Senior Seminar

ATHT 4990

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACI’s please refer to scenarios for what to evaluate.

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| --- | --- | --- | --- |
| Scenario Summaries | Observation 1 | Observation 2 | Proficiency/date |
| 1. Legal issues |  |  |  |
| 2. Special conditions |  |  |  |
| 3. Ultrasound |  |  |  |
| 4. Eating disorder |  |  |  |
| 5. psychological issues |  |  |  |
| 6. Tape vs. brace |  |  |  |
| 7. Shoulder injury |  |  |  |
| 8. Wrist injury |  |  |  |
| 9. Coach dealings |  |  |  |
| 10. Pregnancy |  |  |  |
| 11.STD |  |  |  |
| 12.Shoulder injury |  |  |  |
| 13.Knee injury |  |  |  |
| 14.Ethical Situation |  |  |  |
| 15.Low Back injury |  |  |  |
| 16.Sexual Harassment |  |  |  |
| 17. Groin pain |  |  |  |
| REVIEW SKILLS Competency Evaluation with date | | | |
| 18.Athletic Injury Assessment |  | | |
| 19.On-Field Evaluation of Acute Injury |  | | |
| 20.History for a Chronic / Overuse Injury |  | | |
| 21.S.O.A.P. Notes |  | | |
| 22.Basic Goniometeric Placement |  | | |
| 23.Postural Screening for Athlete |  | | |
| 24.Leg Length Measurements |  | | |
| 25.Measurement of Q-angle |  | | |
| 26.History of an Acute Ankle Injury |  | | |
| 27.Palpation of Foot/ Ankle Injury |  | | |
| 28.Palpation of Ankle Surface Anatomy |  | | |
| 29.ROM Assessment for Ankle |  | | |
| 30.Special Tests for Ankle/Foot |  | | |
| 31.Manual Muscle Test for Peroneus Longus |  | | |
| 33.Palpation of Knee Injury |  | | |
| 32.Palpation of Knee Surface Anatomy |  | | |
| 34.Palpation of Quadriceps Strain |  | | |
| 35.Palpation of Hamstring Strain |  | | |
| 36.ROM Assessment for Knee |  | | |
| 37.ROM testing for Quadriceps |  | | |
| 38.ROM testing for Hamstrings |  | | |
| 39.Manual Muscle Test for Quadriceps and Hamstrings |  | | |
| 40.Manual Muscle Test for Abductors |  | | |
| 41.Manual Muscle Test for Adductors |  | | |
| 42.Special Tests for Knee |  | | |
| 43.History of I.T. Band Friction Syndrome |  | | |
| 44.Palpation of Hip/ Low Back Surface Anatomy |  | | |
| 45.Palpation of Hip/ Low Back Injury |  | | |
| 46.History of Piriformis Syndrome |  | | |
| 47.Identification & Palpation of Greater Trochanteric Bursitis |  | | |
| 48.History of Chronic Elbow Pain |  | | |
| 49.Observation of an  Elbow Injury |  | | |
| 50.Palpation of Elbow Surface Anatomy |  | | |
| 51.ROM Assessment of Elbow |  | | |
| 52.Special Tests for Elbow |  | | |
| 53.Elbow Evaluation Review |  | | |
| 54.History of an Acute Hand/Wrist Injury |  | | |
| 55.History of Chronic Hand/Wrist Pain |  | | |
| 56.Observation of Hand/Wrist Injury |  | | |
| 57.Palpation of Hand/Wrist Surface Anatomy |  | | |
| 58.ROM Assessment for Hand/Wrist |  | | |
| 59.Manual Muscle Test for Extensor Pollicis Longus |  | | |
| 60.Special Test for Hand/Wrist |  | | |
| 61.Hand/Wrist Evaluation Review |  | | |
| 62.History of an Acute Finger/Thumb Injury |  | | |
| 63.History of Chronic Finger/Thumb Pain |  | | |
| 64.Observation of Finger/Thumb Injury |  | | |
| 65.Palpation of Finger/Thumb Surface Anatomy |  | | |
| 66.ROM Assessment for Finger/Thumb |  | | |
| 67.Special Tests for Finger/Thumb |  | | |
| 68.Finger/Thumb Evaluation Review |  | | |
| 69.Evaluation of Abdominal Injury |  | | |
| 70.Evaluation for Rib Fracture |  | | |
| 71.Chest and Lung Assessment |  | | |
| 72.Establishes Return to Play Criteria |  | | |
| 73.Evaluation of Bladder Conditions |  | | |
| 74.Evaluation of Reproductive Conditions |  | | |
| 75.Neck Soft collar |  | | |
| 76.Rigid Cervical Collar Application |  | | |
| 77.History of a Head Injury |  | | |
| 78.Observation of a Head Injury |  | | |
| 79.Cranial Nerve Assessment |  | | |
| 80.Upper Extremity Neurological Examination |  | | |
| 81.Evaluation for Concussion |  | | |
| 82.Evaluation for Intracranial Bleeding |  | | |
| 83.Postural Screening |  | | |
| 84.Evaluation for Brachial Plexus Injury |  | | |
| 85.History for an Acute Neck Injury |  | | |
| 86.History for Chronic Neck Pain |  | | |
| 87.Observation of a Neck Injury |  | | |
| 88.Palpation of Neck Surface Anatomy |  | | |
| 89.ROM Assessment for Neck |  | | |
| 90.Manual Muscle Testing for Neck Flexors |  | | |
| 91.Special Tests for Neck |  | | |
| 92.Palpation for Facial Surface Anatomy |  | | |
| 93.Evaluation of Facial Injury |  | | |
| 94.Evaluation of Jaw Injury |  | | |
| 95.Evaluation of Eye Injury |  | | |
| 96.Evaluation of Nasal Injury |  | | |
| 97.Evaluation of Ear Injury |  | | |
| 98.Evaluation of Tooth Injury |  | | |
