

ST 321

Clinical Education in Athletic Training II

PROFICIENCIES

EVALUATED

Assessment and Evaluation

The student will perform a postural assessment of the following:

- shoulder

The student will identify, palpate, and assess the integrity of soft tissue of the cervical spine.

The student will obtain the medical history of an ill or injured athlete or other physically active individual suffering from a shoulder injury.

The student will observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and predisposing conditions:

- atrophy
- positioning (Sprengel's deformity)
- bursitis
- strain
- dislocation or subluxation
- scapulohumeral rhythm
- efficiency of movement
- scapular winging
- fracture
- step deformity
- sprain
- symmetry
- nerve injury
- tenosynovitis and tendonitis

The student will administer active and passive range-of-motion tests using standard goniometric techniques for the shoulder.

The student will use manual muscle-testing techniques for the shoulder

The student will administer appropriate sensory, neurological, and circulatory tests for the shoulder

The student will administer functional tests and activity-specific tests for the shoulder

The student will identify and palpate bony landmarks of the shoulder

The student will identify and palpate soft tissue landmarks of the shoulder.

The student will administer commonly used special tests to make a differential assessment of the following

- glenohumeral instability (e.g., anterior drawer test, posterior drawer test, relocation test, apprehension test, clunk test, sulcus sign)
- acromioclavicular instability (e.g., shear test, compression test)
- rotator cuff impingement/inflammation (e.g., Speed's test, drop arm test, empty can test, impingement test, Hawkins-Kennedy impingement test, Neer impingement test, pectoralis major contracture test)
- biceps and biceps tendon pathology (e.g., Yergason's test, Ludington's test)
- thoracic outlet syndrome (e.g., Adson's maneuver, Allen test, military brace position)

The student will obtain the medical history of an ill or injured athlete or other physically active individual suffering from elbow pathology.

The student will observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and predisposing conditions:

- symmetry
- epicondylitis
- carrying angle (cubital valgus and varus)
- tenosynovitis and tendonitis
- dislocation or subluxation
- osteochondritis dissecans
- fracture
- sprain
- atrophy
- strain
- efficiency of movement
- nerve injury
- bursitis

The student will administer active and passive range-of-motion tests using standard goniometric techniques of the elbow.

The student will use manual muscle-testing techniques of the elbow

The student will administer appropriate sensory, neurological, and circulatory tests for the elbow.

The student will administer functional tests and activity-specific tests for the elbow.

The student will identify, palpate, and interpret the integrity of bony landmarks of the elbow

The student will identify, palpate, and interpret the integrity of the soft tissue of the elbow.

The student will administer commonly used special tests to make a differential assessment of the following

- joint instability (e.g., valgus stress test, varus stress test)
- inflammatory conditions (e.g., tests for lateral epicondylitis, tests for medial epicondylitis)
- neuropathy (e.g., Tinel's sign, pronator teres syndrome, pinch grip test)

The student will obtain the medical history of an ill or injured athlete or other physically active individual suffering a forearm, wrist, or hand pathology.

The student will observe and identify the clinical signs and symptoms associated with the following

- fracture (Colles' fracture, Bennett's fracture, carpal fracture ["boxer's fracture"], metacarpal fracture, phalanges fracture)
- dislocation or subluxation
- disease states (e.g., clubbed nails, spoon-shaped nails)
- soft tissue pathology (e.g., sprain, flexor tendon avulsion [jersey finger sign], extensor tendon avulsion [mallet finger], extensor tendon rupture [boutonniere deformity], volar plate rupture [pseudo-boutonniere deformity], Dupuytren's contracture, ganglion, swan neck deformity, trigger finger)
- neurovascular involvement (e.g., carpal tunnel syndrome, bishop's or benediction deformity, ape hand, claw fingers, drop-wrist deformity, Volkmann's contracture)

The student will administer active and passive range-of-motion tests using standard goniometric techniques for the forearm, wrist, and hand

The student will use manual muscle-testing techniques for the forearm, wrist, and hand.

The student will administer appropriate sensory, neurological, and circulatory tests for the forearm, wrist, and hand.

The student will administer functional tests and activity-specific tests for the forearm, wrist, and hand.

The student will identify, palpate, and interpret the integrity of bony landmarks for the forearm, wrist, and hand.

The student will identify, palpate, and interpret the integrity of soft tissue for the forearm, wrist, and hand.

Nutritional Aspects

The student will demonstrate the ability to access and recommend nutritional guidelines for the following:

- pre-participation meal

Psychosocial Intervention And Referral

The student will simulate intervention with an individual who has a substance abuse problem and recommend appropriate referral.

The student will simulate a confidential conversation with a health care professional concerning suspected substance abuse by an athlete or other physically active individual.

Health Care Administration

The student will demonstrate appropriate communication skills.

- calm, reassure, and explain a potentially catastrophic injury to an injured adult or child, athletic personnel, and/or family member.

The student will demonstrate the ability to develop facility design plans that include, but are not limited to, the following components:

- basic floor plan design
- facility evacuation
- basic rehabilitation and treatment area plans

The student will demonstrate the ability to develop administrative plans that include but are not limited to, the following components:

- risk management
- developing policies and procedures
- addressing facility hazards

