Course Change Proposal

Form A

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Health and Human Services</td>
<td>Physical Therapy</td>
<td>02-08-11</td>
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<table>
<thead>
<tr>
<th>Type of Course Proposal:</th>
<th>Department Chair:</th>
<th>Submitted by:</th>
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</thead>
<tbody>
<tr>
<td>New ___ Change_x___ Deletion ___</td>
<td>Susan M. McGinty, PT, EdD</td>
<td>Clare Lewis, PT, PsyD</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Does this course fulfill a requirement for single-subject or multiple subject credential students?</th>
<th>For Catalog Copy:</th>
<th>Semester Effective:</th>
</tr>
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<tbody>
<tr>
<td>Yes ___ No_X___</td>
<td>Yes_x___ No ___</td>
<td>Fall_X___ Spring___, 2012</td>
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<table>
<thead>
<tr>
<th>Prefix &amp; No.</th>
<th>Title:</th>
<th>Units:</th>
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This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

<table>
<thead>
<tr>
<th>Change from:</th>
<th>Change to:</th>
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<tbody>
<tr>
<td>Subject Area (prefix) &amp; Catalog Nbr (course no.):</td>
<td>Subject Area (prefix) &amp; Catalog Nbr (course no.):</td>
</tr>
<tr>
<td>PT 245</td>
<td>PT 645</td>
</tr>
<tr>
<td>Title:</td>
<td>Title:</td>
</tr>
<tr>
<td>Musculoskeletal Evaluation and Treatment II</td>
<td>Musculoskeletal Patient Management II</td>
</tr>
<tr>
<td>Units:</td>
<td>Units:</td>
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JUSTIFICATION:

This course is changed from the Master's level course for the new Doctor of Physical Therapy degree course. The course content is changed to reflect more in depth study and reflection on the core concepts especially developing patient management skills for the patient with musculoskeletal dysfunction.

NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/aca/uni/uni/manual/crspsl.htm - Guidelines for Catalog Course Description)

This course, the second of three, focuses on acquisition and integration of knowledge and skills involved in developing and implementing management plans for patients with musculoskeletal dysfunction from sound evaluative findings. Lectures address etiology, signs and symptoms, medical, surgical, and physical therapy management of musculoskeletal dysfunction. Labs address safe and effective evaluation and interventions, specifically joint mobilizations. Joint mobilizations will cover 1 technique per joint restriction. This course addresses upper extremity and spine dysfunction. Open to Physical Therapy majors only.

Note:

<table>
<thead>
<tr>
<th>Prerequisite:</th>
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<tbody>
<tr>
<td>BIO 633</td>
<td>Human Gross Anatomy for Physical Therapists</td>
</tr>
<tr>
<td>PT 600</td>
<td>Pathokinesiology</td>
</tr>
<tr>
<td>PT 608</td>
<td>PT/Patient/Professional Interactions</td>
</tr>
<tr>
<td>PT 630</td>
<td>Pathophysiology</td>
</tr>
<tr>
<td>PT 602</td>
<td>Evidence Informed Practice I</td>
</tr>
<tr>
<td>PT 604</td>
<td>Principles of Human Movement</td>
</tr>
<tr>
<td>PT 606</td>
<td>Therapeutic Measurements and Techniques</td>
</tr>
<tr>
<td>PT 614</td>
<td>Neuroscience for Physical Therapists</td>
</tr>
<tr>
<td>PT 618</td>
<td>Foundations for Patient Management</td>
</tr>
<tr>
<td>PT 620</td>
<td>Physical Therapy Interventions I</td>
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<tr>
<td>Course Code</td>
<td>Course Title</td>
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<tr>
<td>PT 622</td>
<td>Evidence Informed Practice II</td>
</tr>
<tr>
<td>PT 632</td>
<td>Pharmacology for Physical Therapists</td>
</tr>
<tr>
<td>PT 634</td>
<td>Diagnostic Imaging for Physical Therapists</td>
</tr>
<tr>
<td>PT 636</td>
<td>Geriatrics/Gerontology for Physical Therapists</td>
</tr>
<tr>
<td>PT 638</td>
<td>Health, Wellness and Ergonomics in Physical Therapy</td>
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<tr>
<td>PT 624</td>
<td>Adult Neuromuscular Patient Management I</td>
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<tr>
<td>PT 625</td>
<td>Musculoskeletal Patient Management I</td>
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<tr>
<td>PT 626</td>
<td>Clinical Agents</td>
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<tr>
<td>PT 640</td>
<td>Physical Therapy Interventions II</td>
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<tr>
<td>PT 646</td>
<td>Acute Care and Cardiopulmonary Physical Therapy</td>
</tr>
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**Enforced at Registration:** Yes ☒ No ☐

**Corequisite:**
- PT 627 Physical Therapy Educator
- PT 644 Adult Neuromuscular Patient Management II
- PT 645 Musculoskeletal Patient Management II
- PT 648 Health Care Delivery in Physical Therapy I
- PT 669 Psychosocial Issues in Physical Therapy
- PT 662 Differential Diagnosis in Physical Therapy

**Enforced at Registration:** Yes ☒ No ☐

**CAN (California Articulation Number):**

<table>
<thead>
<tr>
<th>Graded: Letter</th>
<th>Credit/No Credit</th>
<th>Instructor Approval Required?</th>
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<td>Yes ☒ No ☐</td>
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**Course Classification (e.g., lecture, lab, seminar, discussion):**
- Lecture/Laboratory C-02; C16

