



Jordan University of Science and Technology
Faculty of Applied Medical Sciences
Department of Allied Medical Sciences
Paramedic Program
Second Semester 2013/2014
Course Syllabus

Course Information	
Course Title	Health Assessment
Course code	Para 200
Credit Hours	3 credit hours (2 hours theory, 1 hour practicum)
Prerequisites	MED 222 MED 230a
Instructor	Eihab Khasawneh
Office Location	Faculty of applied medical sciences L2
Office Phone	0777323445
E-mail	Eakhasawneh1@just.edu.jo
Teaching Assistant	Omyma Gharibeh
Course Description	
<p>This course provides the student with necessary knowledge and skills to conduct a complete health history and systematic health assessment for adults. A systematic approach to assessment of physiological, psychological, and developmental aspects is utilized taking into consideration the individual's sociocultural context. Students are expected to recognize normal physical findings and variations in health, as well as common relevant laboratory and diagnostic tests, and common drugs. Students will have the opportunity to learn and practice these health history and systematic physical assessment skills in the laboratory setting.</p>	

Text Book	
Title	Essentials of paramedic care
Author(s)	Bledsoe, B. E; Porter, R. S; Cherry, R. A
Publisher	Alexander, J. L.
Year	2007
Edition	2 nd ed
References	Bates' guide to physical examination and history taking 9 th ed. Bickley L. S. & Szilagyi R. A. Lippincott Company (2007).

Assessment Type	Weight
MIDTERM	40%
LAB EVALUATION	20%
Final theoretical Exam	27%
Final Lab	13%
Total	100%

Course Objectives

- To describe the technique of history taking
- To describe the structure, purpose, and how to obtain a comprehensive health history
- To define and describe the technique of inspection, palpation, percussion, and auscultation
- To describe the evaluation of mental status
- To evaluate the importance of general survey
- To describe the examination of all body regions, differentiate between normal and abnormal finding, and define the significance of the abnormal findings.
- To describe the assessment of visual acuity
- To differentiate the percussion notes and their characteristics
- To describe the special examination techniques
- To distinguish between normal and abnormal auscultation finding of the chest, heart, and abdomen and explain their significance.
- To describe special techniques of the cardiovascular examination
- To cover the general guidelines of recording examination information .

Teaching & Learning Methods

Textbooks, handouts, audio-video presentation, power point presentations, and practical demonstrations will be used to accomplish the objectives as well as the expected outcomes.

Teaching duration:

- Duration: 13 weeks
- Lectures: 25 lectures, 1 hour each, including midterm exam

Laboratory: 2 hours, 1 lab each week

Useful Resources

- JUST university Library.
- lecture notes
- Other resources will be provided to the students including websites, articles, power point presentations, and other study materials

Additional Notes

Attendance policy:

- Students are expected to attend more than 90% of lectures.
- Each student is expected to sit in his numbered seat
- Empty seat will be counted as absent
- All absences will be entered electronically into the University site

- If absence is more than 10% student will be banned from the course after electronic notification from the university through student e-mail.

Cheating

- The instructor will follow JUST's roles and regulation

Expected workload:

Students are expected to take every effort to ensure satisfactory learning of the material given.

Feedback:

Concerns or complaints should be expressed in the first instance to the course instructor. If no resolution is forthcoming then the issue should be brought to the attention of the Department Chair and if still unresolved to the Dean.

Lecture #	Title of the Lecture	Lecturer
1.	Orientation	Eihab Khasawneh
2.	Introduction to Health History Taking	Eihab Khasawneh
3.	Review of body system	Eihab Khasawneh
4.	Physical exam techniques	Eihab Khasawneh
5.	Overview of a comprehensive examination	Eihab Khasawneh
6.	Skin, Hair, and Nails 1	Eihab Khasawneh
7.	Skin, Hair, and Nails 2	
8.	Head and Neck (Head, Neck, Eye)	Eihab Khasawneh
9.	Ear, Nose, Mouth, Pharynx	Eihab Khasawneh
10.	The Peripheral vascular system	Eihab Khasawneh
11.	The Cardiovascular system	Eihab Khasawneh
12.	Thorax and lungs 1	Eihab Khasawneh
13.	Thorax and lungs 2	Eihab Khasawneh
14.	Midterm exam	
15.	The Abdomen 1	Eihab Khasawneh
16.	The Abdomen 2	Eihab Khasawneh
17.	The Nervous System 1	Eihab Khasawneh
18.	The Nervous System 2	Eihab Khasawneh
19.	The Nervous System 3	Eihab Khasawneh
20.	Musculoskeletal System 1	Eihab Khasawneh
21.	Musculoskeletal System 2	Eihab Khasawneh
22.	Breast and Axillae 1	Eihab Khasawneh
23.	Breast and Axillae 2	

24	Documentation 1	Eihab Khasawneh
25	Documentation 2	
26	Putting all together	Eihab Khasawneh

The instructor reserves the right to make changes in the above syllabus at any time. The student has the right to be informed of any changes.

