RJ 2

Use standard techniques and procedures for the clinical examination of

common injuries, conditions, illnesses, and diseases including, but not limited to:

* + History taking
  + Inspection/ observation
  + Palpation
  + Functional assessment
  + Selective tissue testing techniques / special tests
  + Neurological assessment and (sensory, motor, reflex, balance, cognitive function)

This week during our ATR 340 Evaluation of the Upper Extremity we put the course objective that is stated above to use when we took our practical. In our practical test we have to go through a complete evaluation of the cervical spine. I brought my friend Trey in as a model to use and perform my test on. In my test I began by asking a few history questions to gain a little background on the patient and injury. I asked questions to get information like: Previous history, Mechanism of injury (MOI), Onset of symptoms, Type and location of pain, neurological symptoms, ect. Next I went to my inspection of the patient and started observing for signs of: discoloration, swelling, any deformities, bleeding, guarding, atrophy, or spasm. In my cervical practical test some other things I looked at was posture, functional posture, and. shoulder height. In my evaluation I moved to palpation next, so I asked my patient to sit on the table and relax. I started by going to the hyoid bone and then down the esophagus hitting the thyroid cartilage and cricoid rings. Then I went to palpation the sternocleidomastoid, scalene group, checked both carotid arteries, and finished with the anterior and posterior lymph nodes. Next I asked my patient to lie down on his stomach and began to palpate the occipit and then down the spinal cord feeling both the transverse and spinous process. When I am doing my evaluation I always make sure that I do everything bilaterally always looking for any differences. Next I moved onto range of motion. I began with active motion which the patient does with no help. I had him go into cervical flexion, extension, lateral flexion, and rotation. Next I did the same motions but I was the one to moved the patient into those positions, this was my passive range of motion. Lastly, I performed resistive range of motion resisting the patients motion. Once I assessed all ranges of motion and knew that the patient could go through the range of motion I moved to special tests. I then went through the list of special tests to deduct what possible injuries the patient may be suffering from. The special tests I performed were: spring, cervical compression, cervical distraction, spurling, shoulder abduction, brachial plexus traction, tinel's sign, valsalva manuver, swallowing, kernig-brudenski, vertebral artery, adson's, allen's, military brace position, roo's. Lastly I performed a complete neurological assessment of the c spine and checked reflexes at the brachialis, tricep, and bicep. Then moved on to perform sensation testing for the dermatomes of C1-C8. Finally I tested the myatomes by performing break tests for C1-C8. This is how we demonstrated that course objective and the couple of weeks before our test Brianne demonstrated different ways to test all of there and other ways to do certain things in our evaluations.

This week I received 4 attempts in the clinic. I also would have received whatever masteries I will have received after my practical is graded.