INSTRUCTOR: Jerry Hilker, MSEd, ATC LAT
OFFICE: ISLAND HALL 179F
OFFICE HOURS: M-R 8:00 – 9:00 AM or by appointment
PHONE: 361-825-2035
CLASSROOM: Island Hall 164
CLASS PERIOD: T-R 11:00 – 12:15 PM

I. COURSE DESCRIPTION:
KINE 3322 Provides the student with general knowledge of evaluation techniques of athletic injuries to the upper extremities including range of motion testing, neurologic, and orthopedic evaluations. Prerequisite: KINE 3318. Materials fee required.

II. RATIONALE:
This course will provide information on medical terminology, risk management, general medical conditions and other topics that are related to the athletic trainer/sports medicine team relationship. This course is required for students majoring in Athletic Training and accepted into the Athletic Training Education Program at Texas A&M University-Corpus Christi. This course is to be taken concurrently with KINE 4191 (Clinical experiences in Athletic Training V) for all athletic Training majors. This is a preparatory course for students seeking to be a Certified Athletic Trainer (ATC) as they plan to sit for the National Athletic Trainers’ Association Board of Certification (NATABOC) exam.

III. STATE ADOPTED PROFICIENCIES FOR TEACHERS AND/OR ADMINISTRATORS/ COUNSELORS:

A. LEARNER-CENTERED KNOWLEDGE: The teacher possesses and draws on a rich knowledge base of content, pedagogy, and technology to provide relevant and meaningful learning experiences for all students.

B. LEARNER-CENTERED INSTRUCTION: To create a learner-centered community, the teacher collaboratively identifies needs; and plans, implements, and assesses instruction using technology and other resources.

C. EQUITY IN EXCELLENCE FOR ALL LEARNERS: The teacher responds appropriately to diverse groups of learners.

D. LEARNER-CENTERED COMMUNICATION: While acting as an advocate for all students and the school, the teacher demonstrates effective professional and interpersonal communication skills.

E. LEARNER-CENTERED PROFESSIONAL DEVELOPMENT: The teacher, as a reflective practitioner dedicated to all students’ success, demonstrates a commitment to learn, to improve the profession, and to maintain ethics and personal integrity.
PROGRAM STUDENT LEARNING OUTCOMES

A. BS in Athletic Training
   1. National Competencies & Proficiencies for Athletic Training (CAATE 4th Ed.)
   2. Depth and breadth of knowledge-state licensure.

B. BS Kinesiology Exercise Science
   1. Knowledge of fitness and exercise
   2. Knowledge of anatomy and physiology

C. BS Kinesiology Pre-PT/OT
   1. Knowledge of Anatomy and Physiology
   2. Knowledge of fitness and exercise
   3. Knowledge of preventive care
   4. Knowledge of rehabilitation of injuries

IV. TExES COMPETENCIES & CAATE COMPETENCIES & PROFICIENCIES

a. TExES COMPETENCIES: N/A

b. NATIONAL COMPETENCIES & PROFICIENCIES FOR ATHLETIC TRAINING (CAATE 4th Ed.)

   There are no TExES competencies taught in this course. However, the following list of Competencies and Proficiencies from the Commission on Accreditation of Athletic Training Education (CAATE) 4th edition that are taught in this course:

Pathology Competencies Instructed & Evaluated:
   ▫ PA-C5: Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and epidemiology of common orthopedic injuries, illnesses and diseases to the body’s systems.

Diagnosis Competencies Instructed & Evaluated:
   ▫ DI-C6: Describe common techniques and procedures for evaluating common injuries including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests.
   ▫ DI-C7: Explain the relationship of injury assessment to the systematic observation of the person as a whole.
   ▫ DI-C8: Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes.
   ▫ DI-C9: Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
   ▫ DI-C10: Explain the roles of special tests in injury assessment.
   ▫ DI-C11: Explain the role of postural examination in injury assessment including gait analysis.
- DI-C12: Describe strength assessment using resistive range of motion, break tests, and manual muscle testing.
- DI-C13: Describe the use of diagnostic tests and imaging techniques based on their applicability in the assessment of an injury when prescribed by a physician.
- DI-C15: Describe and identify postural deformities.
- DI-C17: Describe the components of medical documentation (e.g. SOAP, HIPS and HOPS).

