I. Course Description
KINE 3322 Evaluation of Upper Extremity Injuries 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 2325 or KINE 3318 or BIOL 2401.

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 Program at Texas A&M University-Corpus Christi. This course is to be taken concurrently with KINE 4291 (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
1. 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.
2. 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.
3. EQUITY IN EXCELLENCE FOR ALL LEARNERS: The teacher responds appropriately to diverse groups of learners.
4. LEARNER-CENTERED COMMUNICATION: While acting as an advocate for all students and the school, the teacher demonstrates effective professional and interpersonal communication skills.
5. 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.

IV. TExES Competencies & CAATE Competencies
a. TExES COMPETENCIES:
N/A

b. ATHLETIC TRAINING EDUCATION COMPETENCIES (CAATE 5th Ed.)
Evidence Based Practice (EBP):
EBP-1. Define evidence-based practice as it relates to athletic training clinical practice.
EBP-2. Explain the role of evidence in the clinical decision making process.
EBP-3. Describe and differentiate the types of quantitative and qualitative research, research components, and levels of research evidence.

General Prevention Principles (PHP):
PHP-3. Identify modifiable/non-modifiable risk factors and mechanisms for injury and illness.
PHP-17. Explain the etiology and prevention guidelines associated with the leading causes of sudden death during physical activity, including but not limited to:
   PHP-17c. Traumatic brain injury

Clinical Exam and Diagnosis (CE):
   Systems and Regions
      a. Musculoskeletal
c. Neurological
   k. The face, including maxillofacial region and mouth
CE-1. Describe the normal structures and interrelated functions of the body systems.
CE-2. Describe the normal anatomical, systemic, and physiological changes associated with the lifespan.
CE-3. Identify the common congenital and acquired risk factors and causes of musculoskeletal injuries and common illnesses that may influence physical activity in pediatric, adolescent, adult, and aging populations.
CE-4. Describe the principles and concepts of body movement, including normal osteokinematics and arthrokinematics.
CE-5. Describe the influence of pathomechanics on function.
CE-6. Describe the basic principles of diagnostic imaging and testing and their role in the diagnostic process.
CE-7. Identify the patient’s participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient’s life.
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 (eg, Ottawa Ankle Rules) during clinical examination procedures.
CE-13. Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient’s perceived pain, and the history and course of the present condition.
CE-14. Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient’s treatment/rehabilitation program, and make modifications to the patient’s program as needed.
CE-15. Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.
CE-16. Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions.
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:
   CE-20a. history taking
   CE-20b. inspection/observation
   CE-20c. palpation
   CE-20d. functional assessment
   CE-20e. selective tissue testing techniques / special tests
   CE-20f. neurological assessments (sensory, motor, reflexes, balance, cognitive function)
CE-21. Assess and interpret findings from a physical examination that is based on the patient’s clinical presentation. This exam can include:
   CE-21a. Assessment of posture, gait, and movement patterns
   CE-21b. Palpation
   CE-21c. Muscle function assessment
   CE-21d. Assessment of quantity and quality of osteokinematic joint motion
   CE-21e. Capsular and ligamentous stress testing
   CE-21f. Joint play (arthrokinematics)
   CE-21g. Selective tissue examination techniques / special tests
   CE-21h. Neurologic function (sensory, motor, reflexes, balance, cognition)
CE-22. Determine when the findings of an examination warrant referral of the patient.
CE-23. Describe current setting-specific (eg, high school, college) and activity-specific rules and guidelines for managing injuries and illnesses.

Acute Care of Injuries and Illnesses (AC):
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.
AC-36. Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:
   AC-36b. brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture
   AC-36c. cervical, thoracic, and lumbar spine trauma
AC-43. Instruct the patient in home care and self-treatment plans for acute conditions.
V. Course Objectives/Learning Outcomes

This course is designed to enable students to:

