of the relevant athlete
- C.** Unrestricted chart access
- D.** A defined update purpose

3. A colleague needs the term for this meaning: Access limited to information relevant to an authorized role and purpose. Which term fits?

- A.** professional independence
- B.** data minimization
- C.** need-to-know access
- D.** working assumption

D Choose the response that fits / continued

4. Rebuild the exchange from "The coach needs the limit, not the whole chart". Riley: "Casey agreed to a limited participation update. Does that permission let me forward the whole chart to the assistants?" Dr Shah: [missing response] Riley: "Then I should identify who will receive the message instead of using an expanding group chat by habit." Which response belongs in the gap?

- A.** We should use the approved secure channel rather than assume that convenience establishes an appropriate route for health information.
- B.** No. We need to preserve the scope of the release authorization and the applicable rules, including the actual recipients and purpose.
- C.** The clinical decision needs professional independence. We can communicate clearly without changing the authorization to satisfy a selection preference.
- D.** Good. We should also retain the appropriate audit trail of what was shared, with whom, and under which approved process.

[Answers and explanations, page 142](#)

One useful distinction

A legitimate planning purpose does not automatically authorize access to the whole chart. Share the actual permitted information through the approved route and keep the athlete's documented permission and applicable rules in view.

E Conversation

The coach needs the limit, not the whole chart

The coach needs the limit, not the whole chart

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

Confidentiality / professional independence / data minimization / audit trail /
disclosure purpose / release authorization / status update / Role-based access /
secure channel / recipient

- 01 **Riley:** Could you send Casey's complete chart? I need to organize tomorrow's practice and do not want to miss anything.
- 02 **Dr Shah:** What decision do you need to make? Clarifying the ¹ _____ will help us identify the relevant information rather than defaulting to the whole record.
- 03 **Riley:** I need the actual participation limits so the practice plan does not contradict the clinical instructions.
- 04 **Dr Shah:** That calls for an authorized ² _____. We should not assume that it requires every historical clinical detail.
- 05 **Riley:** Casey agreed to a limited participation update. Does that permission let me forward the whole chart to the assistants?
- 06 **Dr Shah:** No. We need to preserve the scope of the ³ _____ and the applicable rules, including the actual recipients and purpose.
- 07 **Riley:** Then I should identify who will receive the message instead of using an expanding group chat by habit.
- 08 **Dr Shah:** Correct. Each ⁴ _____ and the communication route need to fit the relevant authorization and institutional requirements.
- 09 **Riley:** I do not need the diagnostic history simply to understand the participation information that has been authorized.
- 10 **Dr Shah:** That is the point of ⁵ _____. It keeps the message useful without adding unrelated personal detail.

Conversation continues on the next page.

The coach needs the limit, not the whole chart

CONVERSATION / CONTINUED

- 11 **Riley:** Would the ordinary team messaging app be acceptable, or should we check the service's actual requirements first?
- 12 **Dr Shah:** We should use the approved ⁶ _____ rather than assume that convenience establishes an appropriate route for health information.
- 13 **Riley:** The coach is under pressure to field the strongest team. I do not want that to affect how the clinical message is written.
- 14 **Dr Shah:** The clinical decision needs ⁷ _____. We can communicate clearly without changing the authorization to satisfy a selection preference.
- 15 **Riley:** And my role as coordinator does not automatically give me every access permission held by the clinical team.
- 16 **Dr Shah:** Exactly. ⁸ _____ depends on the actual authorized role, not simply belonging to the same organization.
- 17 **Riley:** I will tell the assistants that the participation update is being clarified, without adding a diagnosis or restriction from this conversation.
- 18 **Dr Shah:** Good. We should also retain the appropriate ⁹ _____ of what was shared, with whom, and under which approved process.
- 19 **Riley:** Then we can support practice planning while respecting Casey's permission and the actual information-handling rules.
- 20 **Dr Shah:** Yes. ¹⁰ _____ and useful coordination are compatible when the purpose, authority, and scope remain clear.

CHECK THE GAPS

1. disclosure purpose / 2. status update / 3. release authorization / 4. recipient / 5. data minimization / 6. secure channel / 7. professional independence / 8. Role-based access / 9. audit trail / 10. Confidentiality

[Why these answers fit, page 143](#)

F Check accuracy and scope

The coach needs the limit, not the whole chart

Return to the case

Team coordinator Riley requests athlete Casey's complete medical chart to plan a practice session. Clinician Dr Shah explains that the team needs the actual authorized participation information, while access to health details follows the relevant consent, law, and institutional policy. Casey's permission for a limited participation update is documented; permission for unrestricted chart sharing is not. No diagnosis or specific restriction is supplied in the exercise.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which question should precede forwarding?

- A. Is the file small enough?
- B. Is the team winning?
- C. Would a shorter subject line look better?
- D. Is the new recipient and purpose authorized?

2. Which distinction protects professional judgment?

- A. A record and its page count
- B. Practice and a calendar entry
- C. Clinical authorization and team selection pressure
- D. A clinician's title and font size

[Answers and explanations, page 145](#)

Listen for the distinction

Swap roles and provide a bounded response to the chart request without inventing a diagnosis or restriction.

Role clarity reduces friction

A colleague can have a legitimate planning need without being entitled to every clinical detail. Explain the useful information that can be shared through the actual authorized process.

F Say it / transfer to a new case

A new recipient was added

A participation update was authorized for the team liaison. Before forwarding it to an external sponsor, the coordinator checks the actual authorization; no sponsor disclosure has been approved.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

approved / recipient / liaison / scope

- 01 **Coordinator:** The authorized recipient is the team ¹ _____.
- 02 **Clinician:** The sponsor is a different ² _____.
- 03 **Coordinator:** Sponsor disclosure has not been ³ _____.
- 04 **Clinician:** We must check the actual authorization ⁴ _____.

CHECK THE GAPS

1. liaison / 2. recipient / 3. approved / 4. scope

[Why these answers fit, page 145](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "The coach needs the limit, not the whole chart". Riley: "The coach is under pressure to field the strongest team. I do not want that to affect how the clinical message is written." Dr Shah: [missing response] Riley: "And my role as coordinator does not automatically give me every access permission held by the clinical team." Which response belongs in the gap?

- A.** The clinical decision needs professional independence. We can communicate clearly without changing the authorization to satisfy a selection preference.
- B.** We should use the approved secure channel rather than assume that convenience establishes an appropriate route for health information.
- C.** That calls for an authorized status update. We should not assume that it requires every historical clinical detail.
- D.** Good. We should also retain the appropriate audit trail of what was shared, with whom, and under which approved process.

[Answers and explanations, page 146](#)

Review 4 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Discussing return-to-sport criteria under pressure" and "Sharing participation information without oversharing". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Suitability for the relevant competitive demands under actual assessment. Which term fits?

- A. performance demand
- B. competition readiness
- C. source attribution
- D. psychological readiness

2. A colleague needs the term for this meaning: Reason for a particular information exchange. Which term fits?

- A. confidentiality
- B. team liaison
- C. clarification request
- D. disclosure purpose

3. Rebuild the exchange from "An image is not a return-to-play decision". Niko: "I also want to understand why my ability to train is discussed separately from what an image shows." Dr Bell: [missing response] Niko: "So a reassuring-sounding phrase would not by itself give me permission to return to every sporting demand." Which response belongs in the gap?

- A. A functional limitation describes difficulty performing an activity. It is a different kind of information from the structure described in a scan.
- B. A structural finding is not automatically the cause of every symptom. We need the actual clinical context before making that connection.
- C. Clinical correlation means we interpret the finding alongside the history, examination, and other relevant information, not that the phrase itself proves an error.
- D. Correct. A shared interpretation brings the relevant information together; neither a reassuring phrase nor an alarming word supplies the entire participation decision.

Review 4 / Meaning and context / continued

4. Rebuild the exchange from "The coach needs the limit, not the whole chart". Riley: "I will tell the assistants that the participation update is being clarified, without adding a diagnosis or restriction from this conversation." Dr Shah: [missing response] Riley: "Then we can support practice planning while respecting Casey's permission and the actual information-handling rules." Which response belongs in the gap?

- A.** The clinical decision needs professional independence. We can communicate clearly without changing the authorization to satisfy a selection preference.
- B.** We should use the approved secure channel rather than assume that convenience establishes an appropriate route for health information.
- C.** Good. We should also retain the appropriate audit trail of what was shared, with whom, and under which approved process.
- D.** No. We need to preserve the scope of the release authorization and the applicable rules, including the actual recipients and purpose.

[Answers and explanations, page 153](#)

Language for the next case

Clarifying a therapeutic use exemption request

therapeutic use exemption

A therapeutic use exemption concerns permission under the applicable anti-doping process and is not automatically established by a prescription alone.

Dr Noor: A therapeutic use exemption question needs the actual medicine, rules, athlete classification, and responsible organization's process.

athlete classification

Athlete classification can affect the relevant anti-doping process and responsible organization, so it must be established rather than guessed.

Dr Noor: The athlete classification helps identify the relevant requirements and organization. We should use the actual category, not assume it from the team name.

responsible anti-doping organization

The responsible anti-doping organization handles the applicable sporting process, which must be identified from the actual athlete and rule context.

Dr Noor: Yes. The responsible anti-doping organization needs to be identified so the question goes to the correct authority.

Application receipt

Application receipt confirms that a request arrived and does not itself establish approval of the exemption being requested.

Dr Noor: Application receipt is not approval. We should check the actual status and any outstanding information through the responsible process.

pending decision

A pending decision means the relevant determination has not been completed and must not be presented as a favorable outcome.

Dr Noor: Exactly. A pending decision needs to remain visible, along with who is responsible for answering the regulatory question.

authorization distinction

The authorization distinction separates the clinical prescription from permission under sporting rules, preventing one decision from being treated as the other.

Dr Noor: That preserves the authorization distinction without interrupting necessary clinical care or inventing a regulatory result.

Read the phrases aloud. Then complete the conversation on the following pages using the word bank.

Conversation

Clarifying a therapeutic use exemption request

Athlete Remy has a prescription from the treating clinician and asks team physician Dr Noor whether that automatically establishes permission under the relevant anti-doping rules. The actual medicine, sport, athlete classification, and rules are not supplied. A therapeutic use exemption question must be checked through the responsible anti-doping process; no medicine change or exemption outcome is authorized by this case.

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

therapeutic use exemption / pending decision / athlete classification /
responsible anti-doping organization / authorization distinction / Application receipt

- 01 **Remy:** I have a prescription from my treating clinician. Does that automatically settle the anti-doping permission question as well?
- 02 **Dr Noor:** Not automatically. The clinical prescription and the applicable sporting requirements are distinct questions that need their proper review.
- 03 **Remy:** I have heard of a therapeutic use exemption, but I do not know whether my actual situation requires one.
- 04 **Dr Noor:** A ¹ _____ question needs the actual medicine, rules, athlete classification, and responsible organization's process.
- 05 **Remy:** Then I should not rely on a teammate who said every prescribed medicine is automatically permitted in every sport.
- 06 **Dr Noor:** Correct. We need the current applicable requirements rather than a general claim that ignores the actual details.