| 99.History of Acute Shoulder Injury |  | | |
| 100.History of Chronic Shoulder Pain |  | | |
| 101.Observation of a Shoulder Injury |  | | |
| 102.Palpation of Shoulder Surface Anatomy |  | | |
| 103.ROM Assessment for Shoulder |  | | |
| 104.Manual Muscle Testing for Biceps Brachii |  | | |
| 105.Manual Muscle Testing for Pectoralis Minor |  | | |
| 106.Manual Muscle Testing for Rhomboids |  | | |
| 107.Special Tests for Shoulder |  | | |
| 108.Shoulder Evaluation Review |  | | |
| 109.History of Acute Elbow Injury |  | | |
| 110.ROM Assessment for Hip |  | | |
| 111.Manual Muscle Test for Hip Extension |  | | |
| 112.Manual Muscle Test for Satorius |  | | |
| 113.Special Tests for Hip & Pelvis |  | | |
| 114.Lower Extremity Neurological Examination |  | | |
| 115.History of a Chronic Low Back Injury |  | | |
| 116.Special Tests for Low Back |  | | |
| 117.Evaluation of Hip Pointer |  | | |
| 118.Evaluation of Muscle Spasms of Low Back |  | | |
| 119.Lower Extremity Reflex Testing |  | | |
| 120 Review Open Wound Care |  | | |
| 121 Review OSHA Guidelines and Universal Precautions |  | | |
| 122 Long Spine Board Immobilization of Athlete |  | | |
| 123 Moving the athlete (1 person assistive) |  | | |
| 124 Moving the athlete (2 person assitive) |  | | |
| 124 Moving the athlete (2 person carry) |  | | |
| 126 Vacuum Splint for Tibial Fracture |  | | |
| 127 Air Splint for Forearm Fracture |  | | |
| 128 Immobilization for Finger Fracture |  | | |
| 129 Adjustable Splint (SAM) for Ankle Fracture |  | | |
| 130 Use of Stretchers |  | | |
| 131 Emergency Action Plan (EAPs) for Games and Practice |  | | |
| 132 Emergency Equipment for Sidelines |  | | |
| 133 Use of Epi-Pen |  | | |
| 134 Administration of Oxygen |  | | |
| 135 AED Training |  | | |
| 136 Use of Bag Valve |  | | |
| 137 CPR Training |  | | |
| 138 Triage |  | | |
| 139 Measuring and Recording of Climatic Data |  | | |
| 140 Use of Sling Psychrometer |  | | |
| 141 Use of Heat Index |  | | |
| 142 Use of a Pen light |  | | |
| 143 Removal of Football Helmet |  | | |
| 144 Removal of Shoulder Pads |  | | |
| 145 Identification and Treatment of Hyperventilation |  | | |
| 146 Identification/Treatment of Hypoglycemia |  | | |
| 147 Identification/Treatment of Hyperglycemia |  | | |
| 148 Identification/Treatment of Shock |  | | |
| 149 Identification/Treatment of Hypothermia |  | | |
| 150 Identification/Treatment of Heat Stroke/Exhaustion |  | | |
| 151 Identification and Treatment Altitude Sickness |  | | |
| 152 Identification/Treatment of Heart Attack Victim |  | | |
| 153 Identification/Treatment of Choking Victim |  | | |
| 154 Identification/Treatment of Spleen Injury |  | | |
| 155 Identification/Treatment of Kidney Injury |  | | |
| 156 Identification/Treatment of Drowning Victim |  | | |
| 157 Immobilization for Shoulder Dislocation |  | | |
| 158 Immobilization for Femur Fracture |  | | |
| 159 Immobilization for Elbow Dislocation |  | | |
| 160 Immobilization for Jaw Fracture |  | | |
| 161 Effective Communication w/ Sports Medicine Team |  | | |
| 162 On-The-Field Care of Spinal Cord Injury |  | | |
| 163 Identification/Care of Poison Victim |  | | |
| 164 On the field evaluation of acute injury |  | | |
| 165 Primary assessment for unconscious athlete |  | | |
| 166 Effective communication with sports medicine team |  | | |
| 167 Patient Positioning |  | | |
| 168 Ice Massage – ie. Shin pain |  | | |
| 169 Ice Pack/Bag – i.e. Hamstring Strain |  | | |
| 170 Vapocoolant Spray – Neck strain |  | | |
| 171 Hydrocollator Pack – Lower back strain |  | | |
| 172 Paraffin Wax – Finger injury |  | | |
| 173 Warm Whirlpool – chronic elbow injury |  | | |
| 174 Cold Whirlpool – acute/sub-acute ankle |  | | |
| 175 Contrast Bath – sub-acute ankle |  | | |
| 176 Ultrasound Direct Contact – Hamstring |  | | |
| 177 Ultrasound Bladder Coupling – Shoulder |  | | |
| 178 Ultrasound Underwater Coupling – Wrist |  | | |
| 179 Phonophoresis – Patellar tendon |  | | |
| 180 Ultrasound Electrical Stimulation Combination  - Low-back strain |  | | |
| 181 Shortwave Induction Drum |  | | |
| 182 Shortwave Capacitance Electrodes |  | | |
| 183 TENS Unit – Neck Strain |  | | |
| 184 Interferential Stimulation – Shoulder |  | | |
| 185 Pre- modulation - Hamstring |  | | |
| 186 Russian Stimulation for strengthening – VMO |  | | |
| 187 Iontophoresis – Achilles Tendon |  | | |
| 188 Manual traction - Neck |  | | |
| 189 Cervical traction unit- Neck |  | | |
| 190 Lumbar traction unit |  | | |