<table>
<thead>
<tr>
<th>Class</th>
<th>Course Objectives/Learning Outcomes</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>KINE 3322 Evaluation of Upper Extremity Injuries</td>
<td>1. Become proficient at recognizing potential emergency situations related to orthopedic injuries.</td>
<td>Exams, Final exam, Quizzes - multiple choices, short answers, true and false</td>
</tr>
<tr>
<td></td>
<td>2. Identify clinical anatomy.</td>
<td>Exams, Final exam, Quizzes</td>
</tr>
<tr>
<td></td>
<td>3. Understand the relationships between joints, ligaments, muscles, and the nervous system in the presence of pathology.</td>
<td>Exams, Final exam, Quizzes</td>
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<tr>
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<td>4. Become proficient at palpating anatomical landmarks.</td>
<td>Labs</td>
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<td></td>
<td>5. Perform deep tendon reflexes and other neurological screenings.</td>
<td>Labs</td>
</tr>
<tr>
<td></td>
<td>6. Perform manual muscle testing.</td>
<td>Labs</td>
</tr>
<tr>
<td></td>
<td>7. Recognize and understand different orthopedic conditions and be able to discern appropriate care, treatments, rehabilitation, and possible referral to a physician.</td>
<td>Exams, Final exam, Quizzes</td>
</tr>
<tr>
<td></td>
<td>8. Perform musculoskeletal evaluations that will reveal what injury is present.</td>
<td>Exams, Final exam, Quizzes</td>
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<tr>
<td></td>
<td>9. Become proficient in writing SOAP notes and progress notes.</td>
<td>Assignments, Exams, Final exam, Quizzes</td>
</tr>
<tr>
<td></td>
<td>10. Apply evidence to the diagnostic process and choose appropriate orthopedic special tests in each case.</td>
<td>Exams, Final exam</td>
</tr>
<tr>
<td></td>
<td>11. Become proficient at performing all orthopedic special tests and putting all the findings together to come up with a final assessment.</td>
<td>Labs, Exams, Final exam, Quizzes</td>
</tr>
<tr>
<td></td>
<td>12. Understand when an athlete should be referred to a physician or another appropriate medical provider within the sports medicine team.</td>
<td>Exams, Final exam</td>
</tr>
</tbody>
</table>

VI. Course Topics

The major topics to be considered are:

1. Recognizing orthopedic emergencies.
2. Performing the orthopedic evaluation – from the history through special testing.
3. Evaluating both acute and chronic injuries and recognizing associated signs and symptoms.
4. How to choose appropriate orthopedic special tests based on the best available evidence and how to interpret those results.
5. How to compile the results of the physical examination and make a final assessment.
6. When to refer an athlete to an orthopedic physician.

VII. Instructional Methods and Activities
*Methods and activities for instruction include:*
A. Traditional Experiences 80% (lecture/discussion; demonstration; guest speaker; video, etc)
B. Clinical Experiences 20% (simulations; student demonstrations or lab exercise)
C. High Impact Practices
   - Evidence-Based Class Discussion – collaborative assignments and projects, research
   - Simulated Scenario Interactive Discussion – collaborative assignments and projects
   - SOAP Note Writing – medical-writing intensive assignments

VIII. Evaluation and Grade Assignment
*The methods of evaluation and the criteria for grade assignment are:*
A. **Methods and Percentage of Final Course Grade Each Assessment Constitutes**
   1. Traditional Assessment
      - **Written Exams (3) = 100pts/apiece**
      - **Final Exam = 150pts**
      - **Quizzes (~10) = 10-15pts/apiece**
      - **Assignments (~8) = 10-20pts/apiece**
      - **Class Participation = 30pts**
      - **Total = ~740 pts**
   2. Performance Assessment
      Your final grade will be determined from your performance on exams, quizzes, and assignments. There are also points awarded for participation, which may be adversely affected by poor attendance.

B. **Grading Scale**
   - 90.00-100% = A
   - 80.00-89.99% = B
   - 70.00-79.99% = C
   - 60.00-69.99% = D
   - < 60.00% = F

IX. Course Schedule and Policies
A. A tentative course schedule (see appendix)
B. Class Policies

*Written Exams & Final Exam*
Three written exams will be given at the conclusion of their respective section. Material covered on the exam will mainly be from class lectures & notes as well as the Starkey textbook. There will also be material included on the exams from the lectures that don’t correspond with a chapter in the Starkey book. The **cumulative Final exam** will include test questions from the previous exams as well as a portion of questions over new information covered since the 3rd exam.
**Quizzes**
Quizzes will be either announced or unannounced, given at the beginning of the class. If you are late or absent for an unexcused reason, missing a quiz will result in zero points and you will not be able to re-take the quiz.