**Title for CMS (not more than 30 characters):**
- Musculoskeletal Pt Management II

**Cross Listed?**
- Yes ☒ No ☐

If yes, do they meet together and fulfill the same requirement, and what is the other course.
- How Many Times Can This Course be Taken for Credit? 1
- Can the course be taken for Credit more than once during the same term? Yes ☒ No ☐
Description of the Expected Learning Outcomes: Describe outcomes using the following format: “Students will be able to: 1), 2), etc.” See the example at http://www.csus.edu/acaf/example.htm

All course objectives are referenced to program educational goals and related objectives. At the conclusion of the course, the student is expected to be able to demonstrate an understanding of the basis, execution, and effectiveness of the physical therapy evaluation, prevention and treatment/intervention procedures that are commonly used with the patient with musculoskeletal dysfunction. Specifically, the student should be able to:

**Goal 1.0:** Demonstrate Professional Physical Therapist Effectiveness

1.1 Compare and contrast normal biological, physiological, and psychological mechanisms of the human body with pathophysiological factors that lead to impaired body functions and structure.
   1.1.1 Discuss the etiology and clinical features of major disorders.
   1.1.2 Describe how pathological processes affect normal function.
   1.1.3 Discuss common medical/surgical treatments for major disorders.
   1.1.4 Analyze the effects of pharmacological agents on human function.

1.2 Determine the physical therapy needs of any individual seeking services.
   1.2.1 Perform an effective and efficient systems review screen.
   1.2.2 Review pertinent medical records and conduct a comprehensive patient interview.
   1.2.3 Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
   1.2.4 Determine, with each patient encounter, the patient’s need for further examination or consultation.
   1.2.5 Perform a physical therapy patient examination using evidenced-based tests and measures.
   1.2.6 Utilize available evidence in interpreting examination findings to inform the patient evaluation.
   1.2.7 Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments.
   1.2.8 Synthesize available data on a patient using the concepts and terminology of the most recent disability-enablement theoretical construct (currently the International Classification of Functioning, Disability, and Health (ICF) Model of Functioning and Disability).
   1.2.9 Cite the evidence (patient history, diagnostic test results, tests, measures, and scientific literature) to support clinical decisions.
   1.2.10 Evaluate and interpret the results of examination findings to classify the patient problem using the most recently adopted diagnostic taxonomy (currently the Guide to Physical Therapist Practice’s labels and practice patterns).
   1.2.11 Integrate and evaluate data that are obtained during the examination to describe the patient condition in terms that will guide the prognosis, the plan of care and intervention strategies.
   1.2.12 Identify and prioritize body function and structure impairments to determine specific activity limitations towards which interventions will be directed.
   1.2.13 Make a referral to another physical therapist, other health care practitioner or agency when physical therapy is not indicated or the patient/client’s needs are beyond the skills, expertise and/or scope of practice of the physical therapist practitioner.
   1.2.14 Determine the need for additional information and utilize technological search mechanisms to find that information.
   1.2.15 Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs.
   1.2.16 Apply current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient 1.3 Develop a plan of care based on the best available evidence and that considers the patient’s personal and environmental factors.
   1.3.1 Prioritize patient/client problems taking into consideration the patient/client’s needs and goals, health condition, physiological and biological mechanisms within the constraints of the environment and resources.
   1.3.2 Write measurable, functional goals that are time referenced with expected outcomes.
   1.3.3 Determine a patient prognosis by predicting the level of optimal improvement in function and the amount of time required to achieve that level.
   1.3.4 Recognize barriers that may impact the achievement of optimal improvement within a predicted time frame.
   1.3.5 Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.
   1.3.6 Identify and collaborate with others needed in implementing the plan of care.
   1.3.7 Articulate a specific rationale for referrals made to other providers.
   1.3.8 Progress the plan of care by making ongoing adjustments to interventions.
   1.3.9 Include in the plan of care indirect interventions, such as coordination of care, patient/family education, modifications to physical and social environments, and referral to other providers.
1.3.10 Seek and find information using contemporary technology that addresses the specific needs of the patient care plan.
1.3.11 Identify patient needs in terms of discharge planning, discontinuation of care, and transfer of care.

1.4 Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.

1.4.1 Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.

1.4.2 Modify or redirect selected procedural interventions in light of reexaminations and/or patient/client’s response to interventions.

1.4.3 Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.

1.4.4 Assess patient/client progress towards goals/projected outcomes.

1.4.5 Coordinate patient/client care with other health care providers.

1.5 Demonstrate effective verbal and written communication skills with patients, families, other health care professionals, and the public, to facilitate interventions and interdisciplinary interactions and cooperation.

1.5.1 Determine appropriate documentation for the recording of patient/client information consistent with professional standards, the fiscal intermediary, and the treatment setting.

1.5.2 Produce quality documentation in a timely manner to support the delivery of physical therapy services.

1.5.3 Demonstrate thorough, concise documentation consistent with current language from the Patient Management Model contained in the most recent edition of the Guide to Physical Therapist Practice.

1.5.4 Communicate efficiently and effectively with other health care providers involved in the patient/client’s management.

1.6 Utilize data from selected outcome measures to document intervention effectiveness.

1.6.1 Select relevant outcome measures for levels of body functions and structural impairments, activities and participation with respect for their psychometric properties.

1.6.2 Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of function.

1.6.3 Describe how aggregate data is analyzed to assess the effectiveness of clinical performance (interventions).

1.7 Determine an appropriate discharge, discontinuation of service, or transfer of care plan for patients/clients.

1.7.1 Re-examine patients/clients to determine if continued physical therapy services are indicated.

1.7.2 When a patient/client has reached optimal goals with physical therapy interventions and, when other related services are still needed, seek resources and/or consult with others to identify alternative resources.

1.7.3 Determine needed resources for patients/clients to ensure timely discharge, including follow-up care.

1.7.4 Discontinue care when physical therapy services are no longer indicated.

1.8 Provide consultative services applying the unique knowledge and skills of a physical therapist to identify problems, recommend solutions, or produce an outcome or product.

