SAN DIEGO STATE UNIVERSITY
DPT 710/L FOUNDATIONS OF PHYSICAL THERAPY EVALUATION
Fall 2013

Time:                  Location:
Lecture: Monday 12:00-12:50  PG 174
Lab:        Monday 1:00-3:40   PG 1520
             Wednesday 1:00-3:40  PG 1520

Instructor: Lea Thomann, PT, DPT, ATC, FAFS, CSCS
E-mail: lthomann@mail.sdsu.edu
Phone: (619) 594-4094
Office: ENS Building- Room 302
Office hours: Tuesday: 10:00am-12:00pm; Friday 9:00am-10:00am; or by appointment

Instructor: Rosalia Arellano, PT, MSPT, NCS
E-mail: marellano@mail.sdsu.edu
Phone: (619) 916-6226
Office hours: By appointment

Course Description:
- Development in competency in basic problem-solving and psychomotor skills necessary to perform a general physical examination, and the concepts, procedures, and techniques required to provide safe and effective patient care.
- Units: 3

Course Prerequisites
Acceptance into the DPT program.

Course Materials
Required
- Flynn, TW, Cleland, JA, Whitman, JM, Users’ Guide to the Musculoskeletal Examination-Fundamentals for the Evidence Based Clinician. Evidence in Motion; 2008.
- Patient Case studies and research articles from professional journals may be assigned throughout the course to supplement the student's readings.
- Access to computer, internet, and printer

Recommended
- Kettenbach, G, Writing Patient/Client Notes-Ensuring Accuracy in Documentation, 4th Ed. FA Davis; 2009.
- Mobilization strap/Gait Belt
- Goniometer
**Purpose/Course Overview**
This course is designed to give the physical therapy student: 1) basic problem solving and psychomotor skills necessary to perform a general physical examination; and 2) the concepts, procedures, and techniques required to provide safe and effective patient care. The psychomotor skills presented in this class include the basic assessment of cardiopulmonary function (peripheral pulses), neurological function (reflexes, dermatomes, myotomes, balance), muscle function (muscle strength testing), joint mobility (goniometry – range of motion), and soft tissue integrity and function (joint and soft tissue palpation as well as posture assessment). Patient care skills presented in this class include infection control, body mechanics, patient/client positioning and draping, transfer activities, wheelchair features and activities, and ambulation aids. The development of problem solving skills will be the central focus of the course in addition to the attainment of important psychomotor and patient care skills. The material presented in this course will serve as the foundation for second year course work in musculoskeletal, neurological, cardiopulmonary and integumentary system evaluation and intervention.

**Teaching Methods and Learning Experiences**
Lecture, discussion, demonstration, slides, video, and practical laboratory instruction are used in this class. Class participation as both a listener and contributor are expected. The course website can be accessed through Blackboard at [https://blackboard.sdsu.edu/](https://blackboard.sdsu.edu/). This will be the primary area to review your assignments and receive announcements pertaining to this class. The format of this course will be primarily the development of psychomotor and patient care skills through laboratory experiences. Lectures will be used to present basic information on the topics prior to demonstration and practice. Although students will have an opportunity to practice the skills taught during the laboratory, additional time outside of the classroom will be necessary for students to gain entry-level proficiency. The use of patient case studies will be used to help reinforce the principles being taught. Students may be called upon to demonstrate tests previously covered in a class or laboratory session.

The Faculty is committed to treating you in a professional manner as well as making this course a meaningful experience for you.

**If you need any help or further explanation of presented material, please see the faculty as soon as possible!**

**Course Policies**
**Dress Requirements:**
- Students are required to wear attire which conforms to the image of the professional physical therapist. The DPT Program, is a setting where students, faculty, guests, patients, other professionals, and the general public form an impression of us, based on our appearance and conduct. Casual and “faddish” clothing are not permitted in the classroom, library, or laboratories.
- Lab clothing is required during the laboratory portions of the course where palpation and/or observation of body parts are necessary. Students should come prepared in the appropriate attire so as to expose the area of the body that is being studied.
- Appropriate lab clothing for men includes shorts and T-shirts, for women shorts, halter-tops, swimsuits, and/or sports bras.
- Fingernails must be clipped short and synthetic nails are prohibited.
- On occasions when patients are used for demonstration purposes or when visiting a clinical treatment facility professional dress is required per departmental guidelines.
Corrective Action for attire: Students in violation of the dress requirements will first receive a verbal warning with corrective instruction. If the same student breaks the dress code a second time, the violation will result in the student being sent home to change clothes and will receive an unexcused absence for that class. Please see your student handbook for complete details on policies for attire in lectures and laboratories.