1. You evaluate a 20 year old volleyball player’s ankle for a lateral ankle sprain. You refer the player to your team physician. Prior to the appointment of the team physician the volleyball player’s father contacts you and demands to know what is going on. What would be the appropriate response? What if the father demands his daughter sees another physician?

1. How would you respond
2. What are the legal ramifications

2. A tennis player presents with pain and swelling of the right hand. After evaluating the hand, you are unable to make a clinical impression. What modifications must you consider as far as treating the injury based on the athlete suffering from the following conditions:

a. Raynauds

b. diabetes

c. hypersensitivity disorder

3. An incoming female freshman shot putter presents in the athletic training room complaining of hamstring pain at its insertion. You decide to treat the individual with electrical muscle stimulation and ultrasound. What are the modifications you need to consider if the patient is obese? What are the standard treatment protocols and how would you set up the patient? What are some ethical issues to consider?

4. Some teammates of a 120 pound wrestler have shared some concerns about him potentially having an eating disorder. One day he presents to the athletic training room willing to discuss his eating problems. How will you handle the situation? Are there others you should involve?

1. what happens if he will only talk to you if you promise not to tell the coach?
2. How will you handle the situation if his disordered eating is negatively affecting his performance and he has injuries as a result?

5. A 19 year old gymnast comes to you complaining of elbow pain. Her best event is the vault and she is having difficulty pushing off. As she pushes up her sleeves to locate the pain, you notice the following conditions. How does this change your evaluation and what do you do next?

a. you notice incisions from self-mutilation

b. you notice needle marks

6. The University of Nebraska’s head basketball coach demands his player be taped and braced to play in Saturday’s big game. How do you respond?

1. what should you tell the student athlete regarding return to play status
2. what does evidence say with regards to taping vs. bracing
3. does evidence show that it reduces function and then how would you deal with the coach
4. should patients be participating in an ankle rehabilitation program while being taped/braced?

7. One of your male divers presents to the athletic training room after sustaining an anterior dislocation of the shoulder. What are your early rehabilitation goals? How could this differ if the physician cleared the patient for a full return on day 2? How would you handle an athlete who really insisted on being aggressive and diving today?

8. The star player on the University of Wisconsin’s basketball team comes to you after the morning practice the day before the conference championship game. He reports that he fell on the ice last night and hurt his non-dominant wrist. His only pain is in the anatomical snuffbox. Should he be allowed to play?