Statement of Acceptance of Syllabus: Any student who does not understand or accept the contents and terms of this syllabus must notify the instructor in writing within one week of receiving the syllabus. The syllabus is subject to change based on needs assessment at any time.

Statement on Professionalism: Professional behavior is expected of students at all times. Attitude and professional behavior are a minimum criterion for passing this class. Repeated lack of professional behavior will result in failure of the course. Examples of unprofessional behavior include but are not limited to: missing classes, tardiness, lack of attention for a speaker, talking to others during lecture passing food during lecture, leaving a lecture prior to its completion without prior authorization of the instructor, working on other class material during class, and sleeping during class.

Communication with instructor: Electronic-mail is the best way to reach me as I consistently check it. However students still can use the above listed phone numbers.

Cell phone and pagers: Please do not use cell phones or pagers in class. If you are depended upon for anticipated emergencies please put cell phones on vibration and answer the phone outside the classroom. **I WILL KEEP MY CELL PHONE IN MY OFFICE OR ON VIBRATION MODE DURING CLASS TIME.**

**Para 200 Health Assessment
lab**

Assessment	Knowledge Indicator
Apparent state of health	• Observed Status
Level of Consciousness	• Observed Status
Signs of distress	• Observed Status
Skin color & obvious lesions	• Observed Status
Dress/grooming/personal hygiene	• Observed Status
Facial Expression	• Observed Status
Odors of body/breath	• Observed Status
Posture/gait/motor activity	• Observed Status
Vital signs	• Observed Status
Height & build	• Observed Status
Weight	• Observed Status
Correct technique of inspection	Critical element

Assessment	Knowledge Indicators
Inspect and palpate skin on visible areas	<ul style="list-style-type: none"> • Color • Moisture • Temperature • Texture • Mobility & Turgor
Inspect and palpate hair	<ul style="list-style-type: none"> • Quantity and distribution • Texture
Inspect and palpate nails	<ul style="list-style-type: none"> • Color • Shape • Lesions
Correct technique of inspection	Critical element
Correct technique of palpation	Critical element
TOTAL: INTEGUMENTARY SYSTEM	

Assessment	Knowledge Indicators
Appearance & Behavior	<ul style="list-style-type: none"> • Level of consciousness • Posture & motor behavior • Dress/grooming/hygiene • Manner/affect/facial expression
Speech & Language	<ul style="list-style-type: none"> • Quantity • Rate • Loudness • Articulation
Mood	<ul style="list-style-type: none"> • Describes
Thought & Perception	<ul style="list-style-type: none"> • Thought processes • Thought content • Perceptions • Insight/Judgment
Cognitive functions	<ul style="list-style-type: none"> • Orientation • Attention span • Remote memory • Recent memory
Higher cognitive functions	<ul style="list-style-type: none"> • States rationale when these further assessments required
Appropriate communication skills	Critical element
TOTAL: MENTAL STATUS	

Assessment	Knowledge Indicators - verbalizes and demonstrates
Inspect and palpate: <ul style="list-style-type: none"> • Hair from vertex to occiput • Scalp • Skull • Face 	<ul style="list-style-type: none"> • Color, quantity, distribution texture • Condition of scalp • Size, shape position of skull, deformities, depressions. lumps • Expression, symmetry of face • Condition of skin
Correct technique of inspection	Critical element
Correct technique of palpation	Critical element
SUBTOTAL: HEAD	
Assessment	Knowledge Indicators - verbalizes and demonstrates
Visual acuity: Bilateral Examination <ul style="list-style-type: none"> • Far vision • Near vision (May be done with Neurological System)	<ul style="list-style-type: none"> • Snellen chart results • Acuity at 35 cm (14 inches)
Visual fields by confrontation (May be done with Neurological	<ul style="list-style-type: none"> • Screening of fields
Inspect and/or palpate external structures Bilateral examination <ul style="list-style-type: none"> • Eyebrows & eyelids • Lacrimal apparatus • Conjunctiva & sclera 	<ul style="list-style-type: none"> • Symmetry and alignment of structures • Color, size, shape • Notes opacities, swelling, abnormalities
Inspect pupils Bilateral examination <ul style="list-style-type: none"> • Oblique lighting and distant gaze • Ocular Alignment (May be done with Neurological System)	<ul style="list-style-type: none"> • Size in mm; shape • Equality/symmetry • Direct reaction to light • Consensual reaction to light • Corneal reflections
Extraocular movements Bilateral examination (May be done with Neurological System)	<ul style="list-style-type: none"> • Conjugate movement in all directions of gaze • Convergence • Noting abnormalities (lid lag, nystagmus)
Inspect internal structures [ophthalmoscope exam]: <ul style="list-style-type: none"> • elicit red reflex • examine structures (May be done with Neurological	<ul style="list-style-type: none"> • red reflex bilaterally • appearance of retina, vessels, optic disc, macula, fovea • note abnormalities (varicosities, hemorrhages, exudates)
	Critical element
Correct technique of inspection	Critical element
Correct technique of palpation	Critical element
SUBTOTAL: EYES	

Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect & palpate external structures bilaterally <ul style="list-style-type: none"> auricle 	<ul style="list-style-type: none"> Alignment color, size, lesions, discharge tenderness
Inspect internal structures bilaterally (otoscopic examination) Bilateral Inspection <ul style="list-style-type: none"> Straighten ear canal Insert speculum gently 	Identifies: <ul style="list-style-type: none"> Ear canal (presence of cerumen) Ear drum (color, appearance) Light reflex Pars flacida Pars tensa Handle of malleus Short process malleus
Auditory Acuity Bilateral inspection <ul style="list-style-type: none"> Whisper test (99, baseball) Weber test Rinne test Correct tuning fork 512 Hz	<ul style="list-style-type: none"> Hearing equal bilaterally Lateralization/bilateral vibration Compare AC to BC Critical element
Correct technique of inspection	Critical element
Correct technique of palpation	Critical element
SUBTOTAL: EARS	
Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect & palpate visible structures bilaterally	Comments on: <ul style="list-style-type: none"> Symmetry /position of septum Tenderness/swelling Drainage Patency of nares
Inspect internal structures bilaterally (nasal speculum examination) <ul style="list-style-type: none"> Tilt head slightly Insert gently Otoscope held to side Correct technique – speculum	Comments on: <ul style="list-style-type: none"> Color of mucosa Condition of septum Any deviation, inflammation, polyps Critical element
Palpate sinuses: <ul style="list-style-type: none"> Frontal Maxillary 	<ul style="list-style-type: none"> Notes tenderness
Correct technique of inspection	Critical element
Correct technique of palpation	Critical element
SUBTOTAL: NOSE & PARA NASAL SINUSES	

Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspection	States condition and color, noting abnormalities: <ul style="list-style-type: none"> • Lips, oral mucosa, tongue • Gums & teeth • Hard palate • Submandibular and parotid glands • Pharynx
Inspect with tongue blade <ul style="list-style-type: none"> • Soft palate • Uvula • Tonsils 	Comments on: <ul style="list-style-type: none"> • Condition, movement, position of soft palate & uvula • Anterior and posterior pillars
Correct technique of inspection	Critical element
Correct technique of palpation	Critical element
SUBTOTAL: MOUTH AND PHARYNX	
Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect	Note: <ul style="list-style-type: none"> • Symmetry, alignment • Notes masses or swelling
Palpates: <ul style="list-style-type: none"> • Cervical Spine • Neck muscles • Lymph nodes 	Notes deformities/tenderness Names nodes and notes size, shape, mobility, tenderness <ul style="list-style-type: none"> • Preauricular • Posterior auricular • Occipital • Tonsillar • Submandibular • Submental • Superficial cervical • Posterior cervical
Inspect: <ul style="list-style-type: none"> • Trachea • Thyroid cartilage and gland • Cricoid cartilage 	<ul style="list-style-type: none"> • Notes position, movement with swallowing, abnormalities • Identify landmarks
Palpate trachea and thyroid gland	<ul style="list-style-type: none"> • Note size, shape, consistency, movement with swallowing
Correct technique of inspection	Critical element
Correct technique of palpation	Critical element
SUBTOTAL: NECK	
TOTAL: HEAD AND NECK	

Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect both breasts <ul style="list-style-type: none"> • arms at sides • arms overhead • hands pressed on hips • leaning forward 	Notes: <ul style="list-style-type: none"> • Color, condition of skin • Size, symmetry & contour of breasts • Size, shape, direction of nipples /areola • Notes rashes, ulcerations, discharge from nipples • Notes any dimpling or retraction
Palpate each breast: <ul style="list-style-type: none"> • Positioning of client • Use systematic grid pattern • (as recommended by the Canadian Cancer Society) 	Notes: <ul style="list-style-type: none"> • Consistency of tissue • Tenderness • Describes characteristics of any palpable nodes (location, size, shape, consistency, mobility, tenderness)
Palpate both nipples	Notes: <ul style="list-style-type: none"> • Discharge • Elasticity/thickening
Palpate both axillae <ul style="list-style-type: none"> • Positioning of client • Use opposite hand to opposite axilla 	Names as palpating: <ul style="list-style-type: none"> • Central nodes • Lateral nodes • Subscapular nodes • Pectoral nodes • Describes characteristics of any palpable nodes (location, size, shape, consistency, mobility, tenderness)
Correct technique of inspection	Critical element
TOTAL: BREASTS & AXILLAE	