Conversation / continued

- 07 **Remy:** The online form says my request was received. I was about to describe that as exemption approved.
- 08 **Dr Noor:** ² _____ is not approval. We should check the actual status and any outstanding information through the responsible process.
- 09 **Remy:** There is also a question about the level at which I compete. Why does that matter to the inquiry?
- 10 **Dr Noor:** The ³ _____ helps identify the relevant requirements and organization. We should use the actual category, not assume it from the team name.

Conversation continues on the next page.

Clarifying a therapeutic use exemption request

CONVERSATION / CONTINUED

- 11 **Remy:** I can provide the current medicine information and the documents requested through the proper channel.
- 12 **Dr Noor:** Good. Keep the clinical information accurate and limited to the authorized purpose; missing details should not be invented to complete a form.
- 13 **Remy:** If the status is pending, I should say pending rather than reassure the coach that every requirement is settled.
- 14 **Dr Noor:** Exactly. A ⁴ _____ needs to remain visible, along with who is responsible for answering the regulatory question.
- 15 **Remy:** Should I change my medicine because the administrative question is unresolved?
- 16 **Dr Noor:** Do not use this conversation as a medicine-change instruction. Treatment questions belong with the appropriate treating professional and actual clinical process.
- 17 **Remy:** So the next step is an accurate inquiry, not a guess about a banned list or an exemption outcome.
- 18 **Dr Noor:** Yes. The ⁵ _____ needs to be identified so the question goes to the correct authority.
- 19 **Remy:** I will explain the status as a request requiring review and avoid saying the prescription itself grants sporting permission.
- 20 **Dr Noor:** That preserves the ⁶ _____ without interrupting necessary clinical care or inventing a regulatory result.

CHECK THE GAPS

1. therapeutic use exemption / **2.** Application receipt / **3.** athlete classification / **4.** pending decision / **5.** responsible anti-doping organization / **6.** authorization distinction

[Why these answers fit, page 156](#)

Received is not approved

An exemption portal confirms receipt of an application. It asks for further information and gives no approval decision. The athlete reports the status to the team.

Complete the exchange using each phrase once. Read both roles, then switch roles and repeat with the bank covered.

WORD AND PHRASE BANK

received / requested / given / status

- 01 **Athlete:** The application has been ¹ _____.
- 02 **Clinician:** Further information is still ² _____.
- 03 **Athlete:** Approval has not been ³ _____.
- 04 **Clinician:** We should report the actual application ⁴ _____.

CHECK THE GAPS

1. received / 2. requested / 3. given / 4. status

[Why these answers fit, page 156](#)

Keep the distinction audible

Distinguish medical treatment questions from anti-doping authorization and application status.

Language for the next case

Handing over care before overseas travel

document provenance

Document provenance identifies the origin and version of the plan, helping the receiving clinician distinguish current instructions from older copies.

Dr Kim: That document provenance matters because the athlete may also carry an older handout with different wording.

handoff responsibility

Handoff responsibility identifies who owns each part of the ongoing care and communication rather than assuming a sent document transfers every duty.

Dr Kim: Please do, and make the handoff responsibility explicit while the receiving arrangements are still being confirmed.

booking status

Booking status distinguishes a requested appointment from an accepted or confirmed booking and should be communicated accurately before travel.

Dr Kim: I will check our booking status and tell you which arrangements we can actually confirm.

travel purpose

Travel purpose explains why the person is attending the event and does not establish clinical authorization to participate in every activity there.

Dr Kim: Agreed. The travel purpose is not a substitute for the actual participation information and clinical decision.

time zone

A time zone makes a cross-border contact time interpretable and prevents identical clock numbers from referring to different moments.

Dr Kim: Add the date and time zone. Otherwise the same clock time could refer to different moments in our locations.

continuity of care

Continuity of care depends on connected information and responsibilities across services, not simply on sending a complete-looking document before travel.

Dr Kim: That supports continuity of care while respecting the applicable information-sharing requirements in both settings.

Read the phrases aloud. Then complete the conversation on the following pages using the word bank.

Conversation

Handing over care before overseas travel

Physiotherapist Erin hands athlete Jules's care to destination clinician Dr Kim before an overseas event. The current rehabilitation plan is available through an authorized channel. Travel dates are confirmed, but the receiving appointment is only requested. No new participation authorization or exercise instruction is supplied. They clarify document versions, contact times, and the pending appointment.

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

travel purpose / booking status / time zone / handoff responsibility / continuity of care / document provenance

- 01 **Erin:** Jules travels on the confirmed itinerary, but the receiving appointment is still a request rather than a completed booking.
- 02 **Dr Kim:** Thank you for separating those. Travel confirmation does not mean our clinical service has already accepted an appointment time.
- 03 **Erin:** I will send the current rehabilitation plan through the authorized channel with its date and revision clearly identified.
- 04 **Dr Kim:** That ¹ _____ matters because the athlete may also carry an older handout with different wording.
- 05 **Erin:** The plan does not authorize a new activity simply because the athlete is traveling to a sporting event.
- 06 **Dr Kim:** Agreed. The ² _____ is not a substitute for the actual participation information and clinical decision.

Conversation / continued

- 07 **Erin:** I can identify the clinician responsible for the present plan and the outstanding review question.
- 08 **Dr Kim:** Please do, and make the ³ _____ explicit while the receiving arrangements are still being confirmed.
- 09 **Erin:** We also need a time for questions before departure. The proposed message simply says call at nine.
- 10 **Dr Kim:** Add the date and ⁴ _____. Otherwise the same clock time could refer to different moments in our locations.

Conversation continues on the next page.

Handing over care before overseas travel

CONVERSATION / CONTINUED

- 11 **Erin:** I will also distinguish a routine professional contact from the athlete's actual urgent-care route at the destination.
- 12 **Dr Kim:** Yes. A routine inbox should not become the assumed emergency route merely because it appears on the handoff sheet.
- 13 **Erin:** The athlete needs a clear account of the appointment status, rather than discovering on arrival that nobody confirmed it.
- 14 **Dr Kim:** I will check our ⁵ _____ and tell you which arrangements we can actually confirm.
- 15 **Erin:** If the appointment time changes, we should update the athlete and both relevant teams rather than only our own calendar.
- 16 **Dr Kim:** Exactly. A corrected internal schedule does not automatically reach the person relying on the appointment.
- 17 **Erin:** I will keep the shared information limited to the purpose and actual permission for this clinical handoff.
- 18 **Dr Kim:** That supports ⁶ _____ while respecting the applicable information-sharing requirements in both settings.
- 19 **Erin:** Then the open items are appointment confirmation, the named contact time, and receipt of the verified current plan.
- 20 **Dr Kim:** Correct. We will close those items explicitly without adding a diagnosis, exercise change, or sport authorization that has not been made.

CHECK THE GAPS

1. document provenance / 2. travel purpose / 3. handoff responsibility / 4. time zone / 5. booking status / 6. continuity of care

[Why these answers fit, page 158](#)

Nine in which time zone?

A handoff proposes a call at 09:00 but omits the date and time zone. Both teams agree the call is not yet fully specified. The clinical plan is unchanged.

Complete the exchange using each phrase once. Read both roles, then switch roles and repeat with the bank covered.

WORD AND PHRASE BANK

specified / unchanged / zone / details

- 01 **Referrer:** The call still needs a date and time ¹ _____.
- 02 **Receiver:** The proposed contact time is not fully ² _____.
- 03 **Referrer:** The clinical plan remains ³ _____.
- 04 **Receiver:** We will confirm the complete call ⁴ _____.

CHECK THE GAPS

1. zone / **2.** specified / **3.** unchanged / **4.** details

[Why these answers fit, page 158](#)

Keep the distinction audible

Transfer verified rehabilitation information across teams and time zones without losing responsibility or emergency routes.

Language for the next case

Discussing a return setback without assigning blame

event description

An event description records what occurred without automatically assigning a diagnosis, cause, or change to the rehabilitation plan.

Alex: Keep the event description separate from its clinical meaning. We need the actual facts before the appropriate review can interpret them.

task difficulty

Task difficulty describes a problem performing the activity and does not by itself establish treatment failure or a new structural injury.

Alex: It goes beyond the facts. A reported task difficulty does not by itself establish failure of the plan or a new injury.

plan clarification

A plan clarification makes the actual instruction and any authorized change understandable without asking the athlete to resolve conflicting versions alone.

Alex: A plan clarification should make that explicit and correct any conflicting message through the appropriate process.

Performance pressure

Performance pressure can influence how an athlete reports concerns, but it should not replace accurate communication or the clinical response.

Alex: Performance pressure can make this harder to discuss, but it should not determine what you feel able to report.

responsible reviewer

The responsible reviewer needs accurate information to assess the concern and should be identified rather than replaced by an informal team opinion.

Alex: That helps the responsible reviewer assess the concern through the current plan, rather than relying on an informal team conclusion.

nonjudgmental reporting

Nonjudgmental reporting describes relevant facts without attributing blame or motive, helping the clinical team receive information needed for an appropriate response.

Alex: That supports nonjudgmental reporting while leaving diagnosis, urgency, and any plan change to the appropriate clinical process.

Read the phrases aloud. Then complete the conversation on the following pages using the word bank.

Conversation

Discussing a return setback without assigning blame

Athlete Noor reports difficulty during a permitted rehabilitation task and fears being labeled unmotivated. Physiotherapist Alex asks what happened and keeps the actual clinical response separate from performance pressure. The task, symptoms, measurements, and clinical interpretation are not supplied. They agree to report the relevant facts to the responsible clinician through the current plan's route.

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

plan clarification / Performance pressure / responsible reviewer / event description /
task difficulty / nonjudgmental reporting

- 01 **Noor:** I had difficulty during the task, but I almost left it out because I thought everyone would call it a setback I caused.
- 02 **Alex:** I would rather hear an accurate account than have you hide a concern to make the progress report look better.
- 03 **Noor:** I can describe what happened, but I do not know whether it changes the injury or the plan.
- 04 **Alex:** Keep the ¹ _____ separate from its clinical meaning. We need the actual facts before the appropriate review can interpret them.
- 05 **Noor:** The coach keeps asking whether I am trying hard enough, and I worry that uncertainty sounds like an excuse.
- 06 **Alex:** ² _____ can make this harder to discuss, but it should not determine what you feel able to report.

Conversation / continued

- 07 **Noor:** Should I say the rehabilitation failed, or does that label go beyond what I actually know?
- 08 **Alex:** It goes beyond the facts. A reported ³ _____ does not by itself establish failure of the plan or a new injury.
- 09 **Noor:** I also do not want the summary to say everything was fine just because the details are not yet interpreted.
- 10 **Alex:** Correct. Uncertainty is not reassurance. We should describe what is known and use the actual clinical response route.

Conversation continues on the next page.

