

ORTHOPEDIC REVIEW
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Cervical spine:

- Students should be able to identify the key components of history taking from an O.P.Q.R.S.T. model.
- Students should be able to discuss observation skills as well as cervical spine ranges of motion, myotomes and dermatomes as it relates to the cervical spine.
- Students should be proficient in discussing the sign, symptoms, causes and treatment (allopathic and chiropractic) for the following conditions in the cervical spine:
 - Cervical chiropractic subluxation
 - Cervical strain vs sprain
 - Cervical foraminal encroachment
 - Cervical discal disease
 - Cervical fractures
 - Thoracic outlet syndromes
 - Anterior Scalene
 - Hyperabduction Syndrome
 - Postural Compression
 - Cervical Rib
 - Costoclavicular compression
- Students should be able to discuss the different causes of TMJ along with the appropriate testing protocols for such problems as:
 - Closed lock
 - Open lock
 - Capsular irritation
 - Disc derangement
- Students should be able to discuss the proper orthopedic testing for the above conditions. This discussion should not be limited to just the Classical finding expected for a specific orthopedic test, but include the rationale for doing the specific test and also give other reasons (clinical importance) for the unexpected finding as well as a follow up approach to include another orthopedic test.

Thoracic Spine:

- Students should be able to identify the key components of history taking from an O.P.Q.R.S.T. model.
- Students should be able to discuss observation skills as well as thoracic spine ranges of motion and dermatomes as it relates to the thoracic spine.
Students should be proficient in discussing the sign, symptoms, causes and treatment (allopathic and chiropractic) for the following conditions in the thoracic spine:
 - Thoracic subluxation
 - Osseous anomaly
 - Thoracic fracture
 - Intercostal neuralgia
 - Pleural disease
 - Ankylosing spondylitis
 - Scoliosis
 - Scheuermann's disease
 - Thoracic discal disease

- Students should be able to discuss the proper orthopedic testing for the above conditions. This discussion should not be limited to just the Classical finding expected for a specific orthopedic test, but include the rationale for doing the specific test and also give other reasons (clinical importance) for the unexpected finding as well as a follow up approach to include another orthopedic test.

Shoulder:

- Students should be able to identify the key components of history taking from an O.P.Q.R.S.T. model.
- Students should be able to discuss observation skills as well as shoulder ranges of motion, as it relates to the spine.
- Students should be proficient in discussing the sign, symptoms, causes and treatment (allopathic and chiropractic) for the following conditions in the shoulder
 - Bursitis
 - Subacromial and Subdeltoid
 - Subluxation of the shoulder
 - Dislocation of the shoulder
 - Biceps tendonosis
 - Bicipital tenosynovitis
 - Transverse Humeral ligament instability
 - Biceps tear
 - Rotator cuff injury
- Students should be able to discuss the proper orthopedic testing for the above conditions. This discussion should not be limited to just the Classical finding expected for a specific orthopedic test, but include the rationale for doing the specific test and also give other reasons (clinical importance) for the unexpected finding as well as a follow up approach to include another orthopedic test.

Elbow:

- Students should be able to identify the key components of history taking from an O.P.Q.R.S.T. model.
- Students should be able to discuss observation skills as well as elbow ranges of motion
- Students should be proficient in discussing the sign, symptoms, causes and treatment (allopathic and chiropractic) for the following conditions in the elbow:
 - Epicondylitis
 - Collateral ligament sprain
 - Elbow fracture
 - Ulnar nerve lesion
 - Olecranon bursitis
 - Triceps tendonosis
 - Posterior joint impingement
 - Nursemaids elbow
 - Panner's disease:
- Students should be able to discuss the proper orthopedic testing for the above conditions. This discussion should not be limited to just the Classical finding expected for a specific orthopedic test, but include the rationale for doing the specific test and also give other reasons (clinical importance) for the unexpected finding as well as a follow up approach to include another orthopedic test.

Wrist and Hand:

- Students should be able to identify the key components of history taking from an O.P.Q.R.S.T. model.
- Students should be able to discuss observation skills as well as wrist and hand ranges of motion, myotomes and dermatomes as it relates to the cervical spine/wrist and hand.
- Students should be proficient in discussing the sign, symptoms, causes and treatment (allopathic and chiropractic) for the following conditions in the wrist and hand:
 - Strain and sprains
 - Nerve lesions:
 - Ulnar
 - Median
 - Radial
 - Arthritides
 - O.A
 - R.A.
 - P.A.
 - Tenosynovitis
 - Ganglion
 - Fractures
 - Colle's
 - Smith's
 - Madelung deformity
 - Carpal tunnel syndrome
 - Dupuytren contracture
- Students should be able to discuss the proper orthopedic testing for the above conditions. This discussion should not be limited to just the Classical finding expected for a specific orthopedic test, but include the rationale for doing the specific test and also give other reasons (clinical importance) for the unexpected finding as well as a follow up approach to include another orthopedic test.

The above objectives will be evaluated by a combination of written and practical examinations that will be comprehensive in nature. When the students pass these exams, they will have shown that the objectives have been met.

