Athletic Training Educational Competencies
ATHP 2320 – Evaluation of Injuries/Conditions of the Head, Neck, and Upper Extremity

Student Learning Outcomes

Acute Care of Injuries and Illnesses

- AC 34 - Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation.

Clinical Examination and Diagnosis

- CE 5 - Describe the influence of pathomechanics on function.
- CE 8 - Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life.
- CE 10 - Explain diagnostic accuracy concepts including reliability, sensitivity, specificity, likelihood ratios, prediction values, and pre-test and post-test probabilities in the selection and interpretation of physical examination and diagnostic procedures.
- CE 11 - Explain the creation of clinical prediction rules in the diagnosis and prognosis of various clinical conditions.
- CE 12 - Apply clinical prediction rules (e.g., Ottawa Ankle Rules) during clinical examination procedures.
- CE 15 - Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.
- CE 17 - Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.
- CE 18 - Incorporate the concept of differential diagnosis into the examination process.
- CE 19 - Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient’s current status.
- CE 20 - Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to: (a) history taking; (b) inspection/observation; (c) palpation; (d) functional assessment; (e) selective tissue testing techniques / special tests; (f) neurological assessments (sensory, motor, reflexes, balance, cognitive function); (g) respiratory assessments (auscultation, percussion, respirations, peak-flow); (h) circulatory assessments (pulse, blood pressure, auscultation); (i) abdominal assessments (percussion, palpation, auscultation) and (j) other clinical assessments (otoscope, urinalysis, glucometer, temperature, ophthalmoscope)
- CE 21 - Assess and interpret findings from a physical examination that is based on the patient’s clinical presentation. This exam can include: (a) Assessment of posture, gait, and movement patterns; (b) Palpation; (c) Muscle function assessment; (d) Assessment of quantity and quality of osteokinematic joint motion; (e) Capsular and ligamentous stress testing; (f) Joint play (arthrokinematics); (g) Selective tissue examination techniques / special tests; (h) Neurologic function (sensory, motor, reflexes, balance, cognition); (i) Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate); (j) Pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respirations, peak expiratory flow); (k) Gastrointestinal function (including differentiation between normal and abnormal bowel sounds); (l) Genitourinary function (urinalysis); (m) Ocular function (vision, ophthalmoscope); (n) Function of the ear, nose, and throat (including otoscopic evaluation); (o) Dermatological assessment and (p) Other assessments (glucometer, temperature)

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- CE 22 - Determine when the findings of an examination warrant referral of the patient.

Professional Development and Responsibility

- PD 9 - Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.