Discussing a return setback without assigning blame

CONVERSATION / CONTINUED

- 11 **Noor:** I can identify when the difficulty happened and what I was doing, without making up a test result.
- 12 **Alex:** That helps the ⁴ _____ assess the concern through the current plan, rather than relying on an informal team conclusion.
- 13 **Noor:** Who will explain any decision afterward so I do not hear different versions from different people?
- 14 **Alex:** We should identify the communication owner and ensure the athlete receives the verified outcome, not only the staff discussion.
- 15 **Noor:** If the plan changes, I want to know which earlier instruction is no longer current.
- 16 **Alex:** A ⁵ _____ should make that explicit and correct any conflicting message through the appropriate process.
- 17 **Noor:** Then I do not need to choose between sounding positive and telling the truth about the difficulty.
- 18 **Alex:** Exactly. We can acknowledge effort without asking you to minimize a concern or promise a recovery date.
- 19 **Noor:** I will give the factual account and follow the actual clinical instructions for reporting and response.
- 20 **Alex:** That supports ⁶ _____ while leaving diagnosis, urgency, and any plan change to the appropriate clinical process.

CHECK THE GAPS

1. event description / 2. Performance pressure / 3. task difficulty / 4. responsible reviewer / 5. plan clarification / 6. nonjudgmental reporting

[Why these answers fit, page 160](#)

A missed entry concealed a concern

An athlete omitted a reported difficulty from a progress form because they feared blame. The team corrects the record and routes the actual concern for clinical review; no diagnosis is supplied.

Complete the exchange using each phrase once. Read both roles, then switch roles and repeat with the bank covered.

WORD AND PHRASE BANK

account / blame / incomplete / established

- 01 **Athlete:** The progress entry was ¹ _____.
- 02 **Clinician:** We need the factual ² _____.
- 03 **Athlete:** A diagnosis is not yet ³ _____.
- 04 **Clinician:** We can correct the record without assigning ⁴ _____.

CHECK THE GAPS

1. incomplete / 2. account / 3. established / 4. blame

[Why these answers fit, page 160](#)

Keep the distinction audible

Describe a reported difficulty during rehabilitation and request review without diagnosing failure or concealing the concern.

01 / Answers and explanations

A / Read the situation

A1. Which mechanism is reported?

B. Planting the left foot and turning without contact

The brief specifies a left-foot plant and turn without another player's contact.

[Return to the exercise, page 4](#)

A2. Which phrase needs clarification?

B. Gave way

Gave way could describe different experiences and has not been clarified in the history.

[Return to the exercise, page 4](#)

A3. What is not yet supplied?

B. A confirmed diagnosis

The case contains a symptom history but no examination, imaging, or diagnosis.

[Return to the exercise, page 4](#)

D / Response choices

D1. Which opening question resolves the key ambiguity?

B. What happened when you say the knee gave way?

The question clarifies the athlete's own phrase without assuming a diagnosis or examination result.

[Return to the exercise, page 8](#)

D2. Which summary preserves the reported mechanism?

C. Left foot planted; turn without player contact

Only the movement-based summary matches the supplied movement, side, and absence of contact.

[Return to the exercise, page 8](#)

01 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Supporting body weight through a limb. Which term fits?

D. weight-bearing

A Not here. working assumption: Provisional premise used while information is incomplete. The usual combination is "challenge a working assumption".

B Not here. effusion: Fluid accumulation within a joint or body space. The usual combination is "assess a joint effusion".

C Not here. symptom onset: Time or sequence in which symptoms began. The usual combination is "establish symptom onset".

D Correct. weight-bearing: Supporting body weight through a limb. The usual combination is "clarify weight-bearing ability".

[Return to the exercise, page 8](#)

D4. Rebuild the exchange from "A twist, not a collision". Dr Arun: "We can keep your own description while clarifying it. Did the discomfort begin during the turn or afterward?" Luca: [missing response] Dr Arun: "That uncertainty is useful to preserve. What happened when you tried to put weight through the leg afterward?" Which response belongs in the gap?

A. During the pivot, as far as I remember. I cannot separate the exact moment any more precisely than that.

A Correct. This is Luca's response in turn 6. It connects Dr Arun's preceding point with Dr Arun's follow-up. A pivot is a turn around a planted or supporting foot, matching the movement described by the athlete.

B Not here. This line belongs to turn 12, after Dr Arun says: "We should distinguish that report from what is found on examination. Has anything similar happened before?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 14, after Dr Arun says: "We can clarify those separately. What movement seems to make the current discomfort more noticeable?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 20, after Dr Arun says: "Exactly. The next clinical assessment uses the actual history and findings; this description does not settle the diagnosis." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 8](#)

E / Conversation

1. mechanism of injury

Turn 2. The mechanism of injury describes the event and movement, not a confirmed structural diagnosis.

01 / Answers and explanations / continued

2. buckling

Turn 4. Buckling describes a giving-way movement and should not be assumed when the athlete has not clarified what occurred.

3. pivot

Turn 6. A pivot is a turn around a planted or supporting foot, matching the movement described by the athlete.

4. weight-bearing

Turn 8. Weight-bearing concerns supporting body weight through the limb, which is a functional detail rather than a diagnosis.

5. swelling

Turn 10. Swelling describes an observed or reported increase in size; it does not by itself identify the injured tissue.

6. prior injury

Turn 12. A prior injury is an earlier event that may be relevant to the current history without automatically being the same current condition.

7. aggravating factor

Turn 14. An aggravating factor is an activity associated with worsening symptoms, not proof of a particular tissue diagnosis.

8. ligament

Turn 16. A ligament links bones across a joint, but mentioning that structure does not establish that it is injured in this case.

9. strain

Turn 18. A strain concerns muscle or tendon, while a sprain concerns ligament tissue; neither is confirmed by this history alone.

10. non-contact injury

Turn 20. A non-contact injury description identifies the absence of direct contact in the event, not a conclusion that the injury is minor or harmless.

[Return to the conversation, page 10](#)

01 / Answers and explanations / continued

F / Accuracy and scope

F1. Which distinction is anatomically appropriate?

D. A sprain involves a ligament; a strain involves muscle or tendon

The terms identify different tissue categories without diagnosing this athlete's injury.

[Return to the exercise, page 12](#)

F2. Which claim exceeds the case?

B. The ligament is definitely torn

No structural diagnosis is supplied, so a definite tear would add unsupported information.

[Return to the exercise, page 12](#)

F / Guided speaking

1. right

Athlete: The affected ankle was the right one.

Turn 1. The athlete explicitly corrects the side to the right ankle.

2. left

Clinician: The earlier left entry needs correction.

Turn 2. The left-side entry is the incorrect earlier information being corrected.

3. unconfirmed

Athlete: The diagnosis remains unconfirmed.

Turn 3. A corrected side does not itself establish a clinical diagnosis.

4. source

Clinician: I will preserve the correction's source.

Turn 4. The record should identify where the clarification came from under the actual process.

[Return to the conversation, page 13](#)

01 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A twist, not a collision". Dr Arun: "We can clarify those separately. What movement seems to make the current discomfort more noticeable?" Luca: [missing response] Dr Arun: "That account helps. Have you been told a diagnosis, or are the terms you have heard guesses from teammates?" Which response belongs in the gap?

B. Turning feels like an aggravating factor, but I have not been trying movements just to test the knee myself.

A Not here. This line belongs to turn 6, after Dr Arun says: "We can keep your own description while clarifying it. Did the discomfort begin during the turn or afterward?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Luca's response in turn 14. It connects Dr Arun's preceding point with Dr Arun's follow-up. An aggravating factor is an activity associated with worsening symptoms, not proof of a particular tissue diagnosis.

C Not here. This line belongs to turn 20, after Dr Arun says: "Exactly. The next clinical assessment uses the actual history and findings; this description does not settle the diagnosis." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 12, after Dr Arun says: "We should distinguish that report from what is found on examination. Has anything similar happened before?" It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 13](#)

02 / Answers and explanations

A / Read the situation

A1. What does Mo initially confuse?

A. Movement range and strength

The case explicitly describes confusion between range of motion and strength.

[Return to the exercise, page 14](#)

A2. Which action remains available to Mo?

A. Ask to pause

The explanation makes clear that Mo can request a pause during the actual process.

[Return to the exercise, page 14](#)

A3. What is not supplied?

D. A measured angle

No measured range, maneuver, or examination finding appears in the case.

[Return to the exercise, page 14](#)

D / Response choices

D1. Which explanation distinguishes active and passive correctly?

A. You move it yourself versus movement guided by another

The terms describe how movement is produced, not character, strength, or a diagnosis.

[Return to the exercise, page 18](#)

D2. Which instruction supports ongoing consent?

D. Tell me if you want to pause before we continue

This statement keeps the person's ability to pause and clarify visible.

[Return to the exercise, page 18](#)

02 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Movement or effort made against an applied resistance. Which term fits?

C. resisted movement

A Not here. internal rotation: Rotation toward the relevant anatomical midline. The usual combination is "describe internal rotation".

B Not here. baseline measurement: Initial measurement used for later comparison. The usual combination is "record a baseline measurement".

C Correct. resisted movement: Movement or effort made against an applied resistance. The usual combination is "describe resisted movement".

D Not here. working assumption: Provisional premise used while information is incomplete. The usual combination is "challenge a working assumption".

[Return to the exercise, page 18](#)

D4. Rebuild the exchange from "Active movement is not passive movement". Elena: "Exactly. I will also explain whether a movement is one you perform or one that is guided during examination." Mo: [missing response] Elena: "Yes. The term describes how the movement happens, not whether you are trying hard enough to please the examiner." Which response belongs in the gap?

B. Would active movement mean that I move the shoulder myself, using my own muscles?

A Not here. This line belongs to turn 14, after Elena says: "Yes, and you can say stop or ask a question directly. Coming to the appointment does not remove that choice." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Mo's response in turn 6. It connects Elena's preceding point with Elena's follow-up. Active movement is performed by the person using their own muscles, rather than being guided entirely by another person.

C Not here. This line belongs to turn 2, after Elena says: "Before the examination, I would like to explain what we are looking at and how you can ask to pause." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Elena says: "They are different questions. Movement extent and force production can both be relevant, but one does not replace the other." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 18](#)

E / Conversation

1. range of motion

Turn 2. Range of motion describes how far a joint moves, which differs from the force measured in a strength assessment.

02 / Answers and explanations / continued

2. baseline measurement

Turn 4. A baseline measurement provides an initial comparison point and is not automatically a complete diagnosis or a future clearance decision.

3. active movement

Turn 6. Active movement is performed by the person using their own muscles, rather than being guided entirely by another person.

4. passive movement

Turn 8. Passive movement is guided by another person or external force and does not mean the athlete is uncooperative.

5. palpation

Turn 10. Palpation is examination by touch and should be explained within the actual examination and consent process.

6. stop signal

Turn 12. A stop signal gives the person a clear way to request a pause or stop during the actual examination process.

7. examination consent

Turn 14. Examination consent concerns the explained examination and remains specific to the actual process rather than being assumed for every possible step.

8. chaperone

Turn 16. A chaperone is a person present during an examination under the relevant policy and preferences, which should be explained rather than assumed.

9. functional task

Turn 18. A functional task examines an activity relevant to everyday or sporting demands, which is different from one isolated movement measurement.

10. muscle strength

Turn 20. Muscle strength concerns force production, and distinguishing it from motion and function helps prevent an oversimplified interpretation of the examination.

[Return to the conversation, page 20](#)

02 / Answers and explanations / continued

F / Accuracy and scope

F1. Which pair should not be treated as identical?

B. Range of motion and muscle strength

Movement extent and force production are different assessment concepts requiring clear language.

[Return to the exercise, page 22](#)

F2. Which claim would invent a finding?