**Assignments**
Examples are: handouts of anatomy, critiques of journal articles, outlines of chapters, or in-class activities, etc.

**Attendance & Tardiness**
Attendance will be checked daily, and *three (3) tardinesses will be counted as one (1) absence*. You are expected to be present each time the class meets; however, I will allow for two unexcused absences in a semester. It’s to your benefit to attend class and participate daily as this course is extremely challenging. There will be a performance assessment (30 points) of your class participation. To receive all 30 points you must be present and participate in ALL class discussions and laboratory activities. *Your 3rd unexcused absence and every absence thereafter will result in the reduction of 5 points.*

An unexcused absence is any absence that is not an emergency or not due to a university related function/event in which you are required to participate. An emergency constitutes you going to the ER and bringing me a note from the ER doctor. A university event would be an athlete traveling with their team, traveling to represent the university, and similar situations. If you know you will miss a day of class for a university event you MUST communicate this with me beforehand or else you will not be able to make up the points from that day AND it will be counted as an unexcused absence. If you have a situation occur out of your control that you feel is an emergency then let me know ASAP and I will handle these situations with discretion. Obviously, communication is of most importance in all of these situations. You should call me or email me to inform me if you will not be able to attend a class in the future.

**Late work /Make-up Exams**
If you miss the deadline for an assignment, you can still choose to turn it in for partial credit. If you missed the due time (i.e. during class) but still turned it in on the same day, there will be 10% deduction; 20% deduction for turning in on the next day, 40% the day after, and it increases until it reaches 100% (no credit) on the 5 days after the due date. *No make-up exams will be given except under extreme circumstances.* If you are late to an exam or quiz you will not be given extra time to take it.

**Extra Credit**
Although extra credit will NOT be given upon personal request, it will be included at the end of the quiz and exam. There might be occasional extra credit assignments or attendance announced by the instructor throughout the semester.

**Cell Phone/Electronic Device Usage**
The use of such devices is prohibited during the class other than the class purposes (i.e. viewing PowerPoints, taking notes). During an exam or quiz you may not touch your cell phone or any other electronic device. If you do, you will be asked to leave and will receive zero points for that quiz/exam. In addition, upon taking a quiz/exam, all bags, hats, etc. must be kept under your desk. Not adhering to these rules will be considered an attempt to cheat and will also result in zero points.

**Academic Integrity/Plagiarism.**
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, falsification, forgery, complicity 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, such as dismissal from the program or from the University.

See the University Catalog for more information.

Dropping a Class
I hope that you never find it necessary to drop this or any other class. However, events can sometimes occur that make dropping a course necessary or wise. Please consult with me before you decide to drop to be sure it is the best thing to do. Should dropping the course be the best course of action, you must initiate the process to drop the course by going to the Student Services Center and filling out a course drop form. Just stopping attendance and participation WILL NOT automatically result in your being dropped from the class. (Include date for semester) is the last day to drop a class with an automatic grade of “W” this term.

Preferred methods of scholarly citations
Whenever citation is required, it must be done in the APA format.

Classroom/Professional Behavior
Texas A&M University-Corpus Christi, as an academic community, requires that each individual respect the needs of others to study and learn in a peaceful atmosphere. Under Article III of the Student Code of Conduct, classroom behavior that interferes with either (a) the instructor’s ability to conduct the class or (b) the ability of other students to profit from the instructional program may be considered a breach of the peace and is subject to disciplinary sanction outlined in article VII of the Student Code of Conduct. Students engaging in unacceptable behavior may be instructed to leave the classroom. This prohibition applies to all instructional forums, including classrooms, electronic classrooms, labs, discussion groups, field trips, etc.

Statement of Civility
Texas A&M University-Corpus Christi has a diverse student population that represents the population of the state. Our goal is to provide you with a high quality educational experience that is free from repression. You are responsible for following the rules of the University, city, state and federal government. We expect that you will behave in a manner that is dignified, respectful and courteous to all people, regardless of sex, ethnic/racial origin, religious background, sexual orientation or disability. Behaviors that infringe on the rights of another individual will not be tolerated.

