

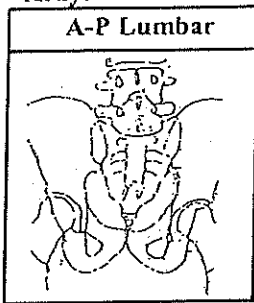
Case History Station #1

ID INFO: Bonnie is a 35-year-old homemaker and part-time painter

Station #2

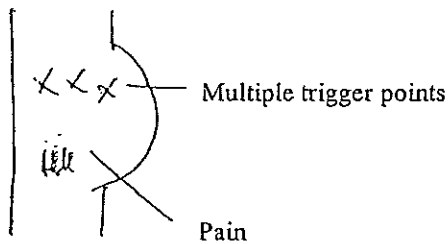
ADD. INFO: Vitals: Normal  
(In folder)

Xray:



Could not see greater trochanter

Pain Drawing:



Labs:

Normal

UA:

Normal

DIFF. DX. (Choose 3):

1. Ankylosing spondylitis
2. Trochanteric fracture
3. Gluteus medius trigger points
4. Iliotibial band syndrome
5. Iliopectineal bursitis
6. Ischiogluteal bursitis
7. Piriformis spasm
8. Sacroiliitis
9. Paget's disease
10. Trochanteric bursitis

INITIAL CASE MGT. (Choose 3):

1. Trial of Chiropractic adjustments
2. Knee Xray study
3. Ultrasound
4. Calcium supplements
5. Passive stretch of the hip
6. Home cryotherapy instructions for hip
7. Serum studies
8. Thoraco-lumbar cryotherapy
9. Breathing exercises
10. S-I joint cryotherapy

Case History Station #1

**ID INFO:** Bonnie is a 35-year-old homemaker and part-time painter

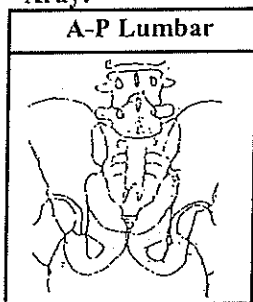
**HX. INFO:** CC- Hip pain  
 (PEP) L- Left hip  
 MOI- She was gardening and shoveling (standing on her left and pushing with her right)  
 O- One month ago  
 P- Shoveling, walking, and climbing a ladder make it worse; Sometimes ice helps  
 Q- Dull, achy  
 R- From hip to lateral knee  
 S- "3-7" (worse when active)  
 T- Constant

Past- Unremarkable  
 Fam- Unremarkable  
 Occ- She has not been painting as much since the pain started  
 Social- She is not sleeping well on the left side  
 ROS- She needs to stop walking after three minutes

Station #2

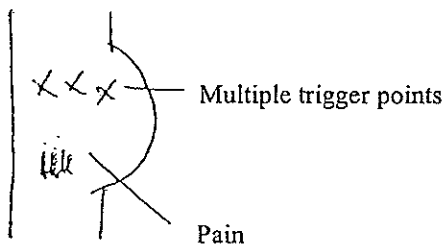
**ADD. INFO:** Vitals: Normal  
 (In folder)

**Xray:**



Could not see greater trochanter

**Pain Drawing:**



**Labs:**

Normal

**UA:**

Normal

**DIFF. DX. (Choose 3):**

- |                                  |                           |
|----------------------------------|---------------------------|
| 1. Ankylosing spondylitis        | 6. Ischiogluteal bursitis |
| 2. Trochanteric fracture         | 7. Piriformis spasm       |
| 3. Gluteus medius trigger points | 8. Sacroiliitis           |
| 4. Iliotibial band syndrome      | 9. Paget's disease        |
| 5. Iliopectineal bursitis        | 10. Trochanteric bursitis |