B. Your range is exactly normal

No measurement or finding is provided, so normal would be an unsupported result.

[Return to the exercise, page 22](#)

F / Guided speaking

1. pause

Athlete: I would like to pause before the next step.

Turn 1. The athlete explicitly requests a pause to clarify the explanation.

2. explanation

Clinician: Let us clarify the explanation first.

Turn 2. Clarification is needed before continuing the discussed examination step.

3. taken

Athlete: No measurement has been taken.

Turn 3. The case states that no measurement has yet occurred.

4. finding

Clinician: There is no established examination finding.

Turn 4. Without an examination result, the dialogue cannot supply an established finding.

[Return to the conversation, page 23](#)

02 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Active movement is not passive movement". Elena: "Yes, and you can say stop or ask a question directly. Coming to the appointment does not remove that choice." Mo: [missing response] Elena: "Precisely. We can also discuss the relevant chaperone arrangements and your preferences under the service's actual policy." Which response belongs in the gap?

C. That makes examination consent feel specific to what we discuss, rather than permission for every possible procedure.

A Not here. This line belongs to turn 8, after Elena says: "Yes. The term describes how the movement happens, not whether you are trying hard enough to please the examiner." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 2, after Elena says: "Before the examination, I would like to explain what we are looking at and how you can ask to pause." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Mo's response in turn 14. It connects Elena's preceding point with Elena's follow-up. Examination consent concerns the explained examination and remains specific to the actual process rather than being assumed for every possible step.

D Not here. This line belongs to turn 4, after Elena says: "They are different questions. Movement extent and force production can both be relevant, but one does not replace the other." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 23](#)

03 / Answers and explanations

A / Read the situation

A1. Which document governs the supplied communication?

C. The current signed rehabilitation plan

The current signed plan is the verified instruction identified in the case.

[Return to the exercise, page 26](#)

A2. What must happen before progression?

A. The stated clinical review

The supplied plan explicitly requires a review before progression.

[Return to the exercise, page 26](#)

A3. Which detail is absent?

D. Exercise dosage

No exercise, dosage, resistance, or progression criterion is provided here.

[Return to the exercise, page 26](#)

D / Response choices

D1. Which read-back matches the plan?

D. Supervised rehabilitation, with review before progression

The current plan specifies supervision and a review before progression.

[Return to the exercise, page 30](#)

D2. Why is do more an inadequate instruction?

A. It leaves the dimension of change unclear

More does not identify whether load, frequency, repetitions, or duration should change.

[Return to the exercise, page 30](#)

03 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Group of repetitions performed under a specified plan. Which term fits?

D. set

A Not here. working assumption: Provisional premise used while information is incomplete. The usual combination is "challenge a working assumption".

B Not here. review criterion: Condition or information used at a clinical review. The usual combination is "clarify a review criterion".

C Not here. regression: Adjustment to a less demanding activity within a clinical plan. The usual combination is "clarify a regression".

D Correct. set: Group of repetitions performed under a specified plan. The usual combination is "distinguish a set".

[Return to the exercise, page 30](#)

D4. Rebuild the exchange from "The current plan is not the next progression". Tessa: "I had also written do more in my own notes, but now I cannot remember what more referred to." Omar: [missing response] Tessa: "I sometimes confuse a set with a repetition. I want to understand the words before reading the actual instructions." Which response belongs in the gap?

A. That does not identify frequency, duration, resistance, or repetitions. We should not guess which detail was intended.

A Correct. This is Omar's response in turn 6. It connects Tessa's preceding point with Tessa's follow-up. Frequency describes how often an activity occurs and cannot be inferred from the ambiguous phrase do more.

B Not here. This line belongs to turn 12, after Tessa says: "The current page also says supervised. I should not turn that into an unsupervised home program myself." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 14, after Tessa says: "If I notice a change during the activity, what language helps me report it accurately to the clinician?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 2, after Tessa says: "I have two documents, and the older one makes it sound as though I can return to practice now." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 30](#)

E / Conversation

1. plan version

Turn 2. Plan version identifies which dated and authorized instruction is current when documents contain different wording.

03 / Answers and explanations / continued

2. rehabilitation plan

Turn 4. The rehabilitation plan is the current agreed clinical instruction, which must remain distinct from an older generic handout.

3. frequency

Turn 6. Frequency describes how often an activity occurs and cannot be inferred from the ambiguous phrase do more.

4. repetition

Turn 8. A repetition is one complete performance of a specified movement, whereas a set groups repetitions under the prescribed plan.

5. Progression

Turn 10. Progression changes the activity or demand under the appropriate clinical criteria and is not authorized by understanding the vocabulary.

6. supervised session

Turn 12. A supervised session requires the specified professional oversight and should not be relabeled as an independent home activity.

7. symptom response

Turn 14. Symptom response describes what happened during or after the specified activity and should be reported without inventing a clinical interpretation.

8. prescribing clinician

Turn 16. The prescribing clinician is responsible for the relevant plan and needs accurate information when instructions or responses require review.

9. superseded instruction

Turn 18. A superseded instruction is an earlier direction replaced by the verified current plan and should not continue circulating as current guidance.

10. review criterion

Turn 20. A review criterion belongs to the actual clinical decision process and must not be replaced with a guessed timetable or an invented test.

[Return to the conversation, page 32](#)

03 / Answers and explanations / continued

F / Accuracy and scope

F1. Which action handles the conflicting documents appropriately?

A. Verify the current version with the responsible clinician

The discrepancy needs authorized clarification, not an improvised mixture of instructions.

[Return to the exercise, page 34](#)

F2. Which claim exceeds this exercise?

A. The athlete should use a particular resistance

No resistance or exercise dosage is supplied, so a specific value would be invented.

[Return to the exercise, page 34](#)

F / Guided speaking

1. frequency

Athlete: More often refers to frequency.

Turn 1. Frequency describes how often the specified activity occurs in the plan.

2. load

Clinician: Greater resistance changes the opposing load.

Turn 2. Resistance concerns the load opposing an effort, not how often it occurs.

3. prescribed

Athlete: No plan change has been prescribed.

Turn 3. The case explicitly provides no authorized change to the current plan.

4. clarification

Clinician: The actual instruction needs appropriate clarification.

Turn 4. Unclear directions should be clarified through the responsible clinical process rather than guessed.

[Return to the conversation, page 35](#)

03 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The current plan is not the next progression". Tessa: "If I notice a change during the activity, what language helps me report it accurately to the clinician?" Omar: [missing response] Tessa: "I should not decide that discomfort means the plan is definitely working, or that any change proves a new injury." Which response belongs in the gap?

C. Describe the actual symptom response, including when it occurred, while following your real clinical instructions and contact pathway.

A Not here. This line belongs to turn 8, after Tessa says: "I sometimes confuse a set with a repetition. I want to understand the words before reading the actual instructions." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 2, after Tessa says: "I have two documents, and the older one makes it sound as though I can return to practice now." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Omar's response in turn 14. It connects Tessa's preceding point with Tessa's follow-up. Symptom response describes what happened during or after the specified activity and should be reported without inventing a clinical interpretation.

D Not here. This line belongs to turn 6, after Tessa says: "I had also written do more in my own notes, but now I cannot remember what more referred to." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 35](#)

04 / Answers and explanations

A / Read the situation

A1. What does the current note address?

C. Specified classroom adjustments

The supplied note concerns school arrangements, not sport participation clearance.

[Return to the exercise, page 36](#)

A2. Who must handle the clinical authorization question?

C. The responsible healthcare professional

Actual return-to-sport authorization belongs within the appropriate clinical process.

[Return to the exercise, page 36](#)

A3. Which inference is unsupported?

B. Attending class means cleared for contact play

The classroom arrangement does not establish permission for contact practice or competition.

[Return to the exercise, page 36](#)

D / Response choices

D1. Which reply corrects the coach's inference?

D. Classroom arrangements do not authorize contact practice

Different settings and demands require their actual authorization; attendance alone is insufficient.

[Return to the exercise, page 40](#)

D2. What detail should accompany cleared?

C. The activity and conditions authorized

Clearance must specify its scope rather than imply permission for every activity.

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04 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Mental effort associated with learning or other thinking tasks. Which term fits?

A. cognitive exertion

A Correct. cognitive exertion: Mental effort associated with learning or other thinking tasks. The usual combination is "discuss cognitive exertion".

B Not here. photophobia: Sensitivity or discomfort associated with light. The usual combination is "explain photophobia".

C Not here. working assumption: Provisional premise used while information is incomplete. The usual combination is "challenge a working assumption".

D Not here. staged progression: Stepwise advancement under the applicable clinical process. The usual combination is "follow the authorized staged progression".

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D4. Rebuild the exchange from "Back in class is not back in contact practice".

Morgan: "Would a shorter practice count as the same kind of adjustment, just with less time on the field?" Sal: [missing response] Morgan: "Then a school arrangement involving reduced concentration demands is not a substitute for a sports decision." Which response belongs in the gap?

A. That would be a new activity decision. Physical exertion and the demands of contact sport need their actual clinical authorization.

A Correct. This is Sal's response in turn 6. It connects Morgan's preceding point with Morgan's follow-up. Physical exertion involves bodily demands and cannot be assumed equivalent to the learning arrangements described in a school note.

B Not here. This line belongs to turn 12, after Morgan says: "I have not seen a symptom score or an examination report. I should not tell the team they were normal." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 10, after Morgan says: "Who should answer the specific question about practice if the classroom note is not meant to answer it?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Morgan says: "I do not want to ignore progress, but the phrase back at school sounded like a general all-clear." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 40](#)

E / Conversation

1. return to learn

Turn 2. Return to learn concerns supported learning; it does not authorize sporting contact or competition.

04 / Answers and explanations / continued

2. participation status

Turn 4. Participation status describes the current authorized activities and conditions rather than an unrestricted impression of recovery.

3. Physical exertion

Turn 6. Physical exertion involves bodily demands and cannot be assumed equivalent to the learning arrangements described in a school note.

4. Cognitive exertion

Turn 8. Cognitive exertion concerns mental effort, distinct from the physical demands of sports practice.

5. medical clearance

Turn 10. Medical clearance must come from the appropriate healthcare professional and specify the activity being authorized.

6. symptom inventory

Turn 12. A symptom inventory records reported symptoms; the classroom note supplies no such assessment.

7. staged progression

Turn 14. Staged progression follows the applicable clinical process and is not completed merely because a competition date is approaching.

8. Contact practice

Turn 16. Contact practice involves specific physical demands that must not be inferred as permitted from a classroom attendance arrangement.

9. clinical reassessment

Turn 18. Clinical reassessment means further professional evaluation under the actual clinical process.

10. Return to sport

Turn 20. Return to sport is a clinician-guided process whose authorization must be distinguished from the supplied return-to-learn arrangements.

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04 / Answers and explanations / continued

F / Accuracy and scope

F1. Which wording preserves the evidence limit?

C. No symptom score is supplied in this update

The exercise supplies no symptom score or finding, so the other statements invent reassurance.

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F2. What does the match date establish?

B. A scheduling pressure, not clinical authorization

A competition date is an organizational fact and cannot establish clinical clearance.

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F / Guided speaking

1. non-contact

Clinician: The authorization is for the specified non-contact activity.