1.9 Engage in education activities consistent with imparting information and knowledge unique to the expertise of physical therapists to individuals or groups using relevant and effective teaching methods.

1.9.1 Promote health behaviors through educational interventions and modeling.

1.9.2 Apply basic educational concepts of teaching to the practice of physical therapy.

1.9.3 Educate colleagues and other health care professionals about the roles, responsibilities and academic preparation of the physical therapist and scope of physical therapy practice.

1.9.4 Present topics/issues using current evidence and sound teaching principles (i.e. case studies, in-service, journal article review, etc).

1.10 Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including:

1.10.1 Billing and reimbursement.

1.10.2 Electronic medical records documentation.

1.10.3 Contemporary electronic communication.

1.10.4 Direction and supervision of support personnel, including Physical Therapist Assistants (PTAs) and aides.

1.10.5 Patient rights, consent, confidentiality and the Health Information Portability and Privacy Act (HIPPA).

Goal 2.0: Demonstrate Professional Behaviors

2.1 Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.

2.1.1 Practice physical therapy demonstrating cultural competence with all individuals and groups.

2.1.2 Work effectively with challenging patients.

2.1.3 Respect personal space of patients/clients and others.

2.1.4 Demonstrate behaviors that are non-judgmental with regards to patients/clients’ lifestyles.

2.1.5 Respect roles of support staff and delegate appropriately.

2.2 Communicate effectively for varied audiences and purposes.
2.2.1 Demonstrate effective interpersonal (verbal, nonverbal, electronic) communication skills considering the diversity of populations and environments.

2.2.2 Facilitate therapeutic communication and interpersonal skills.

2.2.3 Discuss difficult issues with sensitivity and objectivity.

2.2.4 Appropriately utilize communication technology efficiently, professionally, and effectively.

2.2.5 Respect roles of support staff and communicate appropriately.

2.3 Participate in professional activities that serve the community and advance the profession of physical therapy.

2.3.1 Participate in community service activities.

2.3.2 Recognize the importance of participation in professional association activities.

2.3.3 Recognize one’s role as a member and leader of the health care team.

2.3.4 Promote participation in clinical education.

2.4 Recognize the need for personal and professional development.

2.4.1 Participate in self-assessment to improve clinical and professional performance.

2.4.2 Welcome and seek new learning opportunities.

2.4.3 Assume responsibility for professional lifelong learning.

2.4.4 Accept responsibility and demonstrate accountability for professional decisions.

2.4.5 Recognize own biases and suspend judgments based on biases.

2.5 Demonstrate entry level generic abilities, including:

2.5.1 Professional accountability and commitment to learning.

2.5.2 Recognition of one’s own limitations.

2.5.3 Effective use of constructive feedback.

2.5.4 Effective use of time and resources.

2.5.4 Demonstrate integrity, compassion, and courage in all interactions.

Goal 3.0: Practice in an Ethical and Legal Manner

3.1 Practice physical therapy in a manner consistent with established legal and professional standards.

3.1.1 Demonstrate awareness of and adherence to state licensure regulations.

3.1.2 Practice within all applicable regulatory and legal requirements.

3.1.3 Demonstrate the ability to search and find information about laws and regulations pertaining to physical therapy practice from state and federal electronic sources.

3.1.4 Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.

3.2 Practice in a manner consistent with the professional code of ethics

3.2.1 Demonstrate knowledge and application of ethical decision-making.

3.2.2 Treat patients/clients within scope of practice, expertise and experience.

3.2.3 Seek informed consent from patients/clients.

Goal 4.0: Demonstrate Scholarship

4.1 Apply basic principles of statistics and research methodologies within the practice of physical therapy.

4.1.1 Formulate and reevaluate positions based on the best available evidence.

4.1.2 Evaluate the efficacy and efficiency of physical therapy procedural interventions.

4.1.3 Critically evaluate and interpret professional literature as it pertains to practice, research, and education.

4.1.4 Utilize contemporary technology consistently to access evidence.

**Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.

Assessment Strategies: A description of the assessment strategies (e.g., portfolios, examinations, performances, pre- and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above.

Grading Procedures:

<table>
<thead>
<tr>
<th>Written examinations and quizzes</th>
<th>60%</th>
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<tbody>
<tr>
<td>Practical examinations</td>
<td>25%</td>
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<tr>
<td>Class assignments*</td>
<td>10%</td>
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<tr>
<td>Generic Abilities**</td>
<td>5%</td>
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Grading Scale:

| 93-100% = A                    | 73-76% = C |
| 90-92% = A-                   | 70-72% = C- |
| 87-89% = B+                   | 67-69% = D+ |
| 83-86% = B                    | 63-66% = D |
| 69-72% = D-                   | 63-66% = D- |
| < 69% = F                      | < 63% = F  |
80-82% = B-  
60-23% = D-  
77-79% = C+  
59% & below = F

For whom is this course being developed?
Majors in the Dept. _x_  Majors of other Depts ___  Minors in the Dept ___  General Education ___  Other ___
Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes _x_  No ___
If yes, identify program(s): DPT

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes ___  No _x__
If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any).  _Physical Therapy_

_The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form._

_Approvals:_ If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department Chair:</td>
<td>[Signature] 3-16-11</td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>[Signature] 2-16-11</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
<td>[Signature] 2-16-11</td>
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<tr>
<td>Associate Vice President and Dean for Academic Programs</td>
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_Distribution:_ Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.
Pt profile: Julie Dean is a 42 year old left-handed mother of 3 children ages; 15, and twins who are 13. She works part-time as a teacher’s aide in the special education department of her younger children’s school. She sometimes has to give physical assistance to the more disabled students (i.e., help with transfers) and is on her feet a lot. She does her own housework and does Yoga about 3 times a week on her own at home.