Grade Appeals
As stated in University Procedure 13.02.99.C2.01, Student Grade Appeal Procedures, 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 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 Dean’s office in the college in which the course is taught or the Office of the Provost.

Disabilities Accommodations
The Americans with Disabilities Act (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 disabilities. If you believe you have a disability requiring an accommodation, please call or visit Disability Services at (361) 825-5816 in Corpus Christi Hall 116. 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.

Statement of Academic Continuity
In the event of an unforeseen adverse event, such as a major hurricane and classes could not be held on the campus of Texas A&M University–Corpus Christi; this course would continue through the use of Blackboard and/or email. In addition, the syllabus and class activities may be modified to allow continuation of the course. Ideally, University facilities (i.e., emails, web sites, and Blackboard) will be operational within two days of the closing of the physical campus. However, students need to make certain that the course instructor has a primary and a secondary means of contacting each student.

X. Required or Recommended Readings

Textbook:

Recommended or Supplemental Reading:
3. Other assigned articles (will be posted on BlackBoard)
XI. Bibliography

*The knowledge bases that support course content and procedures include:*

5. Peer-reviewed literature related to orthopedic evaluation and orthopedic conditions.

XII. List of Supplies

N/A
Appendix

A. Tentative Course Schedule for KINE 3322 – Evaluation of Upper Extremity Injuries (Fall 2015)

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Associated Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-Aug</td>
<td>Syllabus, The Injury Examination Process</td>
<td>Ch. 1</td>
</tr>
<tr>
<td>28-Aug</td>
<td>The Injury Examination Process &amp; Acute Pathologies</td>
<td>Ch. 1,2</td>
</tr>
<tr>
<td>31-Aug</td>
<td>Evidence-Based Practice</td>
<td>Ch. 3</td>
</tr>
<tr>
<td>2-Sep</td>
<td>Injury Nomenclature &amp; Diagnostic Techniques</td>
<td>Ch. 4&amp;5</td>
</tr>
<tr>
<td>4-Sep</td>
<td>Head and Cervical Spine Pathologies</td>
<td>Ch. 20, Article on BBoard</td>
</tr>
<tr>
<td>7-Sep</td>
<td><strong>NO CLASS – LABOR DAY</strong></td>
<td></td>
</tr>
<tr>
<td>9-Sep</td>
<td>Head and Cervical Spine Pathologies</td>
<td>Ch. 20, Article on BBoard</td>
</tr>
<tr>
<td>11-Sep</td>
<td>Head and Cervical Spine Pathologies</td>
<td>Ch. 20</td>
</tr>
<tr>
<td>14-Sep</td>
<td>Head and Cervical Spine Pathologies</td>
<td>Ch. 20,14</td>
</tr>
<tr>
<td>16-Sep</td>
<td>Head and Cervical Spine Pathologies</td>
<td>Ch. 20,14</td>
</tr>
<tr>
<td>18-Sep</td>
<td>Face and Eye Pathologies</td>
<td>Ch. 18,19</td>
</tr>
<tr>
<td>21-Sep</td>
<td>Face and Eye Pathologies</td>
<td>Ch. 18,19</td>
</tr>
<tr>
<td>23-Sep</td>
<td>Review for Exam I</td>
<td>Ch. 1-5,14,18-20</td>
</tr>
<tr>
<td>25-Sep</td>
<td><strong>Exam I over Chapters 1-5,14,18-20</strong></td>