Turn 1. The current note explicitly limits the authorization to the specified non-contact activity.

2. competition

Coach: It does not authorize competition.

Turn 2. Competition is not included in the authorization described in the brief.

3. scope

Clinician: The shorter message lost the scope.

Turn 3. The word cleared alone omitted the activity and limits of the authorization.

4. information

Coach: I will send the accurate participation information.

Turn 4. The corrected message should preserve the actual permission rather than broaden it.

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04 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Back in class is not back in contact practice". Morgan: "The match is approaching, and people will ask when the athlete can return. I cannot promise a date from this note." Sal: [missing response] Morgan: "Could I at least say that non-contact activity and contact practice are separate categories when I explain the question?" Which response belongs in the gap?

D. That is right. The actual staged progression is not replaced by the team calendar or a confident-sounding prediction.

A Not here. This line belongs to turn 8, after Morgan says: "Then a school arrangement involving reduced concentration demands is not a substitute for a sports decision." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 4, after Morgan says: "I do not want to ignore progress, but the phrase back at school sounded like a general all-clear." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 2, after Morgan says: "Avery is back in class this week. Can I take that as permission to include them in contact practice?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Sal's response in turn 14. It connects Morgan's preceding point with Morgan's follow-up. Staged progression follows the applicable clinical process and is not completed merely because a competition date is approaching.

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05 / Answers and explanations

A / Read the situation

A1. Which detail is the same in both records?

B. Duration of 30 minutes

Both sessions last thirty minutes, but their recorded demands differ.

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A2. What distinguishes the sessions?

C. Easy cycling versus repeated hard intervals

The logs distinguish session type and effort, without supplying clinical outcomes.

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A3. What is not provided by this comparison?

C. An individualized progression recommendation

The case compares language and records, not a personal training prescription.

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D / Response choices

D1. Which comparison is justified by the logs?

A. Equal duration but different recorded intensity

The logs show matching minutes and different activity demands, not equivalent overall effects.

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D2. What does perceived exertion identify?

D. The person's reported effort

Perceived exertion is the person's experience of effort, interpreted using the stated method.

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05 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Total amount of training under the stated measure. Which term fits?

D. training volume

A Not here. fatigue: Experience or state of reduced capacity associated with effort or other factors. The usual combination is "report fatigue in context".

B Not here. working assumption: Provisional premise used while information is incomplete. The usual combination is "challenge a working assumption".

C Not here. steady-state activity: Activity maintained at a relatively consistent demand. The usual combination is "compare steady-state activity".

D Correct. training volume: Total amount of training under the stated measure. The usual combination is "compare training volume".

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D4. Rebuild the exchange from "The same minutes, a different session". Dani: "I also used a perceived-effort scale, though I am not sure whether the other athlete used the same one." Priya: [missing response] Dani: "So my report of effort is not automatically the same kind of information as the bike's power reading." Which response belongs in the gap?

A. Clarify the scale before comparing session RPE. The number needs its definition and recording method attached to it.

A Correct. This is Priya's response in turn 6. It connects Dani's preceding point with Dani's follow-up. Session RPE is a rating of perceived exertion under a defined method, so the scale and recording approach need to be known.

B Not here. This line belongs to turn 18, after Dani says: "I can report the sessions and how I felt without claiming that a ratio predicts an injury." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 12, after Dani says: "I wrote intervals without saying how long the recovery periods were. That seems to leave an important detail out." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 2, after Dani says: "Both sessions were thirty minutes, so I entered them as the same training load in my summary." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. training load

Turn 2. Training load includes the amount and character of the demand, not simply the number of minutes spent exercising.

05 / Answers and explanations / continued

2. intensity

Turn 4. Intensity describes the degree of effort or demand, which can differ substantially between sessions with equal duration.

3. session RPE

Turn 6. Session RPE is a rating of perceived exertion under a defined method, so the scale and recording approach need to be known.

4. external load

Turn 8. External load concerns the work performed, such as measured power or distance, rather than the individual's response to that work.

5. Internal load

Turn 10. Internal load concerns the person's physiological or perceived response and should be interpreted in context rather than treated as a diagnosis.

6. work-to-rest ratio

Turn 12. The work-to-rest ratio describes the relationship between effort and recovery periods, helping distinguish sessions that share a broad label.

7. weekly mileage

Turn 14. Weekly mileage must identify the included dates so distance totals from different recording windows are not compared as identical periods.

8. wearable metric

Turn 16. A wearable metric is a device measurement or estimate and does not automatically provide clinical clearance or an individualized training decision.

9. monitoring limitation

Turn 18. A monitoring limitation explains what the available data cannot establish, including a guaranteed injury prediction or safety conclusion.

10. recovery status

Turn 20. Recovery status requires the relevant actual assessment and cannot be settled by matching session durations or relying on one device estimate.

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05 / Answers and explanations / continued

F / Accuracy and scope

F1. Why clarify the weekly date range?

B. Totals need matching time windows

Different included dates can make apparently similar weekly totals refer to different periods.

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F2. Which statement overreaches?

A. This wearable number guarantees no injury

A device metric alone cannot guarantee safety or predict the absence of injury.

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F / Guided speaking

1. equal

Athlete: The distance totals are equal.

Turn 1. Both records show twenty kilometers, so the stated distance totals match.

2. different

Clinician: The recording windows are different.

Turn 2. One record ends Friday while the other includes the whole week.

3. absent

Athlete: Intensity information is absent.

Turn 3. The brief supplies no intensity data for either activity record.

4. demand

Clinician: Equal distance does not establish equivalent demand.

Turn 4. Different time windows and missing intensity prevent an overall equivalence conclusion.

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05 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The same minutes, a different session". Dani: "My weekly total also starts on Sunday, while the team dashboard uses Monday through Sunday." Priya: [missing response] Dani: "The watch gives a recovery number, but I should not describe that as a clinician saying I am ready." Which response belongs in the gap?

A. Then even weekly mileage needs a shared date window before you compare those totals meaningfully.

A Correct. This is Priya's response in turn 14. It connects Dani's preceding point with Dani's follow-up. Weekly mileage must identify the included dates so distance totals from different recording windows are not compared as identical periods.

B Not here. This line belongs to turn 16, after Dani says: "The watch gives a recovery number, but I should not describe that as a clinician saying I am ready." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 10, after Dani says: "The same bike session might feel harder on another day, but that feeling alone would not tell us why." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Dani says: "One session was easy cycling, and the other was repeated hard intervals with recovery periods between them." It addresses that point, not the missing turn in the supplied exchange.

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06 / Answers and explanations

A / Read the situation

A1. What does the report request?

D. Clinical correlation

The report asks for interpretation alongside the actual clinical information.

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A2. Which detail is deliberately not supplied?

A. A named structural diagnosis

The case gives no specific structure, severity, or diagnosis to interpret.

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A3. What cannot be concluded from this exercise?

A. The athlete's sport clearance

Clearance requires the actual assessment and decision, neither of which is supplied here.

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D / Response choices

D1. Which explanation best fits clinical correlation?

C. Interpret the finding with the history and examination

Clinical correlation explicitly connects the report with relevant clinical information.

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D2. Which conclusion does incidental not automatically support?

D. The finding is harmless and needs no review

Incidental describes discovery context and does not by itself settle clinical importance.

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06 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Imaging using sound waves for the relevant clinical examination. Which term fits?

C. diagnostic ultrasound

A Not here. symptom generator: Structure or process considered a possible source of symptoms. The usual combination is "assess a possible symptom generator".

B Not here. imaging limitation: Constraint on what an examination can show or establish. The usual combination is "state an imaging limitation".

C Correct. diagnostic ultrasound: Imaging using sound waves for the relevant clinical examination. The usual combination is "explain diagnostic ultrasound".

D Not here. working assumption: Provisional premise used while information is incomplete. The usual combination is "challenge a working assumption".

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D4. Rebuild the exchange from "An image is not a return-to-play decision". Niko: "Does the summary at the end carry a different role from the detailed description above it?" Dr Bell: [missing response] Niko: "If the report mentions an incidental finding, can I assume it has no importance at all?" Which response belongs in the gap?

B. The report impression summarizes the interpretation, but it still needs to be read with the details and any stated limitations.

A Not here. This line belongs to turn 8, after Niko says: "If the report mentions an incidental finding, can I assume it has no importance at all?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Bell's response in turn 6. It connects Niko's preceding point with Niko's follow-up. The report impression summarizes the imaging interpretation, but it remains part of a report that must be read in clinical context.

C Not here. This line belongs to turn 4, after Niko says: "I saw one unfamiliar word and began treating it as the explanation for every symptom I have." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 18, after Niko says: "I would like an explanation of the actual report, not a general promise that every uncertain phrase is harmless." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. Clinical correlation

Turn 2. Clinical correlation means interpreting the finding alongside the history, examination, and other relevant information rather than reading the image in isolation.

06 / Answers and explanations / continued

2. structural finding

Turn 4. A structural finding describes anatomy and does not automatically establish the cause of every reported symptom.

3. report impression

Turn 6. The report impression summarizes the imaging interpretation, but it remains part of a report that must be read in clinical context.

4. incidental finding

Turn 8. An incidental finding was discovered outside the examination's primary question, which does not automatically establish that it is clinically unimportant.

5. functional limitation

Turn 10. A functional limitation concerns an activity the person has difficulty performing, which is distinct from the structural description on an image.

6. shared interpretation

Turn 12. A shared interpretation brings the relevant findings and perspectives together rather than letting one isolated report phrase determine every conclusion.

7. imaging limitation

Turn 14. An imaging limitation identifies what the examination cannot reliably show or establish and belongs in a careful interpretation of the findings.

8. artifact

Turn 16. An artifact can arise from technical or acquisition factors and should not be assumed to represent the anatomical finding someone expects.

9. clinical significance

Turn 18. Clinical significance concerns what the finding means for the actual person and clinical question, not merely how dramatic the wording sounds.

10. prognosis

Turn 20. A prognosis describes an expected course with appropriate uncertainty and cannot be guaranteed from a single isolated imaging phrase.

[Return to the conversation, page 64](#)

06 / Answers and explanations / continued

F / Accuracy and scope

F1. Which pair should remain distinct?

D. Structural finding and functional limitation

A structural description and an activity limitation answer different questions in the assessment.

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F2. Which response handles uncertainty accurately?

B. This possible explanation needs clinical review

This response preserves the report's limits without dismissing imaging altogether.

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F / Guided speaking

1. suggests

Clinician: The original report said suggests.

Turn 1. Suggests preserves a possible interpretation rather than asserting confirmation.

2. confirms

Colleague: The summary incorrectly changed that to confirms.

Turn 2. Confirms increases certainty beyond the original report's stated meaning.

3. remains

Clinician: The need for clinical correlation remains.

Turn 3. No additional assessment is supplied to resolve the original requirement for context.

4. certainty

Colleague: I will correct the overstated certainty.

Turn 4. The correction must restore the original level of certainty instead of repeating an unsupported conclusion.

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06 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "An image is not a return-to-play decision". Niko: "The report also mentions limits. I thought any modern scan would answer every possible question about the injury." Dr Bell: [missing response] Niko: "Could a technical feature in an image be mistaken for something anatomical if the context is lost?" Which response belongs in the gap?