Assessment	Knowledge Indicators
General initial inspection	<ul style="list-style-type: none"> • rate, rhythm, depth and effort of breathing • overall color/cyanosis – check finger nails and lips • listens to breathing • inspection of neck for obvious signs of respiratory distress • symmetry, shape of chest/AP diameter
Assessment	Knowledge Indicators
Inspect: <ul style="list-style-type: none"> • Client in seated position • Client directed to fold arms across chest 	Notes: <ul style="list-style-type: none"> • Shape of chest and condition of skin • Movement of chest with respirations: symmetry, deformities, retractions, accessory muscles Critical element
Palpate <ul style="list-style-type: none"> • posterior chest • chest expansion with thumbs at level of 10th rib • tactile fremitus from apices to bases 	<ul style="list-style-type: none"> • any tender areas or abnormalities • symmetry of expansion & contraction • quality and symmetry of vibrations Critical element
Percuss <ul style="list-style-type: none"> • symmetric pattern • diaphragmatic excursion 	Identifies: <ul style="list-style-type: none"> • correct percussion notes • diaphragmatic dullness • measures distance of diaphragmatic excursion Critical element
Correct technique of percussion Auscultate: <ul style="list-style-type: none"> • symmetric pattern 	Identifies: <ul style="list-style-type: none"> • names of normal breath sounds • presence & names of abnormal sounds
Correct technique of auscultation	Critical element
SUBTOTAL: GENERAL INSPECTION AND POSTERIOR CHEST	

Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect <ul style="list-style-type: none"> Client in supine position (May be done together with cardiovascular system) Correct technique of inspection	Notes: <ul style="list-style-type: none"> Shape of chest and condition of skin Movement of chest with respirations: symmetry, deformities, retractions, use of accessory muscles, impaired movement Critical element
Palpate : <ul style="list-style-type: none"> anterior chest chest expansion tactile fremitus Correct technique of palpation	<ul style="list-style-type: none"> any tender areas or abnormalities symmetry of expansion & contraction symmetry of vibrations
Percuss: <ul style="list-style-type: none"> symmetric pattern on anterior and lateral chest wall Correct technique of percussion	Identifies: <ul style="list-style-type: none"> correct percussion notes dullness in area of heart dullness at liver border Critical element
Auscultate <ul style="list-style-type: none"> symmetric pattern anterior lateral Correct technique of auscultation	Identifies: <ul style="list-style-type: none"> names of normal breath sounds presence & names of abnormal sounds Critical element
SUBTOTAL: ANTERIOR CHEST	
TOTAL: THORAX & LUNGS	

Assessment	Knowledge Indicators – verbalizes and demonstrates
<ul style="list-style-type: none"> Inspects jugular veins and jugular venous pressure (JVP) client supine at 30° with head turned slightly away adjusts bed elevation as needed to visualize pulsations tangential lighting <p>Correct technique of inspection</p>	<ul style="list-style-type: none"> Identifies the names & landmarks for: <ul style="list-style-type: none"> external jugular veins internal jugular pulsations carotid arteries Notes amplitude and timing of jugular venous pulsations Measures JVP noting findings and implication of result <p>Critical element</p>
<p>Inspect and palpate carotid pulse</p> <ul style="list-style-type: none"> carotid arteries one at a time client supine at 30° with head turned slightly away adjusts bed elevation as needed to visualize pulsations <p>Auscultate carotid arteries</p> <ul style="list-style-type: none"> using both diaphragm and bell <p>Correct technique of palpation and auscultation</p>	<p>Describes pulse:</p> <ul style="list-style-type: none"> in relation to cardiac cycle amplitude contour: carotid upstroke in relation to S1 and S2 presence of thrills <ul style="list-style-type: none"> Notes presence bruits and explains clinical significance of bruit <p>Critical element</p>
SUBTOTAL: NECK VESSELS	
Assessment	Knowledge Indicators – verbalizes and demonstrates
<p>Blood Pressure and Heart Rate</p> <p>Correct technique of measurement</p>	<ul style="list-style-type: none"> States findings noting abnormalities <p>Critical element</p>
<p>Inspect anterior chest</p> <ul style="list-style-type: none"> client supine with head at 30° tangential lighting <p>Correct technique of inspection</p>	<p>Notes:</p> <ul style="list-style-type: none"> condition of skin visible pulsations/heaves <p>Critical element</p>
<p>Palpate :</p> <ul style="list-style-type: none"> client supine with head elevated 30° general palpation of chest wall Apical impulse (or PMI) in left lateral decubitus position (if required) 	<ul style="list-style-type: none"> note presence of any heaves, lifts, thrills in relation to cardiac examination sites identifies anatomical landmarks for cardiac valves Palpates PMI <ul style="list-style-type: none"> rationale of client position location, diameter amplitude, duration <p>Critical element</p>