CC: moderate level constant left shoulder pain that goes to the deltoid tubercle but also some posterior shoulder ache and occasionally it goes up her neck and can ache down into her upper arm. The pain has caused her to stop doing any of her normal physical activities at home and she has had to modify her work behavior to only more sedentary activities.

Behavior:
Agg: elevation of his arm feels immediate/eases 20 minutes
Driving 10 minutes/immediate if doesn’t drive more than 20 minutes
Lifting immediate/immediate with no weight but if any weight at all can last as long as 30 minutes
Ease: rest and warm shower, NSAID’s

24 hour:
Night: was waking at beginning now sleeps through
AM: feels sore until gets up, moves around and takes warm shower after which pain eases some
EOD/PM: pain gradually increases during day but eases in the evening (worse time of day is
after work) after making dinner when able to relax in recliner
Hx and PMH: pain came on 3 months ago insidiously during the winter. Upon further
questioning she could not identify anything that might have contributed such as overuse;
however she did remember her kids being sick with the flu around that time of the year but she
did not remember getting sick. Her shoulder was sore at the outset for the first few weeks but she
noticed the pain level increased especially when she raised her arm above her head. She thought
she may have inadvertently babied her arm but not consciously. Resting the arm helped for
awhile but then she noticed increased discomfort and a loss of ROM even if she tried to elevate
her arm. Pt’s pain began to spread to the posterior shoulder, neck and upper arm at which time
she went to see her PCP who diagnosed her with shoulder strain. No other contributing history.
Review of the systems clear,
General Health (GH): excellent
No meds except Motrin 600 mg prescribed by PCP.
Special Questions: GH √ √ Weight √ √ Cord √ √ Cauda Equina (CE) √ √ Smoke √ √ CA/tumors √ √
(one check means you asked, second check means response was negative)

2. What are her SINSS? 5 points

3. Identify any potential contributors to the onset of her shoulder dysfunction. 2 points

The following information is from Julie’s objective exam:

Resting pain 5/10 left shoulder
Observation: rounded shoulders holding left arm in protective posturing, decreased cervical
lordosis, very slightly increased lumbar lordosis.
Functional Shoulder ROM: decreased left with bilateral over head (decreased crease left
posterior shoulder), no visible scapula dyskinesia, scapulo-humeral rhythm WNL on right, not
able to determine on left. Unable to externally rotate her left arm with her arm by her side.
Apply’s scratch: unable to get left arm behind back or elevate the arm up toward her head

Shoulder AROM

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>Left</th>
<th>Pain left</th>
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<tbody>
<tr>
<td>√</td>
<td>175</td>
<td>145</td>
<td>+</td>
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<tr>
<td>√</td>
<td>60</td>
<td>25</td>
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<tr>
<td>Abd</td>
<td>175</td>
<td>145</td>
<td>+</td>
</tr>
<tr>
<td>IR</td>
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<tr>
<td>ER</td>
<td>80</td>
<td>20</td>
<td>+</td>
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</table>
Over pressure to abd, ER and IR reproduced pain
Resisted Isometrics: + flexion, abduction, ER and slightly for IR: **painful and strong** over area 1.

4. What does painful and strong mean in this example? 1 point

Cervical spine and elbow cleared with AROM and overpressure
Neuro exam all WNL

5. List any special tests you would do and explain why? 1 point

Joint play to shoulder: 2/6 (slightly hypo-mobile) G-H for AP, PA, distraction and long arm traction. AC joint 1/6 for all, SC joint WNL. SC general hypo mobility left compared to right. Palpation: tender over left deltoid and posterior portion of upper trap. **Moderate pain with GH joint compression.**

6. What does this mean (bold underlined above) and does it impact reliability of any of your tests? 2 points

7. What is your clinical impression? (OK to give a medical diagnosis) 1 point

8. Write an assessment summary; include problem list and measurable goals divided into impairments and dysfunctions (10 points possible)

9. What is your treatment plan day one, what is your plan for next treatment session? Be specific for any exercises or HEP (don’t just say shoulder exercises for example) (10 points possible)
10. Describe your long term protocol for treating this dysfunction over the next 3 months (10 points)

One point each for the following multiple choice:

11. What would be the possible (differential) diagnoses for a patient who presents with c/o popping and pain in the shoulder?
   a. labrum tear
   b. arthritis
   c. multi-directional instability
   d. a & b
12. What would be the differential diagnoses/presentation for a patient who presents with c/o weakness in elevation but has full PROM?
   a. adhesive capsulitis
   b. positive drop arm test
   c. supraspinatus tear
   d. b & c
   e. all the above

13. The major difference between a pt with rotator cuff involvement vs. a pt with a frozen shoulder is:
   a. rotator cuff has limited PROM
   b. adhesive capsulitis has a "hallmark" sign
   c. only an MRI can tell for sure
   d. + impingement sign

14. What diagnoses does the above patient have based on the appearance of his shoulder most likely present with? (hint hint: this picture is from your text, he's had a stroke)
   a. bony shoulder due to skinniness
   b. subluxed shoulder due to stroke
   c. + sulcus sign
   d. B & C
15. The pictures of the above gentlemen look similar but they each have a different pathology. What is the difference?
   a. B has a long thoracic nerve injury
   b. A has tight external rotators
   c. A has tight internal rotators
   d. B has winging from years of swimming
   e. A & B
CALIFORNIA STATE UNIVERSITY, SACRAMENTO
College of Health and Human Services
Department of Physical Therapy

PT 645 - Musculoskeletal Patient Management II

Spring

COURSE CREDIT: 4 units: 2 hours lecture and 6 hours laboratory per week
INSTRUCTOR: TBA
LOCATION: Lecture: TBA
Lab: SLN 3003
TIME: TBA

COURSE DESCRIPTION:
This course, the second of three, focuses on acquisition and integration of knowledge and skills involved in developing and implementing management plans for patients with musculoskeletal dysfunction from sound evaluative findings. Lectures address etiology, signs and symptoms, medical, surgical, and physical therapy management of musculoskeletal dysfunction. Labs address safe and effective evaluation and interventions, specifically joint mobilizations. Joint mobilizations will cover 1 technique per joint restriction. This course addresses upper extremity and spine dysfunction. Open to Physical Therapy majors only.