**Diagnosis Proficiencies Instructed:**

- DI-P1: Obtain a medical history of the patient that includes a previous history and a history of the present injury.
- DI-P2: Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.
- DI-P3: Perform inspection/observation of postural, structural, and biomechanical abnormalities.
- DI-P4: Palpate the bones and soft tissues to determine normal or pathological characteristics.
- DI-P5: Measure the active and passive joint range of motion using commonly accepted techniques, including the use of a goniometer and inclinometer.
- DI-P6: Grade the resisted joint range of motion/manual muscle testing and break tests.
- DI-P7: Apply appropriate stress tests for ligamentous or capsular stability, soft tissue and muscle, and fractures.
- DI-P8: Apply appropriate special tests for injuries to the specific areas of the body as listed above.
- DI-P9: Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
- DI-P10: Document the results of the assessment including the diagnosis.

**Medical Conditions Competencies Instructed & Evaluated:**

- MC-C4: Describe and know when to refer common eye pathologies from trauma and/or localized infection (e.g., conjunctivitis, hyphema, corneal injury, stye, scleral trauma).
- MC-C5: Describe and know when refer common ear pathologies from trauma and/or localized infection (e.g., otitis, ruptured tympanic membrane, impacted cerumen).
- MC-C17: Describe and know when to refer common neurological medical disorders from trauma, anoxia, drug toxicity, infection, and congenital malformation (e.g., concussion, postconcussion syndrome, second-impact syndrome, subdural and epidural hematoma, epilepsy, seizure, convulsion disorder, meningitis, spina bifida, cerebral palsy, chronic regional pain syndrome [CRPS], cerebral aneurysm).
- MC-C21: Describe and know when to refer common injuries or conditions of the teeth (e.g., fractures, dislocations, caries).

**Medical Conditions Proficiencies Instructed**
MC-P1: Obtain a medical history of the patient that includes a previous history and a history of the present condition.
MC-P2: Perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin abnormalities.
MC-P3: Palpate the bones and soft tissues, including the abdomen, to determine normal or pathological characteristics.
MC-P4: Apply commonly used special tests and instruments (e.g., otoscope, stethoscope, ophthalmoscope, peak flowmeter, chemical “dipsticks” [or similar devices]) and document the results for the assessment of:
  o MC-P4c: Pupil response, size and shape, and ocular motor function

**Acute Care Competencies Instructed:**
- AC-C6: Differentiate the components of a secondary assessment to determine the type and severity of the injury or illness sustained.
- AC-C19: Identify the signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological function, cranial nerve assessment, and other symptoms that indicate underlying trauma.
- AC-C20: Explain the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.
- AC-C21: Define cerebral concussion, list the signs and symptoms of concussions, identify the methods for determining the neurocognitive status of a patient who sustains a concussion and describe contemporary concepts for the management and return-to-participation of a patient who sustains a concussion.
- AC-C22: Identify the signs and symptoms of trauma to the cervical, thoracic and lumbar spines, the spinal cord, and spinal nerve roots, including neurological signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.

**Acute Care Proficiencies Instructed**
- AC-P4b: Closed-head trauma (using standard neurological tests and tests for cranial nerve function)

**Therapeutic Modalities Proficiencies Instructed:**
TM-P6: Document treatment goals, expectations,

**V. COURSE OBJECTIVES/LEARNING OUTCOMES:**
Given lectures, discussions, videos, and/or field experiences the student will be able to:
1. Injury Nomenclature/ Evaluation:
   - Review terminology that relates to the evaluative process
   - Review steps taken for SOAP note writing and documentation
   - Understand the evaluative model

2. Face and Related Structures:
   - Review Clinical Anatomy Eyes, Ears, Nose and Throat
   - Palpate bony and soft tissue anatomical landmarks of the head and face
Demonstrate the clinical evaluation of Facial injuries (History, Inspection, Palpation, Functional Testing and Neurologic Testing)
Evaluate and demonstrate the related special testing for eye, ear, nose, throat, facial fracture, dental conditions and temporomandibular joint dysfunction

