ATHT 3002 CLINICAL IN ATHLETIC TRAINING

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

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| ATHT 3002 Competencies Sheet 1 of 2 | | | | | | |
| # | Obj. # | Name/ Description | Observations | | Proficiency | Competency |
|  |  | Athletic Injury Assessment |  |  |  |  |
|  |  | Primary Assessment |  |  |  |  |
|  |  | Neck Soft collar |  |  |  |  |
|  |  | Rigid Cervical Collar Application |  |  |  |  |
| 1 | 1 | History of a Head Injury |  |  |  |  |
| 2 | 2 | Observation of a Head Injury |  |  |  |  |
| 3 | 6,7 | Cranial Nerve Assessment |  |  |  |  |
| 4 | 6,7 | Upper Extremity Neurological Examination |  |  |  |  |
|  |  | Evaluation for Concussion |  |  |  |  |
|  |  | Evaluation for Intracranial Bleeding |  |  |  |  |
| 5 | 1,2,3,6,7,8 | Postural Screening |  |  |  |  |
| 6 |  | Evaluation for Brachial Plexus Injury |  |  |  |  |
| 7 | 1 | History for an Acute Neck Injury |  |  |  |  |
| 8 | 1 | History for Chronic Neck Pain |  |  |  |  |
| 9 | 2 | Observation of a Neck Injury |  |  |  |  |
| 10 | 3 | Palpation of Neck Surface Anatomy |  |  |  |  |
| 11 | 4 | ROM Assessment for Neck |  |  |  |  |
| 12 | 4 | Manual Muscle Testing for Neck Flexors |  |  |  |  |
| 13 | 5 | Special Tests for Neck |  |  |  |  |
| 14 | 3 | Palpation for Facial Surface Anatomy |  |  |  |  |
|  |  | Evaluation of Facial Injury |  |  |  |  |
| 15 | 10 | Evaluation of Jaw Injury |  |  |  |  |
| 16 | 10, 11 | Evaluation of Eye Injury |  |  |  |  |
| 17 | 10 | Evaluation of Nasal Injury |  |  |  |  |
| 18 | 10 | Evaluation of Ear Injury |  |  |  |  |
| 19 | 10,11 | Evaluation of Tooth Injury |  |  |  |  |
| 20 | 1 | History of Acute Shoulder Injury |  |  |  |  |
| 21 | 1 | History of Chronic Shoulder Pain |  |  |  |  |
| 22 | 2 | Observation of a Shoulder Injury |  |  |  |  |
| 23 | 3 | Palpation of Shoulder Surface Anatomy |  |  |  |  |
| 24 | 4 | ROM Assessment for Shoulder |  |  |  |  |
| 25 | 4 | Manual Muscle Testing for Biceps Brachii |  |  |  |  |
| 26 | 4 | Manual Muscle Testing for Pectoralis Minor |  |  |  |  |
| 27 | 4 | Manual Muscle Testing for Rhomboids |  |  |  |  |
| 28 | 5 | Special Tests for Shoulder |  |  |  |  |
| 29 | 1,2,3,4,5,9 | Shoulder Evaluation Review |  |  |  |  |
| 30 | 1 | History of Acute Elbow Injury |  |  |  |  |

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| ATHT 3002 Competencies Sheet 2 of 2 | | | | | | |
| # | Obj. # | Name/ Description | Observations | | Proficiency | Competency |
| 31 | 1 | History of Chronic Elbow Pain |  |  |  |  |
| 32 | 2 | Observation of an Elbow Injury |  |  |  |  |
| 33 | 3 | Palpation of Elbow Surface Anatomy |  |  |  |  |
| 34 | 4 | ROM Assessment of Elbow |  |  |  |  |
| 35 | 5 | Special Tests for Elbow |  |  |  |  |
| 36 | 1,2,3,4,5,9 | Elbow Evaluation Review |  |  |  |  |
| 37 | 1 | History of an Acute Hand/Wrist Injury |  |  |  |  |
| 38 | 1 | History of Chronic Hand/Wrist Pain |  |  |  |  |
| 39 | 2 | Observation of Hand/Wrist Injury |  |  |  |  |
| 40 | 3 | Palpation of Hand/Wrist Surface Anatomy |  |  |  |  |
| 41 | 4 | ROM Assessment for Hand/Wrist |  |  |  |  |
| 42 | 4 | Manual Muscle Test for Extensor Pollicis Longus |  |  |  |  |
| 43 | 5 | Special Test for Hand/Wrist |  |  |  |  |
| 44 | 1,2,3,4,5,9 | Hand/Wrist Evaluation Review |  |  |  |  |
| 45 | 1 | History of an Acute Finger/Thumb Injury |  |  |  |  |
| 46 | 1 | History of Chronic Finger/Thumb Pain |  |  |  |  |
| 47 | 2 | Observation of Finger/Thumb Injury |  |  |  |  |
| 48 | 3 | Palpation of Finger/Thumb Surface Anatomy |  |  |  |  |
| 49 | 4 | ROM Assessment for Finger/Thumb |  |  |  |  |
| 50 | 5 | Special Tests for Finger/Thumb |  |  |  |  |
|  |  | Finger/Thumb Evaluation Review |  |  |  |  |
| 51 | 1,2,3,4,5,9 | Evaluation of Abdominal Injury |  |  |  |  |
| 52 | 12,20 | Evaluation for Rib Fracture |  |  |  |  |
| 53 | 12,20 | Chest and Lung Assessment |  |  |  |  |
|  |  | Establishes Return to Play Criteria |  |  |  |  |
|  |  | Evaluation of Bladder Conditions |  |  |  |  |
| 54 |  | Evaluation of Reproductive Conditions |  |  |  |  |
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Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_