PREREQUISITES
BIO 633  Human Gross Anatomy for Physical Therapists
PT 600  Pathokinesiology
PT 608  PT/Patient/Professional Interactions
PT 630  Pathophysiology
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PT 618  Foundations for Patient Management
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PT 632  Pharmacology for Physical Therapists
PT 634  Diagnostic Imaging for Physical Therapists
PT 636  Geriatrics/Gerontology for Physical Therapists
PT 638  Health, Wellness and Ergonomics in Physical Therapy
PT 624  Adult Neuromuscular Patient Management I
PT 625  Musculoskeletal Patient Management I
PT 626  Clinical Agents
PT 640  Physical Therapy Interventions II
PT 646  Acute Care and Cardiopulmonary Physical Therapy
CO-REQUISITES
PT 627 Physical Therapy Educator
PT 644 Adult Neuromuscular Patient Management II
PT 648 Health Care Delivery in Physical Therapy I
PT 669 Psychosocial Issues in Physical Therapy

REQUIRED TEXTS:
Magee DJ, Orthopedic Physical Assessment (5th edition), W.B. Saunders Co., 2008

RECOMMENDED TEXTS:
Manual Muscle Tests text.
Therapeutic Exercise & Goniometry texts.
Salter RB, Textbook of Disorders and Injuries of the Musculoskeletal System Williams and Wilkins.

OTHER REFERENCES:
Selected journal articles may be put on reserve in the library.

COURSE OBJECTIVES:
All course objectives are referenced to program educational goals and related objectives. At the conclusion of the course, the student is expected to be able to demonstrate an understanding of the basis, execution, and effectiveness of the physical therapy evaluation, prevention and treatment / intervention procedures that are commonly used with the patient with musculoskeletal dysfunction. Specifically, the student should be able to:

Goal 1.0: Demonstrate Professional Physical Therapist Effectiveness

1.1 Compare and contrast normal biological, physiological, and psychological mechanisms of the human body with pathophysiological factors that lead to impaired body functions and structure.
1.1.1 Discuss the etiology and clinical features of major disorders.
1.1.2 Describe how pathological processes affect normal function.
1.1.3 Discuss common medical/surgical treatments for major disorders.
1.1.4 Analyze the effects of pharmacological agents on human function.

1.2 Determine the physical therapy needs of any individual seeking services.
1.2.1 Perform an effective and efficient systems review screen.
1.2.2 Review pertinent medical records and conduct a comprehensive patient interview.
1.2.3 Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
1.2.4 Determine, with each patient encounter, the patient’s need for further examination or consultation.
1.2.5 Perform a physical therapy patient examination using evidenced-based tests and measures.
1.2.6 Utilize available evidence in interpreting examination findings to inform the patient evaluation.
1.2.7 Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments.
1.2.8 Synthesize available data on a patient using the concepts and terminology of the most recent disability-enablement theoretical construct (currently the International Classification of Functioning, Disability, and Health (ICF) Model of Functioning and Disability).
1.2.9 Cite the evidence (patient history, diagnostic test results, tests, measures, and scientific literature) to support clinical decisions.
1.2.10 Evaluate and interpret the results of examination findings to classify the patient problem using the most recently adopted diagnostic taxonomy (currently the Guide to Physical Therapist Practice’s labels and practice patterns).
1.2.11 Integrate and evaluate data that are obtained during the examination to describe the patient condition in terms that will guide the prognosis, the plan of care and intervention strategies.
1.2.12 Identify and prioritize body function and structure impairments to determine specific activity limitations towards which interventions will be directed.
1.2.13 Make a referral to another physical therapist, other health care practitioner or agency when physical therapy is not indicated or the patient/client’s needs are beyond the skills, expertise and/or scope of practice of the physical therapist practitioner.
1.2.14 Determine the need for additional information and utilize technological search mechanisms to find that information.
1.2.15 Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs.
   Apply current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient

1.3 Develop a plan of care based on the best available evidence and that considers the patient’s personal and environmental factors
1.3.1 Prioritize patient/client problems taking into consideration the patient/client’s needs and goals, health condition, physiological and
biological mechanisms within the constraints of the environment and resources.

1.3.2 Write measurable, functional goals that are time referenced with expected outcomes.

1.3.3 Determine a patient prognosis by predicting the level of optimal improvement in function and the amount of time required to achieve that level.

1.3.4 Recognize barriers that may impact the achievement of optimal improvement within a predicted time frame.

1.3.5 Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.

1.3.6 Identify and collaborate with others needed in implementing the plan of care.

1.3.7 Articulate a specific rationale for referrals made to other providers.

1.3.8 Progress the plan of care by making ongoing adjustments to interventions.

1.3.9 Include in the plan of care indirect interventions, such as coordination of care, patient/family education, modifications to physical and social environments, and referral to other providers.

1.3.10 Seek and find information using contemporary technology that addresses the specific needs of the patient care plan.

1.3.11 Identify patient needs in terms of discharge planning, discontinuation of care, and transfer of care.

1.4 Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.

1.4.1 Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.

1.4.2 Modify or redirect selected procedural interventions in light of reexaminations and/or patient/client’s response to interventions.

