

Southwest Baptist University
ATH 3124 Assessment: Below Diaphragm
Competencies/Proficiencies – 4th Edition

Diagnosis

- DI-C4 Explain directional terms and cardinal planes used to describe the body and the relationship of its parts.
- 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-C15 Describe and identify postural deformities.
- DI-C16 Explain medical terminology and abbreviations necessary to communicate with physicians and other health professionals
- DI-C17 Describe the components of medical documentation (e.g. SOAP, HIPS and HOPS).
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- 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

- 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:

Acute Care

- AC-P4 Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including but not limited to:
- AC-P4g Thoracic, respiratory, and internal abdominal injury or illness
- AC-P4h Acute musculoskeletal injuries (i.e. sprains, strains, fractures, dislocations)
- AC-P4i Spinal cord and peripheral nerve injuries
- AC-P4l Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)

Professional Development

- PD-C14 Interpret the current research in athletic training and other related medical and health areas and apply the results to the daily practice of athletic training.