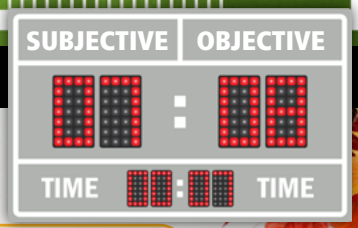
MediScene

OCTOBER 2026 • ISSUE #3



OK, SO WHY A TEMPLATE?

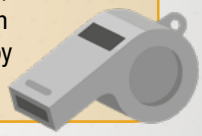
Glenn Mason, former Ohio State offensive line coach, and former Big Ten head coach, graded his linemen on how they moved their feet. Each player had choreographed foot placement for each play. His reasoning was if the player attempted to move outside of the prescribed pattern, he would be either knocked off balance or throw off timing for others on the team.

When golfer Ken Ventura asked golfing great Ben Hogan how he could stay so calm during high pressure shots on the last hole of a tournament, he replied, "Look, I've hit this shot a thousand times in practice. What should make it any different in any other situation? It's the same shot."

Karl Walendas ("The Great Walendas"), performed a seven-person pyramid on a tight rope 50 feet in the air without a safety net. When asked how he kept his cool, he explained that "it's the same rope" whether it's on the ground or 100 feet up.

All of these great performers had something in common. They believed in and had confidence in their processes. This allowed them to avoid extraneous thoughts which could doom their outcome. Each of them would agree that there are complex variables in what they do. However, they became comfortable in incorporating these variables as they applied their processes.

The same can be said about medical and psychological evaluations. Every case is unique. Having a standard process (such as a template, or standardized format) helps us make certain sure we have considered all of the pertinent variables, which allows us to focus on the issues at hand. Doing so reduces the likelihood of errors, and makes us better teammates by allowing for scalability of the process throughout a complex medicolegal system.



WHILE WE'RE TALKING ABOUT REPORTING THE SOURCE OF YOUR INFORMATION...

Medical and psychological reports have been fashioned over time in a particular way. There is a standard for communicating pertinent clinical information.

In the most general sense, the injured worker is asked some variation of, "What's ailing you?" first. Their response is the **subjective** part of the examination, which is important, because "nobody goes to the doctor for nothing." However, when it is reported, all of what they tell you should be preceded by, "The injured worker reported..." or, "The injured worker stated…" In Industrial Commission PTD examinations, templates direct us to areas to report these subjective reports. These areas include the **CURRENT REPORTED SYMPTOMS ARISING FROM ALLOWED CONDITION(S); INJURED WORKER'S SUBJECTIVE REPORT OF THE IMPACT OF THE ALLOWED CONDITION(S) ON ACTIVITIES; CURRENT REPORTED PSYCHOLOGICAL SYMPTOMS ARISING FROM ALLOWED CONDITION(S);** and, in some ways, **REVIEW AND SUMMARY OF THE FOUR FUNCTIONAL AREAS.**

Next, a standard IME report moves to the **objective**. This includes a review of the pertinent medical record facts and the examination. Here we need to clearly identify what we see and hear, as it is statutory that an examiner's opinion be based on sufficient objective findings.

Finally, the report culminates with the examiner's opinions. It is best practice to **review, synthesize, and clearly delineate** the subjective and objective components of the report, which should support what is clearly identified as **your unequivocal opinion**(s).

*Source Note: Stories regarding Ben Hogan and Karl Wallenda are adapted from the Imagine Golf podcast. The anecdote regarding Glenn Mason is a personal reflection contributed by Scott Zalenski, former player and current IC Hearing Officer.



Mood vs. Affect

Describing Mood and Affect in a Mental Status Examination

Mood

Mood refers to an individual's reported emotional climate. It is what they tell you when you ask, "How are you feeling?" Below are examples of psychological terms and definitions commonly used to appropriately report an injured worker's mood. Mood is subjective, that is, something that can only be felt and reported by the injured worker. It is helpful for the reader if the examiner reports what the injured worker said when asked the question, preceded by, "The injured worker reported…", so as to identify the source of the information reported. Example: "The IW's reported mood was despondent, stating 'I feel hopeless. I see nothing good in my future'."

