ATHT 3001 CLINICAL IN ATHLETIC TRAINING

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_ SECTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ATHT 3001 Competencies Sheet 1 of 2 | | | | | | |
| # | Obj. # | Name/ Description | Observations | | Proficiency | Competency |
| 1 | 1,2,13 | Athletic Injury Assessment |  |  |  |  |
| 2 | 2,3,13 | On-Field Evaluation of Acute Injury |  |  |  |  |
| 3 | 1, 13 | History for a Chronic / Overuse Injury |  |  |  |  |
| 4 | 1,13 | S.O.A.P. Notes |  |  |  |  |
| 5 |  | Basic Goniometeric Placement |  |  |  |  |
| 6 | 10,9 | Postural Screening for Athlete |  |  |  |  |
| 7 | 10,9 | Leg Length Measurements |  |  |  |  |
| 8 | 10,9 | Measurement of Q-angle |  |  |  |  |
| 9 | 2,3,5 | History of an Acute Ankle Injury |  |  |  |  |
| 10 | 6,7 | Palpation of Foot/ Ankle Injury |  |  |  |  |
| 11 | 10,7 | Palpation of Ankle Surface Anatomy |  |  |  |  |
| 12 | 6,8 | ROM Assessment for Ankle |  |  |  |  |
| 13 | 11 | Special Tests for Ankle/Foot |  |  |  |  |
| 14 | 10 | Manual Muscle Test for Peroneus Longus |  |  |  |  |
| 15 | 6,7 | Palpation of Knee Surface Anatomy |  |  |  |  |
| 16 | 6,7 | Palpation of Knee Injury |  |  |  |  |
| 17 | 6,7 | Palpation of Quadriceps Strain |  |  |  |  |
| 18 | 6,7 | Palpation of Hamstring Strain |  |  |  |  |
| 19 | 6,8 | ROM Assessment for Knee |  |  |  |  |
| 20 | 6,8 | ROM testing for Quadriceps |  |  |  |  |
| 21 | 6,8 | ROM testing for Hamstrings |  |  |  |  |
| 22 | 10 | Manual Muscle Test for Quadriceps and Hamstrings |  |  |  |  |
| 23 | 10 | Manual Muscle Test for Abductors |  |  |  |  |
| 24 | 10 | Manual Muscle Test for Adductors |  |  |  |  |
| 25 | 11 | Special Tests for Knee |  |  |  |  |
| 26 | 1,2 | History of I.T. Band Friction Syndrome |  |  |  |  |
| 27 | 7 | Palpation of Hip/ Low Back Surface Anatomy |  |  |  |  |
| 28 | 7,6 | Palpation of Hip/ Low Back Injury |  |  |  |  |
| 29 | 1,13 | History of Piriformis Syndrome |  |  |  |  |
| 30 | 6,7 | Identification & Palpation of Greater Trochanteric Bursitis |  |  |  |  |

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_ SECTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ATHT 3001 Competencies Sheet 2 of 2 | | | | | | |
| # | Obj. # | Name/ Description | Observations | | Proficiency | Competency |
| 31 | 6,8 | ROM Assessment for Hip |  |  |  |  |
| 32 | 10 | Manual Muscle Test for Hip Extension |  |  |  |  |
| 33 | 10 | Manual Muscle Test for Satorius |  |  |  |  |
| 34 | 11 | Special Tests for Hip & Pelvis |  |  |  |  |
| 35 | 12 | Lower Extremity Neurological Examination |  |  |  |  |
| 36 | 5 | History of a Chronic Low Back Injury |  |  |  |  |
| 37 | 11 | Special Tests for Low Back |  |  |  |  |
| 38 | 1,2,3,4,6 | Evaluation of Hip Pointer |  |  |  |  |
| 39 | 6 | Evaluation of Muscle Spasms of Low Back |  |  |  |  |
| 40 |  | Lower Extremity Reflex Testing |  |  |  |  |

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_