3. Head and Neck Injuries:
- Review of clinical anatomy soft tissue and bony tissue structures
- Palpate anatomical landmarks of the head and neck
- Demonstrate evaluation scenarios and evaluation of athlete’s position
- Determine state of consciousness of a head/neck trauma scenario
- Perform Neurological, Cranial nerve evaluation for head/neck trauma scenario
- Demonstrate proper techniques for on field head/neck trauma evaluation

4. Shoulder and Upper Arm:
- Review functional anatomy, range of motion, bony and soft tissue palpable landmarks
- Demonstrate clinical evaluation of shoulder injuries and related special tests
- Understand the pathologies associated to the shoulder complex and related special tests
- Perform on-field evaluation of shoulder injuries in a simulated scenario

5. Elbow and Forearm:
- Review functional anatomy, range of motion, bony and soft tissue palpable landmarks
- Demonstrate clinical evaluation of elbow injuries and related special tests
- Understand the pathologies associated to the elbow and related special tests
- Perform on-field evaluation of elbow injuries in a simulated scenario

6. Wrist, Hand, and Fingers:
- Review functional anatomy, range of motion, bony and soft tissue palpable landmarks
- Demonstrate clinical evaluation of wrist, hand, and finger injuries and related special tests
- Understand the pathologies associated to the wrist, hand, and finger and related special tests
- Perform on-field evaluation of wrist, hand and finger injuries in a simulated scenario

7. Thorax and Abdomen:
- Review muscular, internal organ/systems (heart, lungs, digestive tract, lymphatic organ, reproductive tract and urinary tract) anatomy and function.
- Demonstrate clinical evaluations that are unique to internal injury and pathology
- Perform mock on-field evaluation of internal injury and pathology in a simulated scenario

8. Thoracic Spine:
- Review clinical anatomy
- Palpation of bony and soft tissue landmarks
- Demonstrate clinical evaluation of injuries and related special testing
- Perform mock on-field evaluation of thoracic spine injury and pathology in a simulated scenario

VI. COURSE TOPICS
The major topics to be considered are the mechanisms, signs and symptoms, and assessment procedure of upper extremity athletic injuries.

VII. INSTRUCTIONAL METHODS AND ACTIVITIES
The course will include lecture/discussions, demonstrations, and practice of assessment procedure.

VIII. EVALUATION AND GRADE ASSIGNMENT
Your grade in this class will be determined from a point percentage. Points will be earned for written and oral exams/ quizzes. The grading scale is as follows:

<table>
<thead>
<tr>
<th>PERCENTAGE:</th>
<th>POINTS:</th>
<th>“Pop” Quiz (5)</th>
<th>= 50 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100% = A</td>
<td>630-700=A</td>
<td>Written Exams (5)</td>
<td>= 500 points</td>
</tr>
<tr>
<td>80-89%   = B</td>
<td>560-623=B</td>
<td>Practical Exams (5)</td>
<td>= 100 points</td>
</tr>
<tr>
<td>70-79%   = C</td>
<td>490-553=C</td>
<td>Final Exam</td>
<td>= 50 points</td>
</tr>
<tr>
<td>60-69%   = D</td>
<td>420-483=D</td>
<td>Total Possible</td>
<td>= 700 points</td>
</tr>
<tr>
<td>Below 60% = F</td>
<td></td>
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</tbody>
</table>

Percentage: Points:
90-100% = A 630 – 700 = A
80-89%   = B 560 – 623 = B
70-79%   = C 490 – 553 = C
60-69%   = D 420 – 483 = D
Below 60% = F

EXAMS: Exams must be taken in class during the scheduled class session. Make-up exams will only be allowed if the student was ill and has a physicians note stating such.

ATTENDANCE: Attendance is mandatory however situations do occur. Please understand that I will work with any individual that may have a conflict regarding test or quiz. Obviously those individuals that approach me prior to the date in question will have a more favorable outcome. At the completion of semester, any student that misses three or more classes will loose 20 points from their final grade point total.