1.4.3 Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.

1.4.4 Assess patient/client progress towards goals/projected outcomes.

1.4.5 Coordinate patient/client care with other health care providers.

1.5 Demonstrate effective verbal and written communication skills with patients, families, other health care professionals, and the public, to facilitate interventions and interdisciplinary interactions and cooperation.

1.5.1 Determine appropriate documentation for the recording of patient/client information consistent with professional standards, the fiscal intermediary, and the treatment setting.

1.5.2 Produce quality documentation in a timely manner to support the delivery of physical therapy services.

1.5.3 Demonstrate thorough, concise documentation consistent with current language from the Patient Management Model contained in the most recent edition of the Guide to Physical Therapist Practice.

1.5.4 Communicate efficiently and effectively with other health care providers involved in the patient/client’s management.
1.6 Utilize data from selected outcome measures to document intervention effectiveness.
   1.6.1 Select relevant outcome measures for levels of body functions and structural impairments, activities and participation with respect for their psychometric properties.
   1.6.2 Collect relevant evidence-based outcome measures that relate to patient/client goals and/or prior level of function.
   1.6.3 Describe how aggregate data is analyzed to assess the effectiveness of clinical performance (interventions).

1.7 Determine an appropriate discharge, discontinuation of service, or transfer of care plan for patients/clients.
   1.7.1 Re-examine patients/clients to determine if continued physical therapy services are indicated.
   1.7.2 When a patient/client has reached optimal goals with physical therapy interventions and, when other related services are still needed, seek resources and/or consult with others to identify alternative resources.
   1.7.3 Determine needed resources for patients/clients to ensure timely discharge, including follow-up care.
   1.7.4 Discontinue care when physical therapy services are no longer indicated.

1.8 Provide consultative services applying the unique knowledge and skills of a physical therapist to identify problems, recommend solutions, or produce an outcome or product.

1.9 Engage in education activities consistent with imparting information and knowledge unique to the expertise of physical therapists to individuals or groups using relevant and effective teaching methods.
   1.9.1 Promote health behaviors through educational interventions and modeling.
   1.9.2 Apply basic educational concepts of teaching to the practice of physical therapy.
   1.9.3 Educate colleagues and other health care professionals about the roles, responsibilities and academic preparation of the physical therapist and scope of physical therapy practice.
   1.9.4 Present topics/issues using current evidence and sound teaching principles (i.e. case studies, in-service, journal article review, etc).

1.10 Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including:
   1.10.1 Billing and reimbursement.
   1.10.2 Electronic medical records documentation.
   1.10.3 Contemporary electronic communication.
   1.10.4 Direction and supervision of support personnel, including Physical Therapist Assistants (PTAs) and aides.
   1.10.5 Patient rights, consent, confidentiality and the Health Information Portability and Privacy Act (HIPPA).

**Goal 2.0:** Demonstrate Professional Behaviors

2.1 Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.
   2.1.1 Practice physical therapy demonstrating cultural competence with all individuals and groups.
   2.1.2 Work effectively with challenging patients.
2.1.3 Respect personal space of patients/clients and others.
2.1.4 Demonstrate behaviors that are non-judgmental with regards to
patients/clients’ lifestyles.
2.1.5 Respect roles of support staff and delegate appropriately.

2.2 Communicate effectively for varied audiences and purposes.
2.2.1 Demonstrate effective interpersonal (verbal, nonverbal, electronic)
communication skills considering the diversity of populations and
environments.
2.2.2 Facilitate therapeutic communication and interpersonal skills.
2.2.3 Discuss difficult issues with sensitivity and objectivity.
2.2.4 Appropriately utilize communication technology efficiently,
professionally, and effectively.
2.2.5 Respect roles of support staff and communicate appropriately.

2.3 Participate in professional activities that serve the community and advance the
profession of physical therapy.
2.3.1 Participate in community service activities.
2.3.2 Recognize the importance of participation in professional association
activities.
2.3.3 Recognize one’s role as a member and leader of the health care team.
2.3.4 Promote participation in clinical education.

2.4 Recognize the need for personal and professional development.
2.4.1 Participate in self-assessment to improve clinical and professional
performance.
2.4.2 Welcome and seek new learning opportunities.
2.4.3 Assume responsibility for professional lifelong learning.
2.4.4 Accept responsibility and demonstrate accountability for professional
decisions.
2.4.5 Recognize own biases and suspend judgments based on biases.

2.5 Demonstrate entry level generic abilities, including:
2.5.1 Professional accountability and commitment to learning.
2.5.2 Recognition of one’s own limitations.
2.5.3 Effective use of constructive feedback.
2.5.4 Demonstrate integrity, compassion, and courage in all interactions.

Goal 3.0: Practice in an Ethical and Legal Manner
3.1 Practice physical therapy in a manner consistent with established legal and
professional standards.
3.1.1 Demonstrate awareness of and adherence to state licensure
regulations.
3.1.2 Practice within all applicable regulatory and legal requirements.
3.1.3 Demonstrate the ability to search and find information about laws and
regulations pertaining to physical therapy practice from state and federal
electronic sources.
3.1.4 Demonstrate accountability by adhering to laws and regulations
governing physical therapy fiscal management.

3.2 Practice in a manner consistent with the professional code of ethics
3.2.1 Demonstrate knowledge and application of ethical decision-making.
3.2.2 Treat patients/clients within scope of practice, expertise and experience.
3.2.3 Seek informed consent from patients/clients.

**Goal 4.0:** Demonstrate Scholarship

4.1 Apply basic principles of statistics and research methodologies within the practice of physical therapy.
  4.1.1 Formulate and reevaluate positions based on the best available evidence.
  4.1.2 Evaluate the efficacy and efficiency of physical therapy procedural interventions.
  4.1.3 Critically evaluate and interpret professional literature as it pertains to practice, research, and education.
  4.1.4 Utilize contemporary technology consistently to access evidence.