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Lumbar Spine:

- Students should be able to identify the key components of History taking from an O.P.Q.R.S.T. model.
- Students should be able to discuss observation skills as well as lumbar spine ranges of motion, myotomes and dermatomes as it relates to the lumbar spine. Students should be proficient in discussing the sign, symptoms, causes and treatment (allopathic and chiropractic) for the following conditions in the lumbar spine:
 - Lumbar subluxation
 - Osseous anomaly
 - Hemivertebrae
 - Butterfly vertebrae
 - Spina bifida occulta
 - Fracture
 - Discal disease
 - Infection of the lumbar spine
 - Ankylosing spondylitis

- Scoliosis
- Osteoporosis
- Sciatica
- Neoplasm
- D.I.S.H.
- Students should be able to discuss the proper orthopedic testing for the above conditions. This discussion should not be limited to just the Classical finding expected for a specific orthopedic test, but include the rationale for doing the specific test and also give other reasons (clinical importance) for the unexpected finding as well as a follow up approach to include another orthopedic test.

Sacroiliac & Hip:

- Students should be able to identify the key components of History taking from an O.P.Q.R.S.T. model.
- Students should be able to discuss observation skills as well as sacroiliac and hip ranges of motion, myotomes and dermatomes as it relates to the sacroiliac and hip regions
- Students should be proficient in discussing the sign, symptoms, causes and treatment (allopathic and chiropractic) for the following conditions in the sacroiliac and hip regions:
 - Sacroiliac subluxation
 - Anterior and posterior sacroiliac strain
 - Ankylosing spondylitis
 - Femoral nerve lesions
 - Meralgia paresthetica
 - Iliotibial band syndrome
 - Hamstring contracture
 - Hip flexor contracture
 - Hip arthritides
 - Hip joint fracture
 - Infant hip dislocation
- Students should be able to discuss the proper orthopedic testing for the above conditions. This discussion should not be limited to just the Classical finding expected for a specific orthopedic test, but include the rationale for doing the specific test and also give other reasons (clinical importance) for the unexpected finding as well as a follow up approach to include another orthopedic test.

Knee:

- Students should be able to identify the key components of History taking from an O.P.Q.R.S.T. model.
- Students should be able to discuss observation skills as well as knee ranges of motion, myotomes and dermatomes as it relates to the knee
- Students should be proficient in discussing the sign, symptoms, causes and treatment (allopathic and chiropractic) for the following conditions in the knee
 - Anterior and posterior cruciate injury
 - Medial and lateral collateral ligament injury
 - Meniscal injury
 - Chondromalacia patella
 - Osteochondritis dessicans
 - Arthritides
- Students should be able to discuss the proper orthopedic testing for the above conditions. This discussion should not be limited to just the Classical finding expected for

a specific orthopedic test, but include the rationale for doing the specific test and also give other reasons (clinical importance) for the unexpected finding as well as a follow up approach to include another orthopedic test.

Ankle and Foot:

- Students should be able to identify the key components of History taking from an O.P.Q.R.S.T. model.
- Students should be able to discuss observation skills as well as ankle and foot ranges of motion, myotomes and dermatomes as it relates to the ankle and foot
- Students should be proficient in discussing the sign, symptoms, causes and treatment (allopathic and chiropractic) for the following conditions in the ankle and foot:
 - Ankle sprains
 - Talar dome lesions
 - Arthritides
 - O.A.
 - R.A.
 - P.A.
 - G.A.
 - T.B. of the ankle
 - Stenosing tenosynovitis of the ankle
 - Tarsal tunnel syndrome
 - Phalangeal defects
 - Claw toe
 - Hallux rigidus
 - Mallet toe
 - Hammer toe
 - Morts foot
 - Hallux varus
 - Primary and secondary metatarsalgia
 - Pes planus and cavus
 - Talipes equinovarus
 - Avascular necrosis
 - Kohler's disease
 - Sever's disease
 - Freiberg's disease
 - Calcaneal spurs
 - Rocker bottom foot
 - Fracture
 - Calcaneal fracture
 - March fracture
- Lab Testing: (Objective is to teach the Orthopedic Tests for the following areas
Note: 1 area per week with demonstration, discussion and then participation by the student)
 - Cervical Orthopedic Tests
 - Thoracic Outlet Tests
 - Shoulder Tests
 - Elbow Tests
 - Wrist and Hand Tests
 - Thoracic Tests
 - Lumbar Tests
 - Sacroiliac and Hip Tests

- Knee Tests
- Ankle Tests
- Vascular and Malingering Tests
- Students should be able to discuss the proper orthopedic testing for the conditions noted above. This discussion should not be limited to just the Classical finding expected for a specific orthopedic test, but include the rationale for doing the specific test and also give other reasons (clinical importance) for the unexpected finding as well as a follow up approach to include another orthopedic test.

The above objectives will be evaluated by a combination of written and practical examinations that will be comprehensive in nature. When the students pass these exams, they will have shown that the objectives have been met.

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