IX. COURSE SCHEDULE AND POLICIES

TENTATIVE COURSE SCHEDULE:

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>R 08/25</td>
<td>Introduction/ Syllabus</td>
</tr>
<tr>
<td></td>
<td>1. The Injury Examination Process &amp; Evidence-Based Practice in the</td>
</tr>
<tr>
<td></td>
<td>Diagnostic Process Ch. 1 &amp; 3</td>
</tr>
<tr>
<td>T 08/30</td>
<td>2. Face and Related Structures Lecture: Ch. 20 &amp; 19</td>
</tr>
<tr>
<td>R 09/1</td>
<td>Practice Special Testing Techniques</td>
</tr>
</tbody>
</table>
The instructor reserves the right to change the schedule to cover all subjects thoroughly. This is the first time this course has been offered. It is very likely that the SCHEDULE WILL CHANGE. Information presented in class may come from a
source other than the textbook. If you miss a class you will need to obtain that material from a classmate. It is your responsibility! No make up tests will be given except under extreme circumstances. A physician’s note is necessary if you are ill. If you cannot reach me please contact the office of Student Affairs for assistance. 361-825-2612 or Visit at University Center, room 318.

Other Information:
Tutoring & Learning Center 361-825-5933
Call TALK2ME 825-5263
Student Affairs 825-612
University Counseling Center 825-2703

X. TEXTBOOKS:
XI. BIBLIOGRAPHY:
The text books adopted for this course are:

Konin, J., Wiksten, D., Isear, J; and Brader, H. Special Test for Orthopedic Examination. 3rd edition. SLACK. 2006

XII. GRADE APPEALS

As stated in University Rule 13.02.99.C2, Student Grade Appeals, a student who believes that he or she has not been held to appropriate academic standards as outlined in the class syllabus, equitable evaluation procedures, or appropriate grading, may appeal the final grade given in the course. The burden of proof is upon the student to demonstrate the appropriateness of the appeal. A student with a complaint about a grade is encouraged to first discuss the matter with the instructor. For complete details, including the responsibilities of the parties involved in the process and the number of days allowed for completing the steps in the process, see University Rule 13.02.99.C2, Student Grade Appeals, and University Procedure 13.02.99.C2.01, Student Grade Appeal Procedures. These documents are accessible through the University Rules Web site at http://www.tamucc.edu/provost/university_rules/index.html. For assistance and/or guidance in the grade appeal process, students may contact the Office of Student Affairs.

Academic Honesty
University students are expected to conduct themselves in accordance with the highest standards of academic honesty. Academic misconduct for which a student is subject to penalty includes all forms of cheating, such as illicit possession of examinations or examination materials, forgery, or plagiarism. (Plagiarism is the
presentation of the work of another as one’s own work.)

Disciplinary action for academic misconduct is the responsibility of the faculty member assigned to the course. The faculty member is charged with assessing the gravity of any case of academic dishonesty, and with giving sanction to any student involved. Penalties that may be applied to individual cases of academic dishonesty include one or more of the following:

1. Written reprimand;
2. Requirement to re-do work in question;
3. Requirement to submit additional work;
4. Lowering of grade on work in question;
5. Assigning grade of “F” to work in question;
6. Assigning grade of “F” for course;
7. Recommendation for more severe punishment.

If the faculty member determines that assigning a grade of “F” to the course is the appropriate penalty and this disciplinary action occurs prior to the deadline for dropping courses, the student forfeits his/her right to drop the course in question.

The faculty member may file a record of cases of academic dishonesty, including a description of the disciplinary action taken, along with any materials involved, with his or her college dean and the Office of Student Affairs. The office of the academic dean of the college in which the offense took place will maintain records of all cases of academic dishonesty reported for a period of not more than two years. Any student who has been penalized for academic dishonesty has the right to appeal the judgment or the penalty assessed (See XII above).

XIII. DISABILITIES ACCOMODATIONS

Americans with Disabilities Act (ADA) -The ADA is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disability. If you believe you have a disability requiring
an accommodation, please call or visit Disability Services at (361) 825-5816 in Driftwood 101.

If you are a returning veteran and are experiencing cognitive and/or physical access issues in the classroom or on campus, please contact the Disability Services office for assistance at (361) 825-5816.