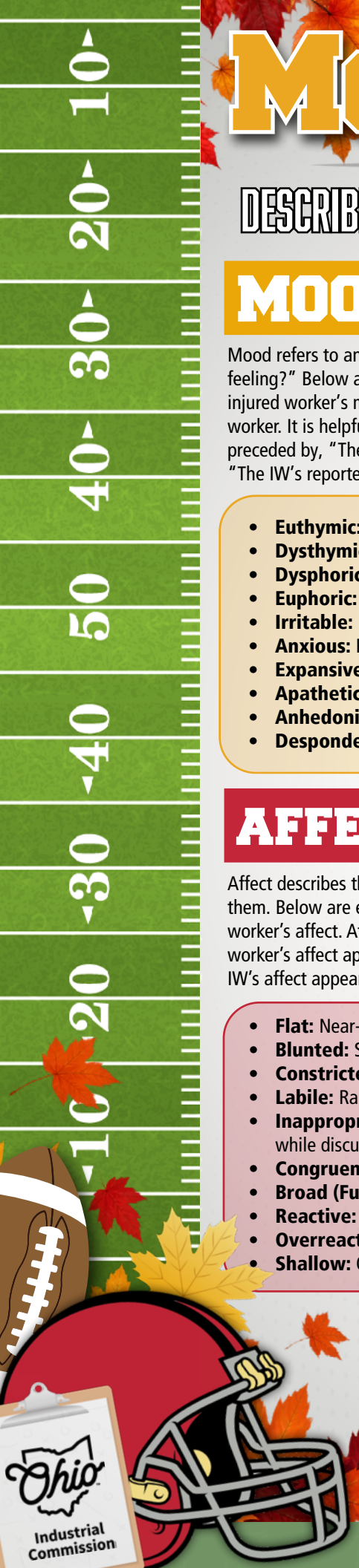
- **Euthymic:** A normal, tranquil, and balanced baseline emotional state.
- **Dysthymic:** A chronically low, depressed, or downbeat mood.
- **Dysphoric:** A pervasive state of uneasiness, dissatisfaction, or mental discomfort.
- **Euphoric:** An exaggerated, elevated state of intense happiness or grandiosity.
- **Irritable:** Easily frustrated, impatient, or quick to respond with anger.
- **Anxious:** Persistent apprehension, tension, or inner restlessness.
- **Expansive:** Unrestrained emotional feelings, often accompanied by self-importance.
- **Apathetic:** Complete detachment, indifference, or lack of emotional drive.
- **Anhedonic:** The inability to feel pleasure in normally enjoyable activities.
- **Despondent:** Deeply discouraged, hopeless, or dejected.



Affect

Affect describes the injured worker's outward expression of emotion, that is, what you observe as you interact with them. Below are examples of psychological terms and definitions commonly used to appropriately report an injured worker's affect. Affect is objective. It is observed and should be reported by the examiner preceded by, "The injured worker's affect appeared…", so as to identify the source of the information. Example: "During the examination, the IW's affect appeared flat, demonstrating very little facial expression, and a monotonous tone of voice."

- **Flat:** Near-total absence of facial expression, body language, or vocal tone variation.
- **Blunted:** Severe reduction in the intensity and range of emotional expression.
- **Constricted (Restricted):** Mildly limited or muted range and nuance in emotional display.
- **Labile:** Rapid, unpredictable, and exaggerated shifts in emotional expression.
- **Inappropriate (Incongruent):** Expression that clashes with spoken context (e.g., laughing while discussing tragedy).
- **Congruent:** Outward expression that matches the person's reported mood or context.
- **Broad (Full Range):** Healthy, flexible emotional expression across a natural range of feelings.
- **Reactive:** Expression that shifts naturally and appropriately in response to conversational cues.
- **Overreactive:** Emotional display that is dramatically excessive relative to the trigger.
- **Shallow:** Outward expression that feels superficial, fleeting, or lacking emotional depth.







MediScene Review Questions

DIRECTIONS AND SUBMISSION

After reviewing the material in the newsletter, please fill in your name, date, time spent on the activity, and your answers to the review questions.

When completed, you may print this page and fax it to 614-466-1051, attention Medical Services, subject "*MediScene* Review Questions", to be placed in your file and held for your future reapplication. Alternatively, you may save your completed form to your computer by choosing "Print", and then choose "Destination" as "Save to PDF". Please email the saved document as an attachment to medical.services@ic.ohio.gov with the subject line stating "*MediScene* Review Questions".

Your Name: _____ **Date:** _____

Time Spent on CME Activity: _____ *(Maximum 30 minutes)*

1. What principle connects the examples of Glenn Mason, Ben Hogan, and Karl Wallenda in the newsletter?

- ☐ A. Reliance on standardized processes to perform consistently under pressure.
- ☐ B. Frequent use of high-risk athletic maneuvers to build physical resilience.
- ☐ C. Strict adherence to physical conditioning routines prior to competition.
- ☐ D. Elimination of external variables through complete control of the environment.

2. According to the author, how does using a template benefit medical and psychological evaluations?

- ☐ A. It ensures pertinent variables are considered and lowers error rates.
- ☐ B. It replaces the need to perform a comprehensive physical examination.
- ☐ C. It allows examiners to bypass statutory requirements for objective findings.
- ☐ D. It guarantees that no subjective statements will be included in the final report.

3. When documenting the subjective portion of an Industrial Commission examination, how should reported details be introduced?

- ☐ A. With definitive conclusions like "The physical evidence confirms..."
- ☐ B. With summary attributions like "According to treating physicians..."
- ☐ C. With statutory citations like "Under Commission guidelines..."
- ☐ D. With qualifying statements like "The injured worker stated..."

4. What components make up the objective portion of a standard Independent Medical Examination (IME) report?

- ☐ A. Standardized templates and legal mandates of the commission.
- ☐ B. Initial subjective worker complaints and activity impact statements.
- ☐ C. Review of medical record facts and direct examination findings.
- ☐ D. Personal opinions of the examiner and worker preferences.

5. According to the final section of the newsletter, what should directly support an examiner's unequivocal opinion?

- ☐ A. Unsubstantiated statements provided by the examinee.
- ☐ B. The examinee's personal preferences regarding return-to-work options.
- ☐ C. Strict reliance on historical athletic training models.
- ☐ D. Synthesis of both subjective and objective report components.

NOTE: This activity is not a certified AMA category 1 activity, and so it cannot be used as credit toward medical board licensure in Ohio. However, it can be used toward the Ohio Industrial Commission requirement for continuing education credit specific to impairment rating at the time of your five-year application for reappointment to the specialist examiners' panel.

Ohio
Industrial Commission



ANSWERS: A., A., D., C., D.