

SIM 471 Advanced Clinical Experience in Athletic Training II

Assessment and Evaluation

- 1-2A: The student will perform a postural assessment of the following:
- cervical spine and head
 - shoulder
 - lumbo-thoracic region
- 6-C1: Obtain the medical history of an ill or injured athlete or other physically active individual suffering from a cervical spine injury.
- 6-C2: Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and predisposing conditions:
- atrophy
 - dislocation or subluxation
 - vertebral fracture
 - head and neck posture
 - intervertebral disc herniation
 - nerve root compression or stretch
 - ischemia
 - torticollis
- 6-C3: Administer active and passive range-of-motion tests using quantifiable techniques (e.g., tape measure, goniometer, and inclinometer) for the cervical spine.
- 6-C4: Use manual muscle-testing techniques for the cervical spine.
- 6-C5: Administer appropriate sensory, circulatory, and neurological tests for the cervical spine.
- 6-C6: Administer functional tests and activity-specific tests for the cervical spine.
- 6-C7: Identify, palpate, and assess the integrity of bony landmark of the cervical spine.
- 6-C8: Identify, palpate, and assess the integrity of soft tissue of the cervical spine.
- 6-C9: Administer commonly used special tests to make a differential assessment of the cervical spine:
- nerve root compression (e.g., distraction/compression test, Spurling's test, shoulder depression test)
 - brachial plexus neuropathy (e.g., brachial tension test, Tinel's sign)
 - cervical disc herniation (e.g., Valsalva's maneuver)
 - neurovascular dysfunction (e.g., vertebral artery test)
- 6-E1: Obtain the medical history of an ill or injured athlete or other physically active individual suffering from elbow pathology.

- 6-E2: Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and predisposing conditions:
- | | |
|--|---------------------------------|
| a. symmetry | h. epicondylitis |
| b. carrying angle (cubital valgus/varus) | i. tenosynovitis and tendonitis |
| c. dislocation or subluxation | j. osteochondritis dissecans |
| d. fracture | k. sprain |
| e. atrophy | l. strain |
| f. efficiency of movement | m. nerve injury |
| g. bursitis | |
- 6-E3: Administer active and passive range-of-motion tests using standard goniometric techniques of the elbow.
- 6-E4: Use manual muscle-testing techniques of the elbow.
- 6-E5: Administer appropriate sensory, neurological, and circulatory tests for the elbow.
- 6-E6: Administer functional tests and activity-specific tests for the elbow.
- 6-E7: Identify, palpate, and interpret the integrity of bony landmarks of the elbow.
- 6-E9: Identify, palpate, and interpret the integrity of the soft tissue of the elbow.
- 6-E9: 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)
- 6-F1: Obtain the medical history of an ill or injured athlete or other physically active individual suffering a forearm, wrist, or hand pathology.
- 6-F2: 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)

- e. neurovascular involvement (e.g., carpal tunnel syndrome, bishop's or benediction deformity, ape hand, claw fingers, drop-wrist deformity, Volkmann's contracture)

- 6-F3: Administer active and passive range-of-motion tests using standard goniometric techniques for the forearm, wrist, and hand.
- 6-F4: Use manual muscle-testing techniques for the forearm, wrist, and hand.
- 6-F5: Administer appropriate sensory, neurological, and circulatory tests for the forearm, wrist, and hand.
- 6-F6: Administer functional tests and activity-specific tests for the forearm, wrist, and hand.
- 6-F7: Identify, palpate, and interpret the integrity of bony landmarks for the forearm, wrist, and hand.
- 6-F8: Identify, palpate, and interpret the integrity of soft tissue for the forearm, wrist, and hand.
- 6-H1: Obtain the medical history of an ill or injured athlete or other physically active individual suffering from a head injury.
- 6-H2: Observe and identify the clinical signs and symptoms associated with head injury:
- a. amnesia (retrograde or post-traumatic)
 - b. levels of consciousness
 - c. orientation (person, time, place orientation)
 - d. intracranial hematoma
 - e. balance and coordination
 - f. pupil and eye movements
 - g. pulse
 - h. blood pressure
 - i. facial postures
- 6-H3: Observe and identify the clinical signs and symptoms associated with eye injuries and illnesses:
- a. orbital blowout fracture
 - b. conjunctivitis
 - c. corneal abrasion
 - d. corneal laceration
 - e. detached retina
 - f. hyphema
 - g. stye
- 6-H4: Observe and identify the clinical signs and symptoms associated with an ear injury or illness:
- a. pinna hematoma ("cauliflower ear")
 - b. impacted cerumen
 - c. otitis externa
 - d. otitis media
- 6-H5: Observe and identify the clinical signs and symptoms associated with nose injury:

- a. deviated septum
- b. epistaxis
- c. nasal fracture

6-H6: Observe and identify the clinical signs and symptoms associated with jaw, mouth, or tooth injury or illness:

- a. gingivitis
- b. mandibular fracture
- c. maxilla fracture
- d. periodontitis
- e. temporomandibular joint dislocation
- f. temporomandibular joint dysfunction
- g. tooth abscess
- h. tooth extrusion
- i. tooth fracture
- j. tooth intrusion
- k. tooth luxation

6-H7: Administer appropriate sensory, neurological, and circulatory tests for the head and face.

6-H8: Administer functional tests and activity-specific tests for head and face injuries.

6-H9: Identify, palpate, and assess the integrity of bony landmarks of the head and face.

6-H10: Identify, palpate, and assess the integrity of soft tissue of the head and face.