<p>Auscultate</p> <ul style="list-style-type: none"> • Systematic pattern • Normal heart sounds in 5 locations with diaphragm while client supine; <ul style="list-style-type: none"> ○ Right 2nd interspace (aortic) ○ Left 2nd interspace (pulmonic) ○ Left 3rd interspaces ○ Left 4th interspace (tricuspid) ○ Left 5th interspace (tricuspid) ○ Apex(mitral) • Listens with bell at right sternal border while client supine • Auscultate apex with bell while client in left lateral decubitus position • Auscultate left sternal border and apex with diaphragm with client sitting, leaning forward after 	<p>Identifies:</p> <ul style="list-style-type: none"> • Rate & rhythm, intensity of S1 and S2 in relation to auscultation of apex and base • Relation of S1 S2 to: <ul style="list-style-type: none"> ○ Carotid pulsations ○ systole/diastole ○ cardiac valves • Notes abnormalities: <ul style="list-style-type: none"> ○ presence of cardiac bruits ○ presence of extra heart sounds & significance ○ Notes presence of any murmurs • States rationale for client position changes <p>Critical element</p>
SUBTOTAL: HEART	
TOTAL: CARDIOVASCULAR	

Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect and palpate bilaterally <ul style="list-style-type: none"> • Skin • Fingertips to shoulders 	States: <ul style="list-style-type: none"> • Skin and nails: color, temperature, texture • Size & symmetry of arms • Venous pattern
Palpate radial pulses	<ul style="list-style-type: none"> • Names pulse • Describe rate & rhythm • Grade amplitude
Palpate brachial pulses	<ul style="list-style-type: none"> • Names pulse • Grade amplitude
Palpate epitrochlear nodes bilaterally <ul style="list-style-type: none"> • Positioning of arm at 90° 	<ul style="list-style-type: none"> • Name nodes • Note characteristics if nodes palpable
Inspect and palpate bilaterally while supine <ul style="list-style-type: none"> • Positioning, draping • Skin • Feet to groin/buttocks 	States: <ul style="list-style-type: none"> • Skin and nails: color, temperature, texture, pigmentation, ulcers, scars • Size & symmetry of legs • Venous pattern • Describes & grades edema if present • Bilateral comparison
Palpate superficial inguinal nodes bilaterally	<ul style="list-style-type: none"> • Horizontal & vertical groups • Compares bilaterally • Notes characteristics if nodes palpable
Palpate pulses on legs bilaterally	Names each pulse palpated: <ul style="list-style-type: none"> ○ Femoral ○ Popliteal ○ Dorsalis pedis ○ Posterior tibial <ul style="list-style-type: none"> • Grades amplitude
Inspect both legs while client	<ul style="list-style-type: none"> • Notes varicosities
Correct technique of inspection	Critical element
Correct technique of palpation	Critical element
Bilateral comparison	Critical element
TOTAL: PERIPHERAL VASCULAR	

Assessment	Knowledge Indicators – verbalizes and demonstrates
Client comfort assessed: <ul style="list-style-type: none"> empty bladder abdomen fully exposed symphysis pubis draped Inspect <ul style="list-style-type: none"> right side of client 	Notes: <ul style="list-style-type: none"> condition of skin umbilicus contour & symmetry peristalsis pulsations
Auscultate: <ul style="list-style-type: none"> auscultate all quadrants & epigastrium auscultate vascular sounds auscultate over liver & spleen 	<ul style="list-style-type: none"> States rationale for auscultating before palpating/percussing Notes bowel sounds <ul style="list-style-type: none"> Names and notes any bruits in: <ul style="list-style-type: none"> aorta renal arteries iliac arteries
Percuss <ul style="list-style-type: none"> lightly - all quadrants, epigastric and suprapubic region 	<ul style="list-style-type: none"> Determines areas of tympany and dullness and describes significance
Palpate all 4 quadrants: <ul style="list-style-type: none"> Client relaxation methods if needed Light palpation / Deep palpation Observes client facial expressions 	Identifies: <ul style="list-style-type: none"> Describes rationale for light vs. deep palpation Identifies any masses or areas of tenderness – describe location and characteristics
Percuss liver <ul style="list-style-type: none"> Measure liver span in mid-clavicular line 	<ul style="list-style-type: none"> Identify lower border from umbilicus Identify upper border from lung resonance Measure span in cm
Palpate liver	<ul style="list-style-type: none"> Identifies liver edge Notes any firmness or tenderness
Percuss spleen <ul style="list-style-type: none"> Right side with knees slightly flexed 	<ul style="list-style-type: none"> Describe sounds, noting significance
Palpate spleen <ul style="list-style-type: none"> Client supine 	<ul style="list-style-type: none"> States if able to feel tip of spleen noting any tenderness
Palpate kidneys <ul style="list-style-type: none"> Standing on patient's right side to examine right kidney Blunt percussion of costovertebral angle (CVA) 	<ul style="list-style-type: none"> Demonstrates palpation of right kidney states right is sometime palpable and left not often palpable Notes any CVA tenderness
Palpate aorta	<ul style="list-style-type: none"> Identifies pulsations Demonstrates technique for determining aortic width
Correct technique of inspection	Critical element
Correct technique of palpation	Critical element
TOTAL: ABDOMEN	

Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect & palpate <ul style="list-style-type: none"> • Bilateral comparison 	<ul style="list-style-type: none"> • Notes, symmetry, alignment, movement, • Note any deformities, swelling, redness, tenderness, clicking
Assess ROM	States as assessing: <ul style="list-style-type: none"> • Opening & closing • Protrusion & retraction • Lateral motion
	SUBTOTAL: TMJ
Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect & palpate <ul style="list-style-type: none"> • Bilateral comparison 	<ul style="list-style-type: none"> • Notes posture, symmetry, alignment, movement • Names as palpating: <ul style="list-style-type: none"> ○ Sternomastoid muscles ○ Cervical spine ○ Trapezius muscles ○ Muscles between scapulae • Notes any deformities, swelling, tenderness
Assess ROM	<ul style="list-style-type: none"> • Flexion • Extension • Rotation
	SUBTOTAL: NECK
Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect & palpate <ul style="list-style-type: none"> • Bilateral comparison 	<ul style="list-style-type: none"> • Notes symmetry, alignment, movement • Notes any deformities, swelling, redness, or tenderness • Names as palpating: <ul style="list-style-type: none"> ○ Sternoclavicular joint ○ Acromioclavicular joint ○ Subacromial area ○ Subacromial and subdeltoid bursae
Assess ROM <ul style="list-style-type: none"> • Bilateral comparison 	States as assessing for fluidity <ul style="list-style-type: none"> • Flexion • Extension • Abduction • Adduction • External rotation
	SUBTOTAL: SHOULDER

ELBOW					
Assessment verbalizes and demonstrates	Knowledge Indicators –	Yes	No	Comments	
Inspect & palpate • Bilateral comparison • Support forearm, elbow flexed 70°	<ul style="list-style-type: none"> • Symmetry, alignment, movement • Notes any deformities swelling, redness, or tenderness • Names as palpating: <ul style="list-style-type: none"> ○ Medial & lateral epicondyles and epicondyle 				
Assess ROM	grooves <ul style="list-style-type: none"> ○ Olecranon process ○ Ulnar nerve ○ Extensor surface of ulna 				
<ul style="list-style-type: none"> • Extension • Pronation • Supination 					
SUBTOTAL: ELBOW		/10	/10	Minimum attainment: Critical elements plus 8/10	
WRISTS & HANDS	Assessment verbalizes and demonstrates	Knowledge Indicators –	Yes	No	Comments
	Inspect & palpate • Bilateral comparison	<ul style="list-style-type: none"> • Symmetry, alignment, movement • Notes deformities, tremors, swelling, warmth, redness, boggy, or tenderness • Names as palpating: Wrist: <ul style="list-style-type: none"> ○ Distal radius 			
Assess ROM		<ul style="list-style-type: none"> ○ Distal ulna (lateral and medial) ○ Groove of each wrist joint ○ Anatomical snuffbox ○ Carpal bones Hand <ul style="list-style-type: none"> ○ Metacarpophalangeal joints ○ Proximal interphalangeal joints ○ Distal interphalangeal joints 			
• Wrist		Wrist:			
• Fingers & thumb		<ul style="list-style-type: none"> • Flexion • Extension 			

- Radial/ulnar deviation

 Fingers:

- Flexion
- Extension
- Abduction
- Adduction
- Opposition (thumb)

 Assess grip strength bilaterally

- Notes symmetry of strength

SUBTOTAL: WRIST AND HANDS

/18 /18 Minimum attainment:

Critical elements plus 14/19

Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect <ul style="list-style-type: none"> • Observes when client walks • Observes from back and side when client standing • Inspect from the back 	Notes: <ul style="list-style-type: none"> • Alignment of head and neck (midline and erect) • Ease of gait • Posture and alignment • Cervical, thoracic, lumbar curves
Palpate while patient standing: <ul style="list-style-type: none"> • Spinous processes from neck down • Paravertebral muscles 	<ul style="list-style-type: none"> • Notes tenderness, spasm in muscles
Assess ROM of spine while stabilizing pelvis	States as assessing and noting tenderness, fluidity of movement: <ul style="list-style-type: none"> • Flexion • Extension • Rotation (left and right)
	SUBTOTAL: SPINE
Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect: <ul style="list-style-type: none"> • Gait (done with spine) 	Describes: <ul style="list-style-type: none"> • Stance & swing of gait – noting width of base, shift of pelvis, flexion of knee • Symmetry, alignment, noting any deformities
Assess ROM <ul style="list-style-type: none"> • Patient supine 	States as assessing: <ul style="list-style-type: none"> • Flexion • Extension • Abduction • Adduction
	SUBTOTAL: HIP

Assessment	Knowledge Indicators – verbalizes and demonstrates
Inspect <ul style="list-style-type: none"> • Gait (done with spine) • Patient lying supine with knees flexed • Bilateral comparison 	Notes: <ul style="list-style-type: none"> • Knee movements with gait • Symmetry, alignment, movement, contours • Notes atrophy of quadriceps muscle, popliteal swelling, deformities, swelling, warmth, redness, tenderness
Palpate: <ul style="list-style-type: none"> • Patient lying, knees extended • Patient sitting with legs over edge of examining table 	Names as palpating: <ul style="list-style-type: none"> • Suprapatellar pouch bilaterally • Patella – palpate, and examine motion as patient tightens quadriceps • With legs flexed, palpate medial and lateral joint lines for degenerative • Medial and lateral collateral ligaments • Notes swelling, tenderness, thickening, warmth
Assess ROM Client standing	States as assessing: <ul style="list-style-type: none"> • Flexion • Extension
	SUBTOTAL: KNEE
Assessment	Knowledge Indicators - verbalizes and demonstrates
Inspect and palpate <ul style="list-style-type: none"> • Bilateral comparison 	<ul style="list-style-type: none"> • Symmetry, alignment, movement • Notes calluses, corns, deformities, swelling, warmth, redness, bogginess or tenderness Names as palpating: <ul style="list-style-type: none"> • Ankle joint • Achilles tendon • Heel • Medial and lateral malleolus • Metatarsophalangeal joints
Assess ROM	States as assessing: <ul style="list-style-type: none"> • Ankle Flexion (plantar flexion) • Ankle extension (dorsiflexion) • Inversion and eversion
Correct technique of inspection and palpation	Critical element
	SUBTOTAL: ANKLES AND FEET
TOTAL: MUSCULOSKELETAL	

Assessment	Knowledge Indicators – verbalizes and demonstrates
CN I – Olfactory	<ul style="list-style-type: none"> • Identifies nerve name/number • Notes sense of smell bilaterally
CN II – Optic <ul style="list-style-type: none"> • Visual Acuity: Far Vision • Visual Acuity: Near Vision • Visual Fields by Confrontation • Inspect Optic fundi (May be done with examination of Head and Neck)	<ul style="list-style-type: none"> • Identifies nerve name/number • Snellen chart results • Acuity at 35 cm • Screening of fields • Red reflex bilaterally • Appearance of retina, vessels, optic disc, macula, and fovea
CN II & III – Oculomotor <ul style="list-style-type: none"> • Pupils 	<ul style="list-style-type: none"> • Identifies nerve names/numbers States: <ul style="list-style-type: none"> • Size in mm • Shape • Equality/symmetry • Direct reaction to light • Consensual reaction to light • Near reaction
CN III, IV & VI – Oculomotor, Trochlear & Adbucens <ul style="list-style-type: none"> • Extraocular movements • Convergence • Palpebral fissures (May be done with Neurological)	<ul style="list-style-type: none"> • Identifies nerve names/numbers • Conjugate movements in all directions • Convergence • Presence of ptosis
CNV- Trigeminal <ul style="list-style-type: none"> • Motor <ul style="list-style-type: none"> ○ Clenching of jaw ○ Moving jaw side to side • Sensory (bilateral exam, patient eyes closed) <ul style="list-style-type: none"> ○ Pain sensation ○ Light touch • Corneal Reflexes (bilateral exam) 	<ul style="list-style-type: none"> • Identifies nerve name/number • Motor: <ul style="list-style-type: none"> ○ Names temporal and masseter muscles while palpating and notes strength. ○ Notes movement of jaw • Sensory <ul style="list-style-type: none"> ○ Assesses pain sensation ○ Repeats test for light touch • Corneal Reflexes
CN VII – Facial <ul style="list-style-type: none"> • Motor 	<ul style="list-style-type: none"> • Identifies nerve name/number • Notes symmetry /movement : <ul style="list-style-type: none"> ○ Raise eyebrows ○ Tightly closes eyes ○ Frowns/smiles ○ Shows teeth ○ Puffs out cheeks