Attendance/Participation:

- One of the professional responsibilities of a physical therapist student is to attend every scheduled class. Learning experiences in the curriculum are arranged sequentially, to ensure that new information, knowledge, and skills are integrated with previously introduced material. In addition, the DPT curriculum includes significant opportunities for collaborative learning, where interaction between and among students and faculty are critical components of the students’ learning. Therefore, these learning experiences cannot be repeated and your attendance is a professional responsibility.

  - Attendance will compute into your grade as follows:
    1. 100% attendance = 25/25 pts.
    2. 1 unexcused absence = 10/25 pts.*
    3. >1 unexcused absence = grade of failure in course*

- While class attendance is required per the above stated policy, please be cautious about attending class if you are feeling ill. If you are experiencing flu-like symptoms, you should not attend class; please take precautions not to infect others, and seek medical attention if your symptoms worsen.

- If absence from a class session is unavoidable, it is recommended that the student notify the instructor via email at the earliest possible time. University policies deem that the only conditions under which absences may be considered excused are 1) illnesses for which documentation is provided by a medical professional, and 2) death in the family or family emergencies. Please see your student handbook for complete details on policies for attendance and absences.

  *Corrective action for unexcused absences: Attending class is expected during the entire DPT curriculum. Missing class adversely affects the learning experience and contributes to poor performance. Two unexcused absences in a course will result in a grade of failure for that course. Please see your student handbook for complete details on policies for attendance and absences.

- Classroom Tardiness: Being on time to classes is expected. Missing class adversely affects the learning experience and contributes to poor performance. Tardiness also disrupts the class, your peers and instructor. Like unexcused absences, tardiness is considered irresponsible, disrespectful and unprofessional.

  *Corrective action for tardiness: Students in violation of the tardiness requirement will first receive a verbal warning with corrective instruction for the first unexcused tardiness. If the same student breaks the tardiness policy a second time, the violation will result in the student not being allowed in the class and will receive an unexcused absence for that day. This may result in a reduced letter grade at the discretion of the instructor. A third unexcused tardiness violation will be considered a second unexcused absence and will result in a grade of failure for that course. Please see your student handbook for complete details on policies for classroom tardiness.

- Each student is encouraged to make any physical limitations known to instructors and student partners. Failure to disclose limitations indicates consent, acknowledgement of and acceptance
of any inherent risks. Every student has the right to refuse to serve as a subject for demonstration due to a disclosed injury.

Written and Practical Examinations and Assignments:
- It is expected that all reading assignments will be completed prior to the start of class to facilitate discussion and comprehension of the material being presented.
- All work and examinations must be completed on the day specified unless prior arrangements have been made with the instructor. No make-up examinations will be given. All work must be turned in/completed by the specified date or is subject to a 10% penalty per 24 hour period that the work is late.

Grading Criteria
Performance will be graded on the student’s knowledge of the subject, thought process, technical proficiency of the practical techniques and professionalism. Evaluation will be based upon four (6) examinations (3 practical and 3 written). Students will be tested and graded in groups of two for the practical examinations. Each student will be given approximately 30 minutes to accurately demonstrate and answer any questions psychomotor skills as well as patient care skills. Students who are unable to adequately demonstrate the skills chosen will need to re-take the practical examinations at a later date determined by the instructors. Approximately 5% of the total points for the class are reserved for attendance, professional behavior and participation.