D. An imaging limitation tells us what the examination cannot reliably show or establish. Different methods answer different questions.

A Not here. This line belongs to turn 8, after Niko says: "If the report mentions an incidental finding, can I assume it has no importance at all?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 20, after Niko says: "And any forecast about recovery should state what is known and what remains uncertain in my assessment." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 6, after Niko says: "Does the summary at the end carry a different role from the detailed description above it?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Bell's response in turn 14. It connects Niko's preceding point with Niko's follow-up. An imaging limitation identifies what the examination cannot reliably show or establish and belongs in a careful interpretation of the findings.

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07 / Answers and explanations

A / Read the situation

A1. What is the current competition status?

A. Not yet authorized

The brief explicitly states that competition has not been authorized.

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A2. What is pending?

D. Review of relevant criteria

The actual review remains pending, with no criteria results provided here.

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A3. What does two weeks identify?

C. Time until the final

Two weeks is the event timing and cannot be treated as a clinical recovery guarantee.

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D / Response choices

D1. Which sentence preserves the condition?

D. If the actual review supports authorization, the team will communicate its scope

If keeps the outcome conditional on the actual review rather than promising clearance.

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D2. Which distinction helps answer the coach?

C. Clinical authorization and team selection

Selection is an organizational decision, while clinical authorization has its own responsible process.

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07 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Requirement particular to the athlete's sport or role. Which term fits?

D. sport-specific demand

A Not here. working assumption: Provisional premise used while information is incomplete. The usual combination is "challenge a working assumption".

B Not here. fear of reinjury: Concern about sustaining injury again. The usual combination is "acknowledge fear of reinjury".

C Not here. selection pressure: Pressure associated with team or event selection. The usual combination is "acknowledge selection pressure".

D Correct. sport-specific demand: Requirement particular to the athlete's sport or role. The usual combination is "identify sport-specific demands".

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D4. Rebuild the exchange from "The final is a date, not a criterion". Imani: "Then what is the distinction between returning to some activity and returning to the level I played at before?" Dr Vale: [missing response] Imani: "I do not want a note about limited activity to be repeated as permission to play an entire match." Which response belongs in the gap?

B. Return to participation may describe limited involvement, while competition and your previous performance can involve different demands.

A Not here. This line belongs to turn 18, after Imani says: "And if the coach chooses another player, that selection decision is separate from the clinical question." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Vale's response in turn 6. It connects Imani's preceding point with Imani's follow-up. Return to participation can involve limited sporting activity under defined conditions and differs from full competition or previous performance.

C Not here. This line belongs to turn 8, after Imani says: "I do not want a note about limited activity to be repeated as permission to play an entire match." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 14, after Imani says: "Some of my hesitation is fear of another injury, but I do not want it dismissed as being weak." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 74](#)

E / Conversation

1. selection pressure

Turn 2. Selection pressure concerns the athlete's role or opportunity in the team and should be acknowledged without changing the clinical decision process.

07 / Answers and explanations / continued

2. time-based milestone

Turn 4. A time-based milestone identifies a point on the calendar and does not establish that clinical or functional criteria have been satisfied.

3. Return to participation

Turn 6. Return to participation can involve limited sporting activity under defined conditions and differs from full competition or previous performance.

4. conditional authorization

Turn 8. Conditional authorization must preserve its stated limits and conditions rather than becoming an unrestricted permission when summarized.

5. Functional testing

Turn 10. Functional testing assesses relevant task performance within the actual clinical process, and this scenario supplies no completed results to report.

6. sport-specific demand

Turn 12. A sport-specific demand concerns a task particular to the sport or role and can differ from the demands of everyday movement.

7. Psychological readiness

Turn 14. Psychological readiness concerns mental preparedness for return and should be discussed respectfully rather than used as a character judgment.

8. review outcome

Turn 16. The review outcome is the result of the actual assessment process, which remains pending in the supplied case.

9. decision rationale

Turn 18. The decision rationale states the basis for the clinical position rather than relying on team pressure or an event date.

10. criteria-based decision

Turn 20. A criteria-based decision depends on the relevant actual evidence and conditions rather than elapsed time or competitive pressure alone.

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07 / Answers and explanations / continued

F / Accuracy and scope

F1. Which reply acknowledges pressure without promising recovery?

B. I understand the final matters; the review still determines the decision

The reply recognizes the athlete's goal while preserving the unresolved clinical decision.

[Return to the exercise, page 78](#)

F2. What is not supplied in this exercise?

B. A universal pass score

No test result or clearance standard is given, so the learner must not invent one.

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F / Guided speaking

1. supervision

Clinician: The note requires supervision.

Turn 1. The actual authorization explicitly includes supervision as a condition.

2. unrestricted

Coach: The summary incorrectly said unrestricted training.

Turn 2. Unrestricted broadens the permission beyond the limited activity in the note.

3. condition

Clinician: That change removed a condition.

Turn 3. The shorter message omitted a condition that limits the authorization.

4. scope

Coach: I will restore the actual scope.

Turn 4. The corrected summary must preserve the activity and conditions actually authorized.

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07 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The final is a date, not a criterion". Imani: "Some of my hesitation is fear of another injury, but I do not want it dismissed as being weak." Dr Vale: [missing response] Imani: "How can I explain the position in one clear sentence without sounding as though I am negotiating the decision?" Which response belongs in the gap?

A. Psychological readiness deserves a respectful discussion alongside the other relevant information, not a judgment about your character.

A Correct. This is Dr Vale's response in turn 14. It connects Imani's preceding point with Imani's follow-up. Psychological readiness concerns mental preparedness for return and should be discussed respectfully rather than used as a character judgment.

B Not here. This line belongs to turn 6, after Imani says: "Then what is the distinction between returning to some activity and returning to the level I played at before?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Imani says: "I do not want a note about limited activity to be repeated as permission to play an entire match." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 18, after Imani says: "And if the coach chooses another player, that selection decision is separate from the clinical question." It addresses that point, not the missing turn in the supplied exchange.

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08 / Answers and explanations

A / Read the situation

A1. What does the coordinator need for the stated task?

C. Authorized participation information

The task is practice planning, for which the relevant participation information is needed.

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A2. What permission is documented?

A. A limited participation update

The brief explicitly limits the documented permission to a participation update.

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A3. What must govern access to health details?

C. Relevant consent, law, and institutional policy

Actual information access depends on the applicable requirements, not a universal team entitlement.

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D / Response choices

D1. Which reply is both useful and appropriately bounded?

C. Let us confirm the authorized participation update for practice planning

This reply addresses the legitimate task while preserving the actual disclosure limits.

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D2. What does documented limited permission not establish?

C. Unrestricted chart access

Limited permission cannot be expanded into blanket access to all health information.

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08 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Access limited to information relevant to an authorized role and purpose. Which term fits?

C. need-to-know access

A Not here. professional independence: Ability to exercise appropriate professional judgment without improper pressure. The usual combination is "preserve professional independence".

B Not here. data minimization: Limiting shared information to what is appropriate for the purpose and requirements. The usual combination is "apply data minimization".

C Correct. need-to-know access: Access limited to information relevant to an authorized role and purpose. The usual combination is "apply need-to-know access".

D Not here. working assumption: Provisional premise used while information is incomplete. The usual combination is "challenge a working assumption".

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D4. Rebuild the exchange from "The coach needs the limit, not the whole chart".

Riley: "Casey agreed to a limited participation update. Does that permission let me forward the whole chart to the assistants?" Dr Shah: [missing response] Riley: "Then I should identify who will receive the message instead of using an expanding group chat by habit." Which response belongs in the gap?

B. No. We need to preserve the scope of the release authorization and the applicable rules, including the actual recipients and purpose.

A Not here. This line belongs to turn 12, after Riley says: "Would the ordinary team messaging app be acceptable, or should we check the service's actual requirements first?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Shah's response in turn 6. It connects Riley's preceding point with Riley's follow-up. Release authorization concerns specified information sharing and cannot be treated as blanket permission for unrestricted chart distribution.

C Not here. This line belongs to turn 14, after Riley says: "The coach is under pressure to field the strongest team. I do not want that to affect how the clinical message is written." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 18, after Riley says: "I will tell the assistants that the participation update is being clarified, without adding a diagnosis or restriction from this conversation." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. disclosure purpose

Turn 2. Disclosure purpose identifies why information is requested and helps determine which authorized information is relevant to the task.

08 / Answers and explanations / continued

2. status update

Turn 4. A status update communicates the current relevant position for the task and need not include every detail in the clinical chart.

3. release authorization

Turn 6. Release authorization concerns specified information sharing and cannot be treated as blanket permission for unrestricted chart distribution.

4. recipient

Turn 8. A recipient is the person or organization receiving information, and their role and authorization matter when the message is shared.

5. data minimization

Turn 10. Data minimization limits information to what is appropriate for the legitimate purpose and applicable requirements rather than sharing everything available.

6. secure channel

Turn 12. A secure channel is an authorized communication route with appropriate protections, not merely the most convenient available messaging option.

7. professional independence

Turn 14. Professional independence preserves the appropriate clinical judgment rather than allowing team selection pressure to determine the medical position.

8. Role-based access

Turn 16. Role-based access ties information permissions to authorized work roles and does not grant every team member identical access to health records.

9. audit trail

Turn 18. An audit trail records relevant access, sharing, or changes so the handling of information can be traced under the actual process.

10. Confidentiality

Turn 20. Confidentiality protects information under the relevant professional and legal requirements while allowing appropriately authorized communication for legitimate purposes.

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08 / Answers and explanations / continued

F / Accuracy and scope

F1. Which question should precede forwarding?

D. Is the new recipient and purpose authorized?

Changing the recipient or purpose can change whether the actual disclosure is authorized.

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F2. Which distinction protects professional judgment?

C. Clinical authorization and team selection pressure

Clinical decisions must retain the appropriate professional authority rather than be dictated by selection pressure.

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F / Guided speaking

1. liaison

Coordinator: The authorized recipient is the team liaison.

Turn 1. The permission in the brief names the team liaison, not every outside party.

2. recipient

Clinician: The sponsor is a different recipient.

Turn 2. Adding an external sponsor changes who would receive the health-related information.

3. approved

Coordinator: Sponsor disclosure has not been approved.

Turn 3. The case explicitly states that no sponsor disclosure has been approved.

4. scope

Clinician: We must check the actual authorization scope.

Turn 4. The authorization's limits must be checked before information is shared more broadly.

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08 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The coach needs the limit, not the whole chart". Riley: "The coach is under pressure to field the strongest team. I do not want that to affect how the clinical message is written." Dr Shah: [missing response] Riley: "And my role as coordinator does not automatically give me every access permission held by the clinical team." Which response belongs in the gap?

A. The clinical decision needs professional independence. We can communicate clearly without changing the authorization to satisfy a selection preference.

A Correct. This is Dr Shah's response in turn 14. It connects Riley's preceding point with Riley's follow-up. Professional independence preserves the appropriate clinical judgment rather than allowing team selection pressure to determine the medical position.

B Not here. This line belongs to turn 12, after Riley says: "Would the ordinary team messaging app be acceptable, or should we check the service's actual requirements first?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 4, after Riley says: "I need the actual participation limits so the practice plan does not contradict the clinical instructions." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 18, after Riley says: "I will tell the assistants that the participation update is being clarified, without adding a diagnosis or restriction from this conversation." It addresses that point, not the missing turn in the supplied exchange.