<p>CN VIII – Acoustic</p> <ul style="list-style-type: none"> • Whisper test • Weber test • Rinne test <p>Correct tuning fork 512 Hz</p>	<ul style="list-style-type: none"> • Identifies nerve name/number • Hearing equal bilaterally • Notes lateralization/bilateral vibration • Compares AC to BC <p>Critical element</p>
<p>CN IX and X – Glossopharyngeal and Vagus</p> <ul style="list-style-type: none"> • Motor 	<ul style="list-style-type: none"> • Identifies nerve names/numbers • Voice quality • Symmetric rise in soft palate • Uvula midline • Gag reflex
<p>CN XI – Spinal Accessory</p>	<ul style="list-style-type: none"> • Identifies nerve name/number • Notes, symmetry, fasciculations • Names trapezius muscle & notes bilateral strength • Names sternomastoid muscle &
<p>CN XII - Hypoglossal</p>	<ul style="list-style-type: none"> • Identifies nerve name/number • Notes clear articulation (“light/tight/dynamite”) • Notes tongue midline with symmetric protrusion • Symmetric ability to move tongue side to side
Correct technique of inspection	Critical element
Correct technique of palpation	Critical element
Correct use of required tools	Critical element
SUBTOTAL: CRANIAL NERVES	

Assessment	Knowledge Indicators
Body position	<ul style="list-style-type: none"> • General description of body position during movement/ rest
Involuntary Movements	<ul style="list-style-type: none"> • Notes presence/absence
Muscle Bulk	States as assessing each muscle group:
<ul style="list-style-type: none"> • Bilateral comparison Muscle tone & strength <ul style="list-style-type: none"> • Bilateral comparison (May be done with Musculoskeletal system)	<ul style="list-style-type: none"> • Size/contour noting any atrophy Notes tone and grades strength: <ul style="list-style-type: none"> • Elbow flexion/extension • Wrist extension • Hand grip • Finger abduction • Thumb opposition • Trunk <ul style="list-style-type: none"> ○ flexion/extension/lateral bending ○ Thoracic expansion /diaphragmatic exertion • Hip <ul style="list-style-type: none"> ○ flexion/extension/adduction/abduction • Knee <ul style="list-style-type: none"> ○ extension/flexion
Coordination <ul style="list-style-type: none"> • Motor system • Cerebellar system • Vestibular system • Sensory system 	<ul style="list-style-type: none"> • States integration of 4 areas of nervous system function are necessary for coordination • Rapid alternating movements – notes speed, smoothness bilaterally – arms, legs <ul style="list-style-type: none"> • Point-to-point movements – notes accuracy, smoothness bilaterally – arms, fingers to thumb, legs <ul style="list-style-type: none"> • Gait, balance & posture: <ul style="list-style-type: none"> ○ walk across room ○ walk heel-to-toe ○ walk on heels then on toes ○ shallow knee bend on each leg ○ Romberg Test – position sense ○ Pronator Drift
Correct technique of inspection	Critical element
Correct technique of palpation	Critical element
SUBTOTAL: MOTOR SYSTEM	

Assessment	Knowledge Indicators
Client preparation	<ul style="list-style-type: none"> Instructs client to close eyes as necessary
Spinothalamic tract <ul style="list-style-type: none"> Pain 	<ul style="list-style-type: none"> States which component of sensory testing is being evaluated Compares distal with proximal
Posterior columns <ul style="list-style-type: none"> Vibration Distal interphalangeal joints of finger and toe <p>Correct tuning fork 128 Hz</p> <ul style="list-style-type: none"> Position sense Toes and fingers 	<ul style="list-style-type: none"> States which sensory testing component is being evaluated Compares symmetric areas Uses 128 Hz tuning fork <p>Critical element</p> <ul style="list-style-type: none"> Holds fingers & toes by sides Notes up/down distinctions
Both pathways <ul style="list-style-type: none"> Light touch 	<ul style="list-style-type: none"> States which sensory testing component is being evaluated Compares distal with proximal Compares symmetric areas
Discriminative sensations <ul style="list-style-type: none"> Stereognosis 	<ul style="list-style-type: none"> States which sensory testing component is being evaluated Names & states when additional methods
SUBTOTAL: SENSORY SYSTEM	
Assessment	Knowledge Indicators
Percuss and grade <ul style="list-style-type: none"> Bilateral comparison 	<ul style="list-style-type: none"> Notes symmetry and grades response and states corresponding dermatome <ul style="list-style-type: none"> Bicep (C5, C6) Tricep (C6, C7) Brachioradialis (C5, C6) Knee (L2, L3, L4) Ankle (S1, L5) Plantar response(L5, S1) Abdominal (T8 T9 T10) & (T10 T11)
Correct use of reflex hammer	Critical element
SUBTOTAL: REFLEXES	
TOTAL: NEUROLOGICAL SYSTEM	