6-H11: Administer commonly used special tests to make a differential assessment of the following:

- a. cranial nerves (e.g., eye motion, facial muscles)
- b. cognitive tests (e.g., recall, serial 7s, digit span)
- c. cerebellar function (e.g., Romberg's test, finger-to-nose test, heel-toe walking, heel-to-knee standing)
- d. spinal nerve roots (e.g., upper quarter screen)

6-S1: Obtain the medical history of an ill or injured athlete or other physically active individual suffering from a shoulder injury.

6-S2: Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and predisposing conditions:

- a. atrophy
- b. bursitis
- c. dislocation or subluxation
- d. efficiency of movement
- e. fracture
- f. sprain
- g. nerve injury
- h. positioning (Sprengel's deformity)
- i. strain
- j. scapulohumeral rhythm
- k. scapular winging
- l. step deformity
- m. symmetry
- n. tenosynovitis and tendonitis

- 6-S3: Administer active and passive range-of-motion tests using standard goniometric techniques for the shoulder.
- 6-S4: Use manual muscle-testing techniques for the shoulder.
- 6-S5: Administer appropriate sensory, neurological, and circulatory tests for the shoulder.
- 6-S6: Administer functional tests and activity-specific tests for the shoulder.
- 6-S7: Identify and palpate bony landmarks of the shoulder.
- 6-S8: Identify and palpate soft tissue landmarks of the shoulder.
- 6-S9: Administer commonly used special tests to make a differential assessment of the following:
 - a. glenohumeral instability (e.g., anterior drawer test, posterior drawer test, relocation test, apprehension test, clunk test, sulcus sign)
 - b. acromioclavicular instability (e.g., shear test, compression test)
 - c. 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)
 - d. biceps and biceps tendon pathology (e.g., Yergason's test, Ludington's test)
 - e. thoracic outlet syndrome (e.g., Adson's maneuver, Allen test, military brace position)

Pharmacology

- 1-8: Use the PDR or another drug reference to search for information on the medications commonly prescribed to athletes and others involved in physical activity and to identify the following facts:
 - a. generic and brand names
 - b. indications for use
 - c. contraindications
 - d. warnings
 - e. dosing
 - f. other notes (e.g., banned substance)
 - g. side (adverse) effects
- 1-8: Document, or simulate the documentation of, the tracking of medications by recording the following information about the medication:
 - a. name
 - b. manufacturer
 - c. amount
 - d. dosage
 - e. lot number
 - f. expiration date
- 1-8: Locate the policies-and-procedures manual, identify the section on medications, and replicate the procedures for administering medications to athletes and others involved in physical activity, which include the following:
 - a. determine type of over-the-counter (OTC) medication to be used according to the physical ailment and established protocols

- b. identify the precautions, expiration date, lot number, and dosage for the medication as provided on the package and individual dose packets
 - c. administer OTC medication by providing verbal and written instruction for its use to the patient and then recording and documenting the administration
- 2-1: Locate the phone number and address of the nearest poison control center and replicate the reporting of a drug overdose or poisoning situation. The report should state the following information:
- a. name and location of person making the call
 - b. name and age of person who has taken the medication
 - c. name and dosage of the drug taken
 - d. time the drug was taken
 - e. signs and symptoms associated with overdose or poison situation, including vital signs
- 3-8: Replicate the following procedures for using an emergency epinephrine injection to prevent anaphylaxis:
- a. identify indications for an epinephrine injection
 - b. demonstrate proper use through verbal and nonverbal instruction
 - c. identify signs and symptoms that might indicate an allergic reaction to or overdose of epinephrine
 - d. demonstrate proper storage of epinephrine injectable
 - e. demonstrate proper disposal of used injection system
- 3-8: Replicate the following procedures for using an emergency bronchodilator (inhaler) to prevent asthma attacks:
- a. identify indications for use of a bronchodilator
 - b. demonstrate proper use through verbal and nonverbal instruction
 - c. identify signs and symptoms that might indicate an allergic reaction to or overdose of a bronchodilator
 - d. demonstrate proper storage of a bronchodilator

General Medical Conditions and Disabilities

- 1-4: Palpate the four abdominal quadrants to assess for the following:
- a. guarding and rigidity
 - b. pain
- 1-8: Measure urine values with Chemstrips (dipsticks).
- 1-8: 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

1-8: Demonstrate proficiency in the use of an otoscope to examine the nose and the outer and middle ear.

1-8: Recognize the signs, symptoms, and predisposing conditions associated with the following diseases and conditions:

The Eyes, Ears, Nose, and Throat

- | | |
|-------------------|----------------|
| a. common cold | e. rhinitis |
| b. conjunctivitis | f. sinusitis |
| c. laryngitis | g. tetanus |
| d. pharyngitis | h. tonsillitis |

Nutritional Aspects

1-7: The student will demonstrate the ability to access and recommend nutritional guidelines for the following:

- a. pre-participation meal
- b. weight loss
- c. weight gain
- d. fluid replacement

1-7: The student will demonstrate the ability to use the nutritional food pyramid.

1-7: The student will demonstrate the ability to access and assess the following nutritional intake values:

- | | |
|------------------------|-------------------|
| a. RDA or equivalency | e. vitamin intake |
| b. protein intake | f. mineral intake |
| c. fat intake | g. fluid intake |
| d. carbohydrate intake | |

1-7: The student will demonstrate the ability to determine energy expenditure and caloric intake.

1-7: The student will demonstrate the ability to calculate the basal metabolic rate of energy expenditure.

Psychosocial Intervention And Referral

1-8: Simulate intervention with an individual who has a substance abuse problem and recommend appropriate referral.

1-8: Simulate a confidential conversation with a health care professional concerning suspected substance abuse by an athlete or other physically active individual.

1-8: Locate the available community-based resources for psychosocial intervention.

2-8: Simulate the following motivational techniques used during rehabilitation:

- a. verbal motivation
- b. visualization

- c. imagery
- d. desensitization