<td>Ch. 1-5,14,18-20</td>
</tr>
<tr>
<td>28-Sep</td>
<td>Shoulder and Upper Arm Pathologies</td>
<td>Ch. 15</td>
</tr>
<tr>
<td>30-Sep</td>
<td>Shoulder and Upper Arm Pathologies</td>
<td>Ch. 15</td>
</tr>
<tr>
<td>2-Oct</td>
<td>Shoulder and Upper Arm Pathologies</td>
<td>Ch. 15</td>
</tr>
<tr>
<td>5-Oct</td>
<td>Shoulder and Upper Arm Pathologies</td>
<td>Ch. 15</td>
</tr>
<tr>
<td>7-Oct</td>
<td>Shoulder and Upper Arm Pathologies</td>
<td>Ch. 15</td>
</tr>
<tr>
<td>9-Oct</td>
<td>Shoulder and Upper Arm Pathologies</td>
<td>Ch. 15</td>
</tr>
<tr>
<td>12-Oct</td>
<td>Shoulder and Upper Arm Pathologies</td>
<td>Ch. 15</td>
</tr>
<tr>
<td>14-Oct</td>
<td>Review for Exam II</td>
<td>Ch. 15</td>
</tr>
<tr>
<td>16-Oct</td>
<td><strong>Exam II over Chapter 15</strong></td>
<td>Ch. 15</td>
</tr>
<tr>
<td>19-Oct</td>
<td>Elbow and Forearm Pathologies</td>
<td>Ch. 16</td>
</tr>
<tr>
<td>21-Oct</td>
<td>Elbow and Forearm Pathologies</td>
<td>Ch. 16</td>
</tr>
<tr>
<td>23-Oct</td>
<td>Elbow and Forearm Pathologies</td>
<td>Ch. 16</td>
</tr>
<tr>
<td>26-Oct</td>
<td>Elbow and Forearm Pathologies</td>
<td>Ch. 16</td>
</tr>
<tr>
<td>28-Oct</td>
<td>Wrist, Hand, and Finger Pathologies</td>
<td>Ch. 17</td>
</tr>
<tr>
<td>30-Oct</td>
<td>Wrist, Hand, and Finger Pathologies</td>
<td>Ch. 17</td>
</tr>
<tr>
<td>2-Nov</td>
<td>Wrist, Hand, and Finger Pathologies</td>
<td>Ch. 17</td>
</tr>
<tr>
<td>4-Nov</td>
<td>Wrist, Hand, and Finger Pathologies</td>
<td>Ch. 17</td>
</tr>
<tr>
<td>6-Nov</td>
<td>Wrist, Hand, and Finger Pathologies</td>
<td>Ch. 17</td>
</tr>
<tr>
<td>9-Nov</td>
<td>Review for Exam III</td>
<td>Ch. 16&amp;17</td>
</tr>
<tr>
<td>11-Nov</td>
<td><strong>Exam III over Chapter 16&amp;17</strong></td>
<td>Ch. 16&amp;17</td>
</tr>
<tr>
<td>13-Nov</td>
<td>Thoracic Spine and Abdominal Pathologies</td>
<td>Ch. 14,15</td>
</tr>
<tr>
<td>16-Nov</td>
<td>Thoracic Spine and Abdominal Pathologies</td>
<td>Ch. 14,15</td>
</tr>
<tr>
<td>18-Nov</td>
<td>Thoracic Spine and Abdominal Pathologies</td>
<td>Ch. 14,15</td>
</tr>
<tr>
<td>20-Nov</td>
<td>Thoracic Spine and Abdominal Pathologies</td>
<td>Ch. 14,15</td>
</tr>
<tr>
<td>23-Nov</td>
<td>Thoracic Spine and Abdominal Pathologies</td>
<td>Ch. 14,15</td>
</tr>
<tr>
<td>25-Nov</td>
<td>Thoracic Spine and Abdominal Pathologies</td>
<td>Ch. 14,15</td>
</tr>
<tr>
<td>27-Nov</td>
<td><strong>NO CLASS – HAPPY THANKSGIVING!</strong></td>
<td></td>
</tr>
<tr>
<td>30-Nov</td>
<td>Review for Final Exam</td>
<td>Ch. 14,15</td>
</tr>
<tr>
<td>2-Dec</td>
<td><strong>NO CLASS – READING DAY</strong></td>
<td></td>
</tr>
<tr>
<td>12/04</td>
<td><strong>FINAL EXAM</strong></td>
<td><strong>Comprehensive!!</strong></td>
</tr>
</tbody>
</table>

*Each unit (body part) will discuss anatomy, HOPS, common orthopedic injuries within the region, associated signs and symptoms and how to evaluate each injury.

*The instructor reserves the right to change the schedule to cover all subjects thoroughly. Any changes in test dates will be announced in class at least one class prior to the tentative exam date.