**TEACHING STRATEGIES AND LEARNING ACTIVITIES:**

A case-based approach will be utilized in this course. Course material will be presented and reinforced in the context of a case involving a patient with musculoskeletal dysfunction. Content will be presented via a combination of classroom lectures and discussions, guest speakers, laboratory demonstration and practice, assigned readings, and homework assignments.

**GRADING PROCEDURES:**

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
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<tr>
<td>Written examinations and quizzes</td>
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<tr>
<td>Practical examinations</td>
<td>25%</td>
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<tr>
<td>Class assignments*</td>
<td>10%</td>
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<tr>
<td>Generic Abilities**</td>
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**Grading Scale**

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<tr>
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*Class assignments include:

*FREE CLINIC THURSDAYS*

You will be evaluating and treating patients from the CSUS health center which requires thorough evaluation and 2 follow-up treatments if necessary; otherwise you will do a second and even a 3rd evaluation if no follow up treatment is necessary. Patients will be limited in follow up treatments to accommodate other new patients so this must be kept in mind with your treatment planning.* You will be required to document appropriately as you have been instructed, and keep confidential records (keep in a manila file in a secure place that you can hand off to the next student therapist if need be) that will be co-signed by a physical therapist.
Original copy of your notes with patient's full name and date of birth typed on the note (to enable the health center to identify the patient) can be hand carried or sent to Student Health Center, upstairs clinic/medical side and directed to Mercy or Vicki at the CSUS health center Zip 6045.

*E-mail your note to me first so I can make any needed corrections. Notes must be e-mailed to me by 1 PM the day after you see your patient. Once you make any needed corrections, sign the note and I will co-sign it (you can put it in my box on the 4th floor & I will put it back in your mail box). The note is then ready to turn into the health center. Clinics will be held from 3:30-4:30 Tuesdays through Oct. 21 and Thursdays for the remainder of the semester (starting 10/30). Each student will have one hour of clinic time. Up to three pts will be scheduled on the first clinic day.

Example of Scheduling

<table>
<thead>
<tr>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
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<td>Student a b &amp; c</td>
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<td>Student j, k &amp; l</td>
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*coming on later in the grid may require that you pick up a previous student’s patient

*Class assignments also include:

- The requirement of outside practice of skills learned in labs. This will be documented on practice logs. Practice logs will be Pass/Fail. They must be turned in and signed in order to pass the course. Turn in your first practice log at your first practical exam and the second practice log at your second practical exam.
- Practice case studies to be presented in class. Be ready to answer questions and demonstrate that you have completed case studies that will be handed out or e-mailed at least 1 class prior to the lab that we will go over them.

Ten points will be deducted from all out of class assignments that are not completed or handed in late.

All students must achieve a Pass on each of the two practical examinations to receive a passing grade in the course. In addition practical’s will be graded and included as part of students overall grade in the course.

Written examinations will be multiple choice, true/false and short answers. The student will be tested in part on his/her ability to integrate course material and apply information presented in the course to new situations.

Practical examinations will test the student's ability to execute evaluation and treatment techniques in a safe and effective manner. There will be one midterm and one final practical examination, including special tests and joint mobilization techniques. Students who achieve less than 72 points or who demonstrate any unsafe behaviors during the examination will fail that examination. All other students will receive a pass for the examination. Students failing a practical examination will be required to retake the examination although the grade given will be a minimal passing score only. Students who fail the examination the second time will be required to go through a remediation process specific to their needs as defined by the course instructor, and will be required to retake the practical examination a second time. Students failing the 3rd practical examination will not pass the course.
Students are expected to demonstrate appropriate behavior during all activities related to this course, as determined by the Generic Abilities**s document provided in the Student Handbook. This includes active participation and attendance at all lectures and labs. **Students are expected to call or e-mail the instructor before a class that must be missed. Lab clothes must be available at each lab session. **Lab is to be cleaned each day before leaving.** Remove shoes when lying down on plinths to protect the cover. To get the most out of lab you will work with several of your classmates at each lab session to be able to feel the range of "normal." This will help you to better understand what "normal" is and be able to recognize pathology in the clinic. Switch partners frequently. **Start with a new lab partner each lab.** *Clinic attire is to be worn for guest lecturers. Cell phones and beepers must be turned off when in the classroom. Failure to comply with generic abilities will result in the deduction of points.

CSUS Policies and Procedures Regarding Academic Honesty
General Principles (part One)

The principles of truth and honesty are recognized as fundamental to a community of scholars and teachers. California State University, Sacramento (CSUS) expects that both faculty and students will honor these principles, and in doing so, will protect with the integrity of academic work and student grades. CSUS is a publicly-assisted institution legislatively empowered to certify competence and accomplishment in general and discrete categories of knowledge. The President and faculty of CSUS are therefore obligated not only to the world at large but also to California to guarantee that substantive knowledge is actually acquired and the ability to acquire it is actually demonstrated by those to whom they assign grades and whom they recommend for degrees. Academic dishonesty defrauds all those who depend upon the integrity of the University, its courses and its degrees. This fraud is accomplished to the extent that faculty, students or campus employees knowingly or unwittingly allow academic dishonesty to work its deception.