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Review 1 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Turn made around a planted or supporting foot. Which term fits?

C. pivot

A Not here. source attribution: Identification of where information came from. The usual combination is "preserve source attribution".

B Not here. strain: Injury involving muscle or tendon. The usual combination is "distinguish a strain".

C Correct. pivot: Turn made around a planted or supporting foot. The usual combination is "describe a pivot".

D Not here. swelling: Enlargement associated with fluid or tissue change. The usual combination is "describe the onset of swelling".

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2. A colleague needs the term for this meaning: Movement toward the relevant body midline. Which term fits?

D. adduction

A Not here. muscle strength: Capacity to produce force in the relevant assessment. The usual combination is "assess muscle strength".

B Not here. clarification request: Question that resolves an unclear meaning or instruction. The usual combination is "make a targeted clarification request".

C Not here. range of motion: Extent of movement available at a joint. The usual combination is "assess range of motion".

D Correct. adduction: Movement toward the relevant body midline. The usual combination is "explain adduction".

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Review 1 / Explanations / continued

3. Rebuild the exchange from "A twist, not a collision". Dr Arun: "It will be part of the history, not a substitute for the actual assessment. Did you notice any change in size?" Luca: [missing response] Dr Arun: "We should distinguish that report from what is found on examination. Has anything similar happened before?" Which response belongs in the gap?

A. I noticed some swelling later, but I cannot say whether it began immediately because I was concentrating on the discomfort.

A Correct. This is Luca's response in turn 10. It connects Dr Arun's preceding point with Dr Arun's follow-up. Swelling describes an observed or reported increase in size; it does not by itself identify the injured tissue.

B Not here. This line belongs to turn 6, after Dr Arun says: "We can keep your own description while clarifying it. Did the discomfort begin during the turn or afterward?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 4, after Dr Arun says: "I will record that distinction. When you said it gave way, what actually happened during the movement?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 2, after Dr Arun says: "Tell me what happened just before the knee discomfort started, including where your foot was on the ground." It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "Active movement is not passive movement". Elena: "We will explain it. We should also keep the words movement, strength, and function separate in the summary." Mo: [missing response] Elena: "Exactly. The real assessment determines which information is appropriate and what it means in your situation." Which response belongs in the gap?

C. A functional task would relate to an actual activity, rather than only one isolated angle or force measurement.

A Not here. This line belongs to turn 2, after Elena says: "Before the examination, I would like to explain what we are looking at and how you can ask to pause." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 12, after Elena says: "We can do that. Please also tell me if something is unclear or you want to pause before the next step." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Mo's response in turn 18. It connects Elena's preceding point with Elena's follow-up. A functional task examines an activity relevant to everyday or sporting demands, which is different from one isolated movement measurement.

D Not here. This line belongs to turn 8, after Elena says: "Yes. The term describes how the movement happens, not whether you are trying hard enough to please the examiner." It addresses that point, not the missing turn in the supplied exchange.

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Review 2 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: One complete performance of a specified movement. Which term fits?

D. repetition

A Not here. source attribution: Identification of where information came from. The usual combination is "preserve source attribution".

B Not here. symptom response: Change in symptoms during or after an activity. The usual combination is "report the symptom response".

C Not here. progression: Planned movement to a different activity or demand under relevant criteria. The usual combination is "authorize a progression".

D Correct. repetition: One complete performance of a specified movement. The usual combination is "distinguish a repetition".

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2. A colleague needs the term for this meaning: Reported sense of altered balance or spatial orientation. Which term fits?

D. dizziness

A Not here. non-contact activity: Activity without the specified contact demands. The usual combination is "specify non-contact activity".

B Not here. clarification request: Question that resolves an unclear meaning or instruction. The usual combination is "make a targeted clarification request".

C Not here. concussion: Brain injury requiring appropriate clinical assessment and management. The usual combination is "communicate a concussion concern".

D Correct. dizziness: Reported sense of altered balance or spatial orientation. The usual combination is "describe dizziness".

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Review 2 / Explanations / continued

3. Rebuild the exchange from "Active movement is not passive movement". Elena: "Correct. I will explain each step before we do it; I am not asking you to try unfamiliar examination techniques yourself." Mo: [missing response] Elena: "We can do that. Please also tell me if something is unclear or you want to pause before the next step." Which response belongs in the gap?

D. I appreciate that. I would like an explanation before palpation or any other contact, rather than being surprised halfway through.

A Not here. This line belongs to turn 12, after Elena says: "We can do that. Please also tell me if something is unclear or you want to pause before the next step." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 16, after Elena says: "Precisely. We can also discuss the relevant chaperone arrangements and your preferences under the service's actual policy." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Elena says: "Yes. The term describes how the movement happens, not whether you are trying hard enough to please the examiner." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Mo's response in turn 10. It connects Elena's preceding point with Elena's follow-up. Palpation is examination by touch and should be explained within the actual examination and consent process.

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4. Rebuild the exchange from "Back in class is not back in contact practice". Morgan: "If there is a new concern, we should use the actual clinical route rather than wait for an informal team discussion." Sal: [missing response] Morgan: "My read-back is classroom adjustments only in this note, with the sport participation question still requiring clarification." Which response belongs in the gap?

A. Correct. Any need for clinical reassessment follows our concussion and emergency procedures. Please use the designated clinical contact, not an informal team discussion.

A Correct. This is Sal's response in turn 18. It connects Morgan's preceding point with Morgan's follow-up. Clinical reassessment means further professional evaluation under the actual clinical process.

B Not here. This line belongs to turn 4, after Morgan says: "I do not want to ignore progress, but the phrase back at school sounded like a general all-clear." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 16, after Morgan says: "Could I at least say that non-contact activity and contact practice are separate categories when I explain the question?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 20, after Morgan says: "My read-back is classroom adjustments only in this note, with the sport participation question still requiring clarification." It addresses that point, not the missing turn in the supplied exchange.

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Review 3 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Person's physiological or perceived response to the work. Which term fits?

B. internal load

A Not here. source attribution: Identification of where information came from. The usual combination is "preserve source attribution".

B Correct. internal load: Person's physiological or perceived response to the work. The usual combination is "describe internal load".

C Not here. interval training: Training alternating periods of specified effort and recovery. The usual combination is "describe interval training".

D Not here. chronic workload: Training demand over the defined longer period. The usual combination is "define the chronic workload window".

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2. A colleague needs the term for this meaning: Meaning or importance of a finding for the actual clinical situation. Which term fits?

C. clinical significance

A Not here. imaging report: Written interpretation of an imaging examination. The usual combination is "review the imaging report".

B Not here. clarification request: Question that resolves an unclear meaning or instruction. The usual combination is "make a targeted clarification request".

C Correct. clinical significance: Meaning or importance of a finding for the actual clinical situation. The usual combination is "clarify clinical significance".

D Not here. artifact: Image feature caused by technical or acquisition factors rather than the assumed anatomy. The usual combination is "identify a possible artifact".

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Review 3 / Explanations / continued

3. Rebuild the exchange from "Back in class is not back in contact practice". Morgan: "Who should answer the specific question about practice if the classroom note is not meant to answer it?" Sal: [missing response] Morgan: "I have not seen a symptom score or an examination report. I should not tell the team they were normal." Which response belongs in the gap?

A. The responsible healthcare professional should clarify medical clearance through the actual process, with the permitted activity and conditions made explicit.

A Correct. This is Sal's response in turn 10. It connects Morgan's preceding point with Morgan's follow-up. Medical clearance must come from the appropriate healthcare professional and specify the activity being authorized.

B Not here. This line belongs to turn 6, after Morgan says: "Would a shorter practice count as the same kind of adjustment, just with less time on the field?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 12, after Morgan says: "I have not seen a symptom score or an examination report. I should not tell the team they were normal." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Morgan says: "I do not want to ignore progress, but the phrase back at school sounded like a general all-clear." It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "An image is not a return-to-play decision". Niko: "I would like an explanation of the actual report, not a general promise that every uncertain phrase is harmless." Dr Bell: [missing response] Niko: "And any forecast about recovery should state what is known and what remains uncertain in my assessment." Which response belongs in the gap?

A. We can do that while keeping clinical significance separate from how dramatic a term sounds when read without an explanation.

A Correct. This is Dr Bell's response in turn 18. It connects Niko's preceding point with Niko's follow-up. Clinical significance concerns what the finding means for the actual person and clinical question, not merely how dramatic the wording sounds.

B Not here. This line belongs to turn 8, after Niko says: "If the report mentions an incidental finding, can I assume it has no importance at all?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 6, after Niko says: "Does the summary at the end carry a different role from the detailed description above it?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Niko says: "I saw one unfamiliar word and began treating it as the explanation for every symptom I have." It addresses that point, not the missing turn in the supplied exchange.

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Review 4 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Suitability for the relevant competitive demands under actual assessment. Which term fits?

B. competition readiness

A Not here. performance demand: Requirement needed for the intended level of sporting performance. The usual combination is "specify the performance demand".

B Correct. competition readiness: Suitability for the relevant competitive demands under actual assessment. The usual combination is "discuss competition readiness".

C Not here. source attribution: Identification of where information came from. The usual combination is "preserve source attribution".

D Not here. psychological readiness: Mental preparedness relevant to returning to activity. The usual combination is "discuss psychological readiness".

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2. A colleague needs the term for this meaning: Reason for a particular information exchange. Which term fits?

D. disclosure purpose

A Not here. confidentiality: Obligation to protect information under the applicable professional and legal rules. The usual combination is "maintain confidentiality".

B Not here. team liaison: Contact coordinating communication between the team and relevant services. The usual combination is "identify the team liaison".

C Not here. clarification request: Question that resolves an unclear meaning or instruction. The usual combination is "make a targeted clarification request".

D Correct. disclosure purpose: Reason for a particular information exchange. The usual combination is "specify the disclosure purpose".

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Review 4 / Explanations / continued

3. Rebuild the exchange from "An image is not a return-to-play decision". Niko: "I also want to understand why my ability to train is discussed separately from what an image shows." Dr Bell: [missing response] Niko: "So a reassuring-sounding phrase would not by itself give me permission to return to every sporting demand." Which response belongs in the gap?

A. A functional limitation describes difficulty performing an activity. It is a different kind of information from the structure described in a scan.

A Correct. This is Dr Bell's response in turn 10. It connects Niko's preceding point with Niko's follow-up. A functional limitation concerns an activity the person has difficulty performing, which is distinct from the structural description on an image.

B Not here. This line belongs to turn 4, after Niko says: "I saw one unfamiliar word and began treating it as the explanation for every symptom I have." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 2, after Niko says: "I read the report before the appointment, and the phrase clinical correlation made me think something had been missed." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 12, after Niko says: "So a reassuring-sounding phrase would not by itself give me permission to return to every sporting demand." It addresses that point, not the missing turn in the supplied exchange.

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Review 4 / Explanations / continued

4. Rebuild the exchange from "The coach needs the limit, not the whole chart". Riley: "I will tell the assistants that the participation update is being clarified, without adding a diagnosis or restriction from this conversation." Dr Shah: [missing response] Riley: "Then we can support practice planning while respecting Casey's permission and the actual information-handling rules." Which response belongs in the gap?