**Answers:**  
3, 4 & 10

**INITIAL CASE MGT. (Choose 3):**

- |                                      |  |
|--------------------------------------|--|
| 1. Trial of Chiropractic adjustments | 6. Home cryotherapy instructions for hip |
| 2. Knee Xray study                   | 7. Serum studies                         |
| 3. Ultrasound                        | 8. Thoraco-lumbar cryotherapy            |
| 4. Calcium supplements               | 9. Breathing exercises                   |
| 5. Passive stretch of the hip        | 10. S-I joint cryotherapy                |

**Answers:**  
1, 5 & 6



**Note:** Treatment of trigger points: Ice, compression and massage, even though it has been over 1-month.

ID INFO: 55-year-old male appliance salesman

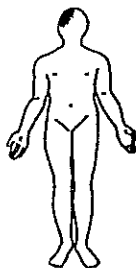
Station #4

ADD. INFO: Vitals: Normal  
(In folder)

Xrays:

APLC	Lateral Cervical
NOR	MALS

Pain Drawing:



Anterior

Labs:

ESR	Normal
-----	--------

DIFF. DX. (Choose 3):

- |                          |                            |
|--------------------------|----------------------------|
| 1. Cervicogenic headache | 6. Cluster headache        |
| 2. Subdural hematoma     | 7. Temporal arteritis      |
| 3. Intracranial headache | 8. Post-traumatic headache |
| 4. Ménière's disease     | 9. Multiple myeloma        |
| 5. Migraine headache     | 10. Tension headache       |

INITIAL CASE MGMT. (Choose 3):

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| 1. Cervical spine CT                | 6. Sinus radiographs              |
| 2. Davis series                     | 7. Erythrocyte sedimentation rate |
| 3. Brain magnetic resonance imaging | 8. Sinus transillumination        |
| 4. Ketone evaluation                | 9. B-12 assay                     |
| 5. Cranial nerve exam               | 10. Ophthalmoscopic exam          |

**Case History Station #3**

**ID INFO:** 55-year-old male appliance salesman

**HX. INFO:** CC- Headache  
 (PEP) L- Right frontal region  
 MOI- Struck his head on an open cupboard door  
 O- Three weeks ago  
 P- Nothing makes it better; Going from supine to standing makes it worse  
 Q- Deep, achy  
 R- None  
 S- "5"  
 T- Constant, getting progressively worse, nothing like this in the past

Past- Coumadin for thrombophlebitis  
 Fam- Raised by his great aunt; He has never met his parents  
 Occ- No problems at work  
 Social- Does not smoke; Drinks a six-pack every night and drinks two "fifths" of hard alcohol every weekend  
 ROS- Dizzy, confused, losing his coordination, no tinnitus, no eye or urinary problems

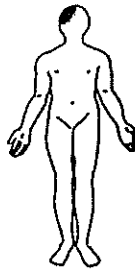
**Station #4**

**ADD. INFO:** Vitals: Normal  
 (In folder)

**Xrays:**

APLC	Lateral Cervical
NOR	MALS

**Pain Drawing:**



Anterior

**Labs:**

ESR	Normal
-----	--------

**DIFF. DX. (Choose 3):**

- |                          |                            |
|--------------------------|----------------------------|
| 1. Cervicogenic headache | 6. Cluster headache        |
| 2. Subdural hematoma     | 7. Temporal arteritis      |
| 3. Intracranial headache | 8. Post-traumatic headache |
| 4. Ménière's disease     | 9. Multiple myeloma        |
| 5. Migraine headache     | 10. Tension headache       |

**Answers:**

2, 3 & 8

**INITIAL CASE MGMT. (Choose 3):**

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| 1. Cervical spine CT                | 6. Sinus radiographs              |
| 2. Davis series                     | 7. Erythrocyte sedimentation rate |
| 3. Brain magnetic resonance imaging | 8. Sinus transillumination        |
| 4. Ketone evaluation                | 9. B-12 assay                     |
| 5. Cranial nerve exam               | 10. Ophthalmoscopic exam          |

**Answers:**

3, 5