

<u>■ Contract All</u> <u>+ Expand All</u>

KNR 3	888 - Athletic Injury Assessment II			
Code	Description		Instructed	Evaluated
AC-4	Demonstrate the ability to perform scene, primary, and secondary surveys.	-	Ø	Ø
AC-5	Obtain a medical history appropriate for the patient's ability to respond.	=	0	Ø
AC-8	Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete's injured body part.	Ξ	②	Ø
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.	Ξ	②	②
AC- 36	Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:	Ξ	Ø	©
AC- 36b	brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture	=	Ø	Ø
AC- 36c	cervical, thoracic, and lumbar spine trauma		②	Ø
CE-3	Identify the common congenital and acquired risk factors and causes of musculoskeletal injuries and common illnesses that may influence physical activi in pediatric, adolescent, adult, and aging populations.	⊟ ty	Ø	②
CE-4	Describe the principles and concepts of body movement, including normal osteokinematics and arthrokinematics.	=	0	Ø
CE-6	Describe the basic principles of diagnostic imaging and testing and their role in the diagnostic process.	Ξ	Ø	Ø
CE-7	Identify the patient's participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition the patient's life.	⊟ on	0	Ø
CE-8	Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life.	=	Ø	Ø
CE-9	Identify functional and patient-centered quality of life outcome measures appropriate for use in athletic training practice.	Ξ	Ø	Ø
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.	Ξ	Ø	②
CE- 11	Explain the creation of clinical prediction rules in the diagnosis and prognosis of various clinical conditions.	=	0	Ø
CE- 12	Apply clinical prediction rules (eg, Ottawa Ankle Rules) during clinical examination procedures.	Ξ	0	Ø
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.	Ξ	②	②
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.	= am	Ø	©
CE-	Demonstrate the ability to modify the diagnostic examination process	Ξ	Ø	Ø

15	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.		Ø	Ø
CE- 17	Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.	Ξ	Ø	Ø
CE- 18	Incorporate the concept of differential diagnosis into the examination process.		Ø	Ø
CE- 19	Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient's current status.		Ø	Ø
CE- 20	Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to):	Ø	Ø
CE- 20a	history taking		Ø	0
CE- 20b	inspection/observation		Ø	0
CE- 20c	palpation		Ø	Ø
CE- 20d	functional assessment		Ø	Ø
CE- 20e	selective tissue testing techniques / special tests		Ø	Ø
CE- 20f	neurological assessments (sensory, motor, reflexes, balance, cognitive function)		Ø	Ø
CE- 20i	abdominal assessments (percussion, palpation, auscultation)		Ø	Ø
CE- 21	Assess and interpret findings from a physical examination that is based on the patient's clinical presentation. This exam can include:			②
CE- 21a	Assessment of posture, gait, and movement patterns			②
CE- 21b	Palpation			Ø
CE- 21c	Muscle function assessment			Ø
CE- 21d	Assessment of quantity and quality of osteokinematic joint motion		Ø	Ø
CE- 21e	Capsular and ligamentous stress testing		Ø	Ø
CE- 21f	Joint play (arthrokinematics)		Ø	Ø
CE- 21g	Selective tissue examination techniques / special tests		Ø	0
CE- 21h	Neurologic function (sensory, motor, reflexes, balance, cognition)		Ø	②
CE- 22	Determine when the findings of an examination warrant referral of the patient.		Ø	Ø
EBP- 9	Use standard criteria or developed scales (eg, Physiotherapy Evidence Database Scale [PEDro], Oxford Centre for Evidence Based Medicine Scale) to critically appraise the structure, rigor, and overall quality of research studies.	Ξ	0	0
EBP-	Determine the effectiveness and efficacy of an athletic training		②	Ø

10	intervention utilizing evidence-based practice concepts.		
EBP-	Explain the theoretical foundation of clinical outcomes assessment (eg, disablement, health-related quality of life) and describe common methods of outcomes assessment in athletic training clinical practice (generic, disease-specific, region-specific, and dimension-specific outcomes instruments).	Ø	0
EBP- 12	Describe the types of outcomes measures for clinical practice [patient-based and clinician-based) as well as types of evidence that are gathered through outcomes assessment (patient-oriented evidence versus disease-oriented evidence).	Ø	Ø
EBP- 13	Understand the methods of assessing patient status and progress (eg, global rating of change, minimal clinically important difference, minimal detectable difference) with clinical outcomes assessments.	②	②
EBP- 14	Apply and interpret clinical outcomes to assess patient status, progress,	②	②
PD-9	Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.	②	②
PHP- 17c	Traumatic brain injury	②	②
PHP- 19	Instruct clients/patients in the basic principles of ergodynamics and their relationship to the prevention of illness and injury.	②	②
TI-18	Explain the relationship between posture, biomechanics, and ergodynamics and the need to address these components in a therapeutic intervention.	②	②

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