C. Good. We should also retain the appropriate audit trail of what was shared, with whom, and under which approved process.

A Not here. This line belongs to turn 14, after Riley says: "The coach is under pressure to field the strongest team. I do not want that to affect how the clinical message is written." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 12, after Riley says: "Would the ordinary team messaging app be acceptable, or should we check the service's actual requirements first?" It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Dr Shah's response in turn 18. It connects Riley's preceding point with Riley's follow-up. An audit trail records relevant access, sharing, or changes so the handling of information can be traced under the actual process.

D Not here. This line belongs to turn 6, after Riley says: "Casey agreed to a limited participation update. Does that permission let me forward the whole chart to the assistants?" It addresses that point, not the missing turn in the supplied exchange.

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Additional case 1 / Explanations

Extended conversation

1. therapeutic use exemption

Turn 4. A therapeutic use exemption concerns permission under the applicable anti-doping process and is not automatically established by a prescription alone.

2. Application receipt

Turn 8. Application receipt confirms that a request arrived and does not itself establish approval of the exemption being requested.

3. athlete classification

Turn 10. Athlete classification can affect the relevant anti-doping process and responsible organization, so it must be established rather than guessed.

4. pending decision

Turn 14. A pending decision means the relevant determination has not been completed and must not be presented as a favorable outcome.

5. responsible anti-doping organization

Turn 18. The responsible anti-doping organization handles the applicable sporting process, which must be identified from the actual athlete and rule context.

6. authorization distinction

Turn 20. The authorization distinction separates the clinical prescription from permission under sporting rules, preventing one decision from being treated as the other.

[Return to the conversation, page 93](#)

Transfer exchange

1. received

Athlete: The application has been received.

Turn 1. The portal confirms arrival of the application, not its approval.

Additional case 1 / Explanations / continued

2. requested

Clinician: Further information is still requested.

Turn 2. The portal asks for additional information before the matter is resolved.

3. given

Athlete: Approval has not been given.

Turn 3. No approval decision appears in the supplied status update.

4. status

Clinician: We should report the actual application status.

Turn 4. Accurate status language prevents a receipt notice from becoming a false authorization.

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Additional case 2 / Explanations

Extended conversation

1. document provenance

Turn 4. Document provenance identifies the origin and version of the plan, helping the receiving clinician distinguish current instructions from older copies.

2. travel purpose

Turn 6. Travel purpose explains why the person is attending the event and does not establish clinical authorization to participate in every activity there.

3. handoff responsibility

Turn 8. Handoff responsibility identifies who owns each part of the ongoing care and communication rather than assuming a sent document transfers every duty.

4. time zone

Turn 10. A time zone makes a cross-border contact time interpretable and prevents identical clock numbers from referring to different moments.

5. booking status

Turn 14. Booking status distinguishes a requested appointment from an accepted or confirmed booking and should be communicated accurately before travel.

6. continuity of care

Turn 18. Continuity of care depends on connected information and responsibilities across services, not simply on sending a complete-looking document before travel.

[Return to the conversation, page 98](#)

Transfer exchange

1. zone

Referrer: The call still needs a date and time zone.

Turn 1. The clock time alone is ambiguous when the teams work across locations.

Additional case 2 / Explanations / continued

2. specified

Receiver: The proposed contact time is not fully specified.

Turn 2. The missing date and zone prevent a complete shared understanding of the appointment.

3. unchanged

Referrer: The clinical plan remains unchanged.

Turn 3. Clarifying a contact time does not alter any clinical instruction.

4. details

Receiver: We will confirm the complete call details.

Turn 4. A usable confirmation must include the missing information needed by both teams.

[Return to the conversation, page 101](#)

Additional case 3 / Explanations

Extended conversation

1. event description

Turn 4. An event description records what occurred without automatically assigning a diagnosis, cause, or change to the rehabilitation plan.

2. Performance pressure

Turn 6. Performance pressure can influence how an athlete reports concerns, but it should not replace accurate communication or the clinical response.

3. task difficulty

Turn 8. Task difficulty describes a problem performing the activity and does not by itself establish treatment failure or a new structural injury.

4. responsible reviewer

Turn 12. The responsible reviewer needs accurate information to assess the concern and should be identified rather than replaced by an informal team opinion.

5. plan clarification

Turn 16. A plan clarification makes the actual instruction and any authorized change understandable without asking the athlete to resolve conflicting versions alone.

6. nonjudgmental reporting

Turn 20. Nonjudgmental reporting describes relevant facts without attributing blame or motive, helping the clinical team receive information needed for an appropriate response.

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Transfer exchange

1. incomplete

Athlete: The progress entry was incomplete.

Turn 1. Omitting the reported difficulty left the progress record without relevant information.

Additional case 3 / Explanations / continued

2. account

Clinician: We need the factual account.

Turn 2. The review needs what actually happened rather than an invented interpretation.

3. established

Athlete: A diagnosis is not yet established.

Turn 3. The scenario provides a report and review route but no clinical diagnosis.

4. blame

Clinician: We can correct the record without assigning blame.

Turn 4. A nonjudgmental correction preserves the facts without attributing an unsupported negative motive.

[Return to the conversation, page 106](#)

Find a phrase by purpose

Clarifying an injury mechanism

Locate the event: Which foot was on the ground when you turned?

Clarify contact: Did anyone or anything make contact with you?

Unpack the phrase: When you say it gave way, what did you feel or see?

[Full phrase bank, page 7](#)

Explaining an examination and inviting a pause

Explain the purpose: This part looks at how the shoulder moves, not only how strong it is.

Distinguish the action: Active means you move it yourself; passive means movement is guided.

Ask before contact: I will explain the next step before any contact.

[Full phrase bank, page 17](#)

Reading back a rehabilitation plan

Check the version: Which dated plan are we reading together?

Separate instructions: That wording belongs to the older handout, not the current plan.

Clarify the unit: Do you mean sets, repetitions, or the length of the session?

[Full phrase bank, page 29](#)

Communicating concussion follow-up clearly

Separate the permissions: The school note addresses classroom arrangements, not contact practice.

Specify the activity: Which exact activity are you asking about?

Avoid all-clear: Progress in one setting is not unrestricted clearance.

[Full phrase bank, page 39](#)

Find a phrase by purpose / continued

Comparing training load without false equivalence

Align the measure: Are we comparing time, distance, power, or reported effort?

Preserve the difference: The durations match, but the session demands differ.

Clarify the scale: Which effort scale was used for this entry?

[Full phrase bank, page 51](#)

Explaining imaging findings in clinical context

Explain correlation: We need to connect this finding with the history and examination.

Separate structure and function: The image and your activity limitations answer different questions.

Avoid a leap: That phrase alone does not identify the cause of your symptoms.

[Full phrase bank, page 61](#)

Discussing return-to-sport criteria under pressure

Acknowledge the goal: I understand why this final matters to you.

State the present position: Competition has not yet been authorized.

Separate the calendar: The date tells us when the event happens, not whether the criteria are met.

[Full phrase bank, page 73](#)

Sharing participation information without oversharing

Clarify the task: What decision do you need this information to support?

Identify the useful update: The participation information addresses the practice-planning question.

Set the limit: Permission for a limited update is not unrestricted access to the chart.

[Full phrase bank, page 83](#)

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[Lesson 07, p. 72](#), [Lesson 08, p. 82](#)**acute workload**[Lesson 05, p. 50](#)**aggravating factor**[Lesson 01, p. 6](#)**artifact**[Lesson 06, p. 60](#)**athlete representation**[Lesson 08, p. 81](#)**authorization distinction**[Case 1, p. 92](#)**baseline measurement**[Lesson 02, p. 16](#)**buckling**[Lesson 01, p. 5](#)**chaperone**[Lesson 02, p. 16](#)**chronic workload**[Lesson 05, p. 50](#)**clinical correlation**[Lesson 06, p. 59](#)**clinical record**[Lesson 08, p. 81](#)**cognitive exertion**[Lesson 04, p. 37](#)**competition readiness**[Lesson 07, p. 71](#)**concussion**[Lesson 04, p. 37](#)**confidence in movement**[Lesson 07, p. 71](#)**conflict of interest**[Lesson 08, p. 82](#)**continuity of care**[Case 2, p. 97](#)**data minimization**[Lesson 08, p. 81](#)**academic adjustment**[Lesson 04, p. 37](#)**active movement**[Lesson 02, p. 15](#)**adduction**[Lesson 02, p. 15](#)**Application receipt**[Case 1, p. 92](#)**athlete classification**[Case 1, p. 92](#)**audit trail**[Lesson 08, p. 82](#)**authorized disclosure**[Lesson 08, p. 81](#)**booking status**[Case 2, p. 97](#)**capacity**[Lesson 07, p. 72](#)**check-back**[Lesson 01, p. 6](#), [Lesson 02, p. 16](#), [Lesson 03, p. 28](#),
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References and publication notes

All cases, organizations, figures, and conversations are fictional teaching material, not transcripts. Communication practice does not replace qualified advice or current workplace procedures.

[1] AAOS OrthoInfo. Sprains, Strains, and Other Soft-Tissue Injuries.

Background for distinguishing tissue terminology and reported injury mechanisms; not a treatment plan. Source checked 11 October 2026.

<https://www.orthoinfo.org/diseases--conditions/sprains-strains-and-other-soft-tissue-injuries/>

[2] CDC HEADS UP. Returning to Sports.

Supports the need for healthcare approval and supervision in concussion return-to-sport communication; the book does not reproduce a progression protocol. Source checked 11 October 2026.

<https://www.cdc.gov/heads-up/guidelines/returning-to-sports.html>

[3] AAOS OrthoInfo. Recovery and Rehabilitation.

Context for rehabilitation terminology and the need for instructions appropriate to the actual assessed injury. Source checked 11 October 2026.

<https://www.orthoinfo.org/recovery>

[4] US Anti-Doping Agency. Therapeutic Use Exemptions.

Context for distinguishing an exemption request from approval under the actual anti-doping process. Source checked 11 October 2026.

<https://www.usada.org/testing/tue/>

Companion course

The website offers the eight-lesson course and related practice. This book can be used independently. No audio access or external account is needed for its exercises.

<https://englishladder.com/efsp-sports-medicine.html>

Describe the movement. Clarify the next step.

Eight encounters practice mechanism-of-injury questions, examination explanations, rehabilitation read-backs, concussion communication, training-load comparisons, imaging limits, return criteria, and information sharing.

Clarifying an injury mechanism

A non-contact pivot describes a mechanism, not a confirmed ligament or meniscal injury. Gave way needs clarification and must not be recorded as an examination finding.

Explaining an examination and inviting a pause

Range of motion describes movement extent, not muscle strength. Active and passive describe how movement occurs, not whether the athlete is cooperative.

Reading back a rehabilitation plan

Sets, repetitions, resistance, frequency, and duration are distinct details. None can be inferred from a generic instruction to do more, and none is supplied here.

Communicating concussion follow-up clearly

A return-to-learn note and sport clearance answer different questions. Classroom attendance does not establish readiness for contact practice or competition.

Phil Stilwell

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