* for guests that are conducting labs, lab attire is appropriate

COURSE OUTLINE:

** Contents and order of schedule are subject to change!

Week 1
Lect. 1 Evaluation
Lect. 2 Evaluation Cont.
Lab 1 Shoulder Evaluation
Lab 2 Shoulder Evaluation
Reading: Magee Chapter 5

Week 2
Lect. 1 Rehab considerations
Lect. 2 Medical and Surgical Management Dr. Stephen Weber
SLN 3018 No AM lecture!
Lab 1 Shoulder Evaluation
Lab 2 Joint Mobilization
Week 3

**THE SHOULDER**

**Lect. 1**
Upper Extremity Orthoses, RSD/Complex Regional Pain Syndrome*  
Kym Coco how beliefs affect ones healing/how practitioner beliefs impact healing

**Lab 1**
Scapula Taping

**Lab 2**
Shoulder Case/special test/jt mob review

**Reading:**
*Handout on CRPS Sac-ct*

Week 4

**THE ELBOW**

**Lect. 1**
Evaluation and Treatment

**Lect. 2**
*Written Exam Shoulder*

**Lab 1**
Elbow Evaluation

**Lab 2**
Elbow Evaluation

**Reading:**
*Magee Chapter 6*

**Lab Techniques:**

*Kaltenborn chapter11: 17b, 18b, 19a, 19e, 21b, 22, 23, chapter 12: 24b, 25a/b*

Week 5

**THE ELBOW**

**Lect. 1**
Medical and Surgical Management

**Lab 1**
Joint Mobilization

**Lect. & Lab 2**
*Shawn Burger: Graston Technique*

**Week 6**

**WRIST AND HAND**

**Lect. 1**
Evaluation and Treatment  
Upper ¼ Screen

**Lab 1**
Wrist and Hand Evaluation

**Lect. 2**
Medical and Surgical Management *Dr. Tortosa*

**Lab 2**
Joint Mobilization / Soft Tissue Mobilization

**Reading:**
*Magee Chapter 7*
*Campbell Ch.16 (on reserve)*

**Lab Techniques:**

*Kaltenborn Chapter8: 1b/c/d, 2b/c/e/f; 3b/d, chapter 9: 4a/b, 5a/b, 6b, 7b/d/e/f/j  
chapter 10: 8b/c/d, 9b, 10a,11a12a*

Week 7

**UE OVERVIEW**

**Lect. 1**
UE ergonomics

**Lab 1**
MFR, Mulligan, Strain/counter-strain

**Lect. 2**
*Written Exam Elbow, Wrist and Hand*

**Lab 2**
Practicals Upper Extremity

**Reading:**
*Handouts on CTS/hand exercises*
Week 8
CERVICAL SPINE

Lect. 1
Anatomy/biomechanics review, Subjective Examination, Australian Approach

Lect. 2
Objective exam of cervical spine Cervical Spine Evaluation

Lab 1
Subjective Examination/cases

Lab 2
Cervical Spine Evaluation

Reading:
Selected readings from Maitland's Vertebral Manipulation: pp. 133-37, 227-37, 240-277, ch. 3 communication (on reserve)

Week 9
CERVICAL SPINE

Lect./Lab 1
Australian approach to Evaluation and Treatment, Andy Brennen SLN 3003*

Lect. 2
Pediatric Conditions of the Spine and UE

Lab 2
Cervical Spine Evaluation

Reading:
Selected Handouts from Andy, VBI Handout Sac-ct

Week 10
CERVICAL SPINE

Lect. 1
Contraindications to joint mobilization, ULTT, Rx of ULTT, Cranial Nerve Exam, Edwards Combined Movements

Lect. 2
Common Cervical Spine Syndromes, HEP for spine for c-spine, stabilization

Lab 1
Rx ULTT, combined movements, inhibitive distraction

Lab 2
Treatment Approaches

Reading:
Magee Chapter 3

Lab Techniques: See Sac-ct

Week 11
TEMPOROMANDIBULAR JOINT/UPPER QUARTER ASSESSMENT

Lect. 1
Evaluation and Treatment

Lect. 2
Written exam Cervical Spine

Lab 1
Evaluation

Lab 2
Joint Mobilization/ Soft Tissue Mobilization

Reading:
Magee Chapter 4

Lab Techniques:
Kaltenborn Vol II Chapter 14: 77, 78a,b, 79a/b

Week 12
THORACIC SPINE

Lect. 1
Evaluation of the Thoracic Spine

Lect. 2
Thoracic Spine Continued

Lab 1
Evaluation of the Thoracic Spine

Lab 2
Evaluation of Thoracic Spine continued

Reading:
Magee Chapter 8
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<tr>
<th>Week 13</th>
<th>THORACTIC OUTLET SYNDROME</th>
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<tbody>
<tr>
<td>Lect. 1</td>
<td>Furlough day: Review TOS Introduction ppt.</td>
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<tr>
<td></td>
<td>Practice evaluation techniques in Magee</td>
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<tr>
<td></td>
<td><strong>Thanksgiving Holiday</strong></td>
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<tr>
<td>Reading:</td>
<td>Magee pages 320-323, Handouts posted</td>
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<th>THORACIC SPINE/SCOLIOSIS</th>
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<tr>
<td>Lect. 1</td>
<td>Thoracic spine/rib cage syndromes</td>
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<tr>
<td>Lab 1</td>
<td>Treatment of Thoracic spine</td>
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<tr>
<td>Lect./Lab 2</td>
<td><strong>Peter Edgelow, PT SLN 3003</strong></td>
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<tr>
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<td>readings assigned by Peter Edgelow</td>
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*Lab Techniques: posted on Sac-ct*

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<tr>
<th>Week 15</th>
<th>COURSE WRAP UP</th>
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<tbody>
<tr>
<td>Lect. 1</td>
<td>Exam review session or <em>Surgical Management of the Spine</em> Dr. <strong>Schneiderman,</strong></td>
</tr>
<tr>
<td>Lab 1</td>
<td>Practicals</td>
</tr>
</tbody>
</table>

| Week 16 | FINAL EXAMINATIONS |