<table>
<thead>
<tr>
<th></th>
<th>Possible points</th>
<th>Grading Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Exam 1</td>
<td>50</td>
<td>A &gt;93.0%</td>
</tr>
<tr>
<td>Practical Exam 1</td>
<td>50</td>
<td>A- 90.0 – 92.9%</td>
</tr>
<tr>
<td>Written Exam 2</td>
<td>50</td>
<td>B+ 88.0 – 89.9%</td>
</tr>
<tr>
<td>Practical Exam 2</td>
<td>50</td>
<td>B 83.0 – 87.9%</td>
</tr>
<tr>
<td>Written Exam 3</td>
<td>50</td>
<td>B- 80.0 – 82.9%</td>
</tr>
<tr>
<td>Practical Exam 3</td>
<td>50</td>
<td>C+ 78.0 – 79.9%</td>
</tr>
<tr>
<td>Quizzes/Homework (5)</td>
<td>50</td>
<td>C 73.0 – 77.9%</td>
</tr>
<tr>
<td>Documentation Worksheets</td>
<td>TBD</td>
<td>C- 70.0 – 72.9%</td>
</tr>
<tr>
<td>Clinical Observation</td>
<td>25</td>
<td>D &lt; 69.9%</td>
</tr>
<tr>
<td>Attendance/Participation</td>
<td></td>
<td>TOTAL ~400 points</td>
</tr>
</tbody>
</table>

Professional Behavior Statement
Entrance into the program of study in physical therapy at San Diego State University signifies a commitment to a doctoring profession, which entails a consistent demonstration of specific knowledge, skills and attitudes. Professional behaviors are a defining element of a doctoring profession. Thus, integration of professional behaviors is a key aspect of the professional socialization process, which begins in the educational program. The following professional behaviors (adopted from objectives 1-6 of the APTA Clinical Performance Instrument) are expected of all doctoral physical therapy learners:
- Practice in a safe manner that minimizes risk to the patient, self, and others;
- Demonstrate professional behavior in all situations;
- Practice in a manner consistent with established legal and ethical practice standards;
- Communicate in ways that are congruent with situational needs;
- Adapt delivery of physical therapy services with consideration for patient’s differences, values, preferences, and needs;
Participates in self-assessment to improve clinical and professional performance.

Statement on Cheating and Plagiarism
Cheating is the actual or attempted practice of fraudulent or deceptive acts for the purpose of improving one’s grade or obtaining course credit; such acts also include assisting another student to do so. Typically, such acts occur in relation to examinations. However, it is the intent of this definition that the term ‘cheating’ not be limited to examination situations only, but that it include any and all actions by a student that are intended to gain an unearned academic advantage by fraudulent or deceptive means. Plagiarism is a specific form of cheating which consists of the misuse of the published and/or unpublished works of others by misrepresenting the material (i.e., their intellectual property) so used as one’s own work. Penalties for cheating and plagiarism range from a 0 or F on a particular assignment, through an F for the course, to expulsion from the University. For more information on the University’s policy regarding cheating and plagiarism, refer to the General Catalogue or the Graduate Bulletin section 41304.

Students with Disabilities
The University is committed to providing reasonable academic accommodation to students with disabilities. The Student Disability Services Office provides university academic support services and specialized assistance to students with disabilities. Individuals with physical, perceptual, or learning disabilities as addressed by the Americans with Disabilities Act should contact Student Disability Services office for information regarding accommodations at (619) 594-6473 (http://www.sdsu.edu/dss/dss_home.html). Moreover, you should notify me so that reasonable efforts can be made to accommodate you.