1. Your star track athlete ends the one hundred yard dash and appears to be hyperventilating. She has a long history of asthma and mitral valve prolapse. You run to get her inhaler and by the time you get back to her, the coach has informed you that she has gone unconscious and he had to perform CPR on her. By the time the ambulance arrives, she has come to and EMS can find no evidence of such an event. The ER doctor tells you that she should not be competing in the next day’s events even though nothing appeared to have occurred besides a simple asthma attack and the coach exaggerated the scenario. Meanwhile, the head coach is furious that you plan to hold her from her events for the following day. He thinks that if this had been a football player and the team physician was around, the athlete would have been cleared. What do you do? How do you rationalize your decision to the coaches? Athlete?

10. A transfer swimming athlete comes to you complaining of low back pain. Unfortunately, this player has not gone through the preparticipation physical required by the team physician. She is anxious to be cleared so that she can begin rehabilitation and start working out with the team. Her mother is calling you pressing for you to have her cleared. The physician has made it clear that he will not clear her for participation until the fall physical date in early August and she can show that she has been cleared by the physician from her prior school. The athlete has given you all of her paperwork and continues to come to you asking for treatment.   
 a. what do you do?

b. how do you address the athlete? The parents? The physician?

1. A high school volleyball player comes to speak to you privately. She pleads for you to keep this conversation strictly between the two of you. She confides that she believes she is pregnant.
   1. what do you do?
   2. What advice can you give?
   3. Should you tell the coach? Parents?
   4. If the athlete decides to keep the child, what is your responsibility? If the athlete decides to abort the child, what is your responsibility?
2. A high school wrestler comes to you acting goofy yet waits to speak to you until the athletic training room has cleared. He admits that he is having some difficulty urinating and has noticed a strange rash on his genitals.
   1. what kind of questions are appropriate for you to ask?
   2. How should you handle this situation?
   3. Would you behavior be different if you were a male? Female?
3. You have been rehabilitating a real estate agent following arthroscopic rotator cuff repair and anterior Bankhart repair done 9 weeks ago. The patient has persisting mild stiffness with external rotation, is extremely weak in the posterior rotator cuff musculature with pain located posterior and superior in the shoulder. You also notice excessive atrophy in the supraspinatus and infraspinatus fossas.
   1. What pathology do you suspect with these signs/symptoms?
   2. How would you present this suspicion to the referring physician?
   3. Conduct a full evaluation.
4. A 40 year old weekend warrior ran on the beach for 3 consecutive days while on a family vacation. Two days later he noticed significant swelling his knee. He didn’t recall any previous history, no change in shoes, etc. He had a positive Apley’s compression test, negative McMurray’s test, pain going up and down stairs, no clicking or popping with movement.
   1. What are some possible differential diagnoses?
   2. What type of diagnostic tests would be used?
   3. Describe in detail how you would rehabilitate this knee assuming it was due to patellar maltracking. Make sure to progress through the various stages of rehabilitation.
   4. Describe what type of taping/bracing techniques you may use and demonstrate McConnell taping.
5. The head athletic trainer comes to you and asks you to place a soft cast on the starting running backs wrist. To your knowledge you are unaware of any injury sustained by the athlete. During the process of applying the soft cast you ask the athlete what happened. He tells you that he really wasn’t hurt but didn’t want to participate in an activity class he was enrolled in on campus. He was afraid that he would be hurt during the class and ruin his chances of being drafted.
   1. How would you handle this circumstance? Why?
   2. What are the ramifications of your behavior?
   3. Describe the Code of Ethics and if this is a reportable scenario.
6. A runner reports having low back pain. a.) What type of questions should be asked concerning the runner’s training and conditioning regime?

b. What muscles should be assessed for lack of flexibility that might contribute to the runner’s low back pain? Demonstrate testing for these muscle groups.

1. What signs and symptoms do you expect to find with this athlete versus someone who has sustained a spondylolysis injury?
2. Could this back pain be due to some type of abdominal injury and if so, what?
3. Describe the rehabilitation program you would place this athlete on.
4. You are a female assistant athletic trainer at a Division II institution. This is your first full time position and you are excited and want to be accepted by your peers. One day you walk into the head athletic trainer’s office and notice that he and the male assistant athletic trainer are looking at a pornographic website. They glance up to see you catching them. How do you handle the situation? What should be said or done?

17. An aerobic dancer complains of pain over the right anterior groin that increases after weight bearing activity but decreases with rest. The dancer does not recall a specific injury. Deep palpation in the inguinal area produces discomfort. What special tests would you perform? What potential injuries exist in this scenario? If this was an adolescent athlete, what two other conditions may exist? Explain how you would differentiate between a hip flexor or adductor strain? Explain what a hernia is, the types, and signs and symptoms.