

SIM 470 Advanced Clinical Experience in Athletic Training I

Risk Management and Injury Prevention

- 1-1: The student will assess the following:
- a. height
 - b. weight
 - g. vision using a Snellen eye chart

Assessment and Evaluation

- 1-1: The student will recognize the following postural deviations and predisposing conditions:

- e. tibial torsion
- g. genu valgum, varum, and recurvatum
- h. rearfoot valgus and varus
- i. forefoot valgus and varus
- j. pes cavus and planus
- k. foot and toe posture

- 1-2: The student will perform a postural assessment of the following:

- d. hip and pelvis
- e. knee
- f. ankle, foot, and toes

- 6-A1: Obtain the medical history of an ill or injured athlete or other physically active individual suffering from foot, ankle, or leg pathology.

- 6-A2: Observe and identify the clinical signs and symptoms associated with the following common injuries, illnesses, and predisposing conditions:

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|-------------------------------|---|
| a. overuse injuries | i. neuroma |
| b. Achilles tendon rupture | j. osteochondritis dissecans |
| c. compartment syndromes | k. sprain |
| d. apophysitis | l. strain |
| e. dislocation or subluxation | m. toe structure/alignment |
| f. foot type/structure | n. weight-bearing versus non-weight-bearing alignment |
| g. fracture | o. gait |
| h. deep vein thrombosis | |

- 6-A3: Administer active and passive range-of-motion tests using standard goniometric techniques for the foot, ankle, and lower leg.

- 6-A4: Use manual muscle-testing techniques for the foot, ankle, and lower leg.

- 6-A5: Administer appropriate sensory, neurological, and circulatory tests for the foot, ankle, and lower leg.

- 6-A6: Administer functional tests and activity-specific tests for the foot, ankle, and lower leg.
- 6-A7: Identify, palpate, and interpret the integrity of bony landmarks for the foot, ankle, and lower leg.
- 6-A8: Identify, palpate, and interpret the integrity of soft tissue of the foot, ankle, and lower leg.
- 6-A9: Administer the following commonly used special tests to make a differential assessment:
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|-------------------------|--------------------|
| a. compression test | e. talar tilt test |
| b. percussion test | f. Thompson test |
| c. anterior drawer test | g. Tinel's sign |
| d. Kleiger's test | h. Homans' sign |
- 6-K1: Obtain the medical history of an ill or injured athlete or other physically active individual suffering from knee pathology.
- 6-K2: Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and predisposing conditions:
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|--|---------------------------------------|
| a. bursitis | k. patellar tendon rupture |
| b. chondromalacia patella | l. peroneal nerve contusion or palsy |
| c. dislocation and subluxation | m. popliteal cyst |
| d. fat pad contusion | n. sprain |
| e. fracture | o. strain |
| f. leg length | p. tendonitis |
| g. meniscal tear | q. tibial torsion |
| h. Osgood-Schlatter disease | r. tibiofemoral alignment (e.g., ...) |
| i. osteochondritis dissecans | |
| j. patellar alignment (e.g., patella alta, patella baja, squinting patella, Q angle) | |
- 6-K3: Administer active and passive range-of-motion tests using standard goniometric techniques for the knee.
- 6-K4: Use manual muscle-testing techniques for the knee.
- 6-K5: Administer appropriate sensory, neurological, and circulatory tests for the knee.
- 6-K6: Administer functional tests and activity-specific tests for the knee.
- 6-K7: Identify, palpate, and interpret the integrity of bony landmarks of the knee.
- 6-K8: Identify, palpate, and interpret the integrity of soft tissue of the knee.

6-K9: Administer commonly used special tests to make a differential assessment of the following:

- a. uniplanar stress tests (e.g., valgus stress test, varus stress test, Lachman test, anterior drawer test, posterior drawer test, posterior sag sign)
- b. multiplanar (rotational) stress tests (e.g., Slocum test, Hughston's test, lateral pivot shift maneuver)
- c. meniscal tears (e.g., McMurray's test, Apley's test)
- d. patellofemoral dysfunction (e.g., grind test, apprehension test)
- e. intra-extracapsular swelling (e.g., sweep test, ballottable patella)

6-P1: Obtain the medical history of an ill or injured athlete or other physically active individual for hip/pelvis pathology.

6-P2: Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and predisposing conditions:

- a. leg length discrepancies
- b. hip retroversion
- c. hip anteversion
- d. Legg-Calve-Perthes disease
- e. apophysitis
- f. slipped capital femoral epiphysis
- g. dislocation or subluxation
- h. fracture
- i. stress fracture
- j. osteitis pubis
- k. athletic pubalgia
- l. bursitis
- m. piriformis syndrome
- n. iliotibial band syndrome
- o. contusion
- p. sprain
- q. strain
- r. tendonitis

6-P3: Administer active and passive range-of-motion tests using standard goniometric techniques and/or a tape measure for the hip/pelvis.

6-P4: Use manual muscle-testing techniques for the hip and pelvis.

6-P5: Administer appropriate sensory, neurological, and circulatory tests for the hip and pelvis.

6-P6: Administer functional tests and activity-specific tests for the hip/pelvis.

6-P7: Identify, palpate, and interpret the integrity of bony landmarks of the hip/pelvis.

6-P8: Identify, palpate, and interpret the integrity of soft tissue of the hip and pelvis.

6-P9: Administer commonly used special tests to make a differential assessment of the following:

- a. sacroiliac dysfunction (e.g., Patrick's/FABER, Gaenslen's test, pelvic compression/distraction test)
- b. neuropathy (e.g., femoral nerve traction test)

- c. neuromuscular pathology (e.g., Trendelenburg test, Thomas test, rectus femoris contracture test, Ober test, Noble's test, piriformis test)

General Medical Conditions and Disabilities

1-A9: Obtain a basic medical history that includes the following components:

- a. previous medical history
- b. previous surgical history
- c. pertinent family medical history
- d. current medication history
- e. relevant social history
- f. chief medical complaint