Student Learning Outcomes
1. Demonstrate proficiency in the use of a goniometer to measure active and passive joint range of motion for both upper and lower extremity joints.
2. Describe and perform the procedures necessary to conduct a postural analysis.
3. Identify possible factors of the musculoskeletal system that contribute to postural abnormalities.
4. State the components of a normal postural alignment and indicate if structural asymmetries exist.
5. Demonstrate a basic neurological examination including peripheral sensation and tendon reflexes.
6. Utilize problem solving strategies to plan an effective and time efficient patient evaluation.
7. Describe and properly perform the procedures necessary to conduct strength and manual muscle testing on the musculature of the lower and upper extremity, including proper positioning of the patient as well as correct grading of the muscle test.
8. Describe the possible clinical relevance of the findings obtained from strength/manual muscle testing, postural assessment, and palpation examination.
9. Describe the application of active, passive, and resistive movements.
10. Examine and state the capsular patterns of each peripheral joint as well as basic descriptions of joint end-feel.
11. Accurately complete the measurement and monitoring of a patient’s vital signs.
12. Describe and perform the procedures necessary to assess muscle length as well as height, weight, and girth.
13. Describe and perform an assessment of the integumentary system including skin condition and color, circulation, hair growth, as well as temperature.
14. Demonstrate proficiency in screening all the lower and upper extremity regions to determine if further examination or referral is required.
15. Assess a patient/client’s ability to use proper body mechanics when lifting, reaching, pushing, pulling and carrying objects, and be able to instruct other health care professionals and family members.
16. Demonstrate correct hand-washing techniques, infection control using Standard Precautions, isolation precautions, as well as the application and removal of protective garments.
17. Properly perform wheelchair assessment and fitting, and demonstrate functional activities with a patient/client in a wheelchair.
18. Demonstrate instruction and proper guarding as well as protect a person during various transfer techniques.
19. Properly measure and examine the patient for appropriate assistive device and demonstrate correct techniques for functional activities, appropriate for the patient’s/client’s conditions.
20. State and demonstrate how to establish and maintain a clean (sterile) field.
21. Identify factors necessary to maintain a safe treatment environment.
22. List avenues for changing evaluative skills based on assessment and feedback.
23. Participate in self and peer feedback activities related to improving knowledge and performance of basic assessment and clinical evaluative skills.
24. Recognize emergency situations and respond appropriately.
25. Identify and describe fundamental and legal practices associated with writing in the medical record.
26. Describe and distinguish between characteristic components of contemporary documentation styles used in physical therapy settings including The Patient Client Management Format and the Traditional SOAP Format.
27. Analyze samples of physical therapy documentation for consistency with appropriate clinical, ethical, and legal standards.
28. Create documentation utilized to record the management of physical therapy patients including initial evaluations, daily treatment records, patient progress notes, and discharge reports.
29. Describe fundamental considerations for compliance with Medicare documentation standards and Medicare reimbursement.
Course Outline

1. PRINCIPLES AND TECHNIQUES OF PATIENT CARE
   a. Body Mechanics
      i. Principles and concepts of proper body mechanics
      ii. Lifting principles and techniques
   b. Positioning and Draping
      i. General and preventative positioning
      ii. Draping
   c. Transfer Activities
      i. Types of transfers
      ii. Principles of mobility for the bed and mat
      iii. Standing, sitting, and lifting transfers
      iv. Mechanical equipment
   d. Wheelchair Features and Activities
      i. Evaluation of fit
      ii. Wheelchair components and features
      iii. Functional activities
   e. Ambulation Aids, Patterns, and Activities
      i. Measurement and fit
      ii. Safety considerations and precautions
      iii. Basic gait patterns

2. TERMINOLOGY
   a. Disablement Models
   b. Disability
   c. Impairment
   d. Functional Limitation

3. FUNDAMENTALS OF PATIENT/CLIENT MANAGEMENT
   a. Examination
      i. History Taking
      ii. Tests and Measures
   b. Evaluation
   c. Diagnosis
   d. Prognosis
   e. Intervention
      i. Coordination, Communication and Documentation
      ii. Patient/Client-Related Instruction
   f. Patient Care Activities
   g. Direct Interventions
   h. Outcomes
   i. Professional Behaviors

4. PATIENT HEALTH AND SAFETY
   a. Approaches to Infection Control
      i. Hand-washing techniques
      ii. Standard and Isolation precautions
      iii. Application & removal of protective garments
      iv. Sterile fields
   b. Vital Signs
   c. Safety Assessment in Home, Workplace, and Community
d. Emergency management

e. Appropriateness for Physical Therapy

5. TESTS AND MEASURES

a. Posture
   i. Analysis of resting posture in any position
   ii. Analysis of static and dynamic postures

b. Range of Motion (Including Muscle Length)
   i. Analysis of functional ROM
   ii. Analysis of ROM using goniometer
   iii. Assessment of muscle, joint or soft tissue characteristics

c. Joint Integrity and Mobility
   i. Analysis of the nature and quality of movement of the joint or body part during performance of specific movement tasks
   ii. Assessment of joint hyper mobility and hypo mobility
   iii. Assessment of pain and soreness
   iv. Assessment of response to manual provocation tests
   v. Assessment of soft tissue swelling, inflammation, or restriction

d. Muscle Performance (Including Strength, Power, and Endurance)
   i. Analysis of functional muscle strength, power, and endurance
   ii. Analysis of muscle strength, power, and endurance, using manual muscle tests
   iii. Assessment of muscle tone
   iv. Assessment of pain and soreness

e. Sensory Integrity
   i. Assessment of cutaneous sensation

f. Reflex Integrity
   i. Assessment of normal reflexes (e.g. stretch reflex)
   ii. Assessment of pathological reflexes (e.g. Babinski reflex)

g. Motor Function (Motor Control and Motor Learning)
   i. Analysis of balance
   ii. Analysis of posture during sitting, standing, and locomotor activities
   iii. Analysis of head, trunk, and limb movement

6. Documentation of the Patient/Client Management Note
   a. Terminology and abbreviations
   b. Examination
   c. Evaluation
   d. Plan of Care

This syllabus and schedule are subject to change in the event of extenuating circumstances.
<table>
<thead>
<tr>
<th>Week</th>
<th>Day</th>
<th>Date</th>
<th>Lecture Topics</th>
<th>Laboratory Topics</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 M</td>
<td>8/26</td>
<td>Course Introduction/Welcome Role of PT, Body Mechanics, Posture</td>
<td>Orientation to Planes of Motion, Posture, and Movement Observation</td>
<td>Guide: 13-14, 31-34 Biel: 19-31</td>
</tr>
<tr>
<td></td>
<td>2 W</td>
<td>8/28</td>
<td></td>
<td>Task Analysis</td>
<td>Pierson: Ch. 1,4,5,8 Reese MMT: Ch. 5 Guide: 19-25, 34-47</td>
</tr>
<tr>
<td>2</td>
<td>3 M</td>
<td>9/2</td>
<td>Labor Day – No Class</td>
<td></td>
<td>Documentation Worksheet</td>
</tr>
<tr>
<td>4</td>
<td>5 M</td>
<td>9/9</td>
<td>Principles of Movement Gait, Locomotion and Balance</td>
<td>Gait and Balance: Big Picture- Front Leg/Back Leg &amp; CRB Ambulation Aids, Patterns and Activities, Gait Training</td>
<td>Pierson: Ch. 9 Reese MMT: Ch. 10</td>
</tr>
<tr>
<td></td>
<td>6 W</td>
<td>9/11</td>
<td></td>
<td>Wheelchair Transfers, Features and Activities</td>
<td>Pierson: Ch. 7,8</td>
</tr>
<tr>
<td>4</td>
<td>7 M</td>
<td>9/16</td>
<td>Is my patient appropriate for PT? Differential Diagnosis: Big Picture</td>
<td>Medical Screening, Vital Signs, Infection Control/BSI, Skin Condition</td>
<td>Gait/Posture Observational Assignment [ /10] Flynn: Pg. 18 Pierson: Ch. 2,3, 11</td>
</tr>
<tr>
<td></td>
<td>8 W</td>
<td>9/18</td>
<td></td>
<td>Written Exam 1: Patient Care Activities, Documentation</td>
<td>Written Exam 1 [ /50]</td>
</tr>
<tr>
<td>5</td>
<td>9 M</td>
<td>9/23</td>
<td>Practical Exam 1: Pt. Care Activities, Documentation</td>
<td></td>
<td>Practical Exam 1 [ /50]</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>9/25</td>
<td></td>
<td>Intro to Osteokinematics, Arthrokinematics</td>
<td>Pierson: Ch. 6</td>
</tr>
<tr>
<td>W</td>
<td>M</td>
<td>Date</td>
<td>Body Part</td>
<td>Topic</td>
<td>Text</td>
</tr>
<tr>
<td>----</td>
<td>----</td>
<td>--------</td>
<td>-----------</td>
<td>--------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>6</td>
<td>11</td>
<td>9/30</td>
<td>Hip</td>
<td>Hip Assessment</td>
<td>Reese ROM: Ch. 11, 14&lt;br&gt;Reese MMT: Ch. 4&lt;br&gt;Biel: Ch. 6&lt;br&gt;Flynn: Pg. 219</td>
</tr>
<tr>
<td>7</td>
<td>13</td>
<td>10/7</td>
<td>Knee</td>
<td>Knee Assessment</td>
<td>Reese ROM: Ch. 12, 14&lt;br&gt;Reese MMT: Ch. 4&lt;br&gt;Biel: Ch. 7&lt;br&gt;Flynn: Pg. 243 Quiz [ /10]</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>10/9</td>
<td></td>
<td>Knee Assessment Con’t</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>15</td>
<td>10/14</td>
<td>Foot and Ankle</td>
<td>Foot and Ankle Assessment</td>
<td>Reese ROM: Ch. 13&lt;br&gt;Reese MMT: Ch. 4&lt;br&gt;Biel: Ch. 7&lt;br&gt;Flynn: Pg. 283</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>10/16</td>
<td></td>
<td>Foot and Ankle Assessment Con’t</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>17</td>
<td>10/21</td>
<td>L/S, Pelvis, and SIJ</td>
<td>L/S Assessment</td>
<td>Reese ROM: Ch. 8&lt;br&gt;Reese MMT: Ch. 3&lt;br&gt;Biel: Ch. 4&lt;br&gt;Flynn: Pg. 183 Quiz [ /10]</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>10/23</td>
<td></td>
<td>Pelvis and SIJ Assessment</td>
<td>Biel: Ch. 6</td>
</tr>
</tbody>
</table>
## DPT 710/710L: Foundations of Physical Therapy Evaluation Course Schedule

<table>
<thead>
<tr>
<th>W</th>
<th>M</th>
<th>Date</th>
<th>Topic</th>
<th>Assessment</th>
<th>Reading Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>19</td>
<td>10/28</td>
<td>LE Neurological Examination</td>
<td>LE Neurological Examination Assessment</td>
<td>Reese MMT: Ch. 8,9 Flynn: Pg. 42</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>28</td>
<td>10/30</td>
<td>Balance and Coordination Assessment</td>
<td></td>
<td>Reese MMT: Ch. 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>4</td>
<td>11/4</td>
<td>Practical Exam 2: LE, Pelvis, L/S, SIJ, Neuro, Documentation</td>
<td>Practical Exam 2 [ /50]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>6</td>
<td>11/6</td>
<td>Written Exam 2: LE, Pelvis, L/S, SIJ, Neuro, Documentation</td>
<td>Written Exam 2 [ /50]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>11</td>
<td>11/11</td>
<td>Veterans Day – No Class</td>
<td>Documentation Worksheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>13</td>
<td>11/13</td>
<td>TBD</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>18</td>
<td>11/18</td>
<td>Shoulder</td>
<td>Shoulder Assessment</td>
<td>Reese ROM: Ch. 3, 6 Reese MMT: Ch. 2 Biel: Ch. 2 Flynn: Pg. 104</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>20</td>
<td>11/20</td>
<td>Shoulder Assessment Con’t Scapulothoracic Assessment</td>
<td></td>
<td>Reese ROM: Ch. 8 Reese MMT: Ch. 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>25</td>
<td>11/25</td>
<td>Elbow, Wrist, and Hand</td>
<td>Elbow Assessment</td>
<td>Reese ROM: Ch. 4,6 Reese MMT: Ch. 2 Biel: Ch. 2 Flynn: Pg. 124</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>27</td>
<td>11/27</td>
<td>Wrist and Hand Assessment</td>
<td></td>
<td>Reese ROM: Ch. 5,6 Reese MMT: Ch. 2 Flynn: Pg. 146</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>29</td>
<td>12/2</td>
<td>Cervical Spine</td>
<td>C/S Assessment</td>
<td>Quiz [ /10] Reese ROM: Ch. 9 Reese MMT: Ch. 3 Biel: Ch. 4, 5 Flynn: Pg. 72</td>
</tr>
<tr>
<td>Week</td>
<td>Date</td>
<td>Activity</td>
<td>Details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td>-----------------------------------</td>
<td>--------------------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 30 W | 12/4  | UE Neurological Examination Assessment | Reese MMT: Ch. 8,9 Flynn: Pg. 42  
Clinical Observation Assignment [ /25]  
Self Reflection Paper [ /10] |
| 16 M | 12/9  | Written Exam 3: UE, C/S, T/S, Neuro, Documentation | Written Exam 3 [ /50] |
| 32 W | 12/18 | Practical Exam 3: UE, C/S, T/S, Neuro, Documentation  
Finals Week-Time TBD | Practical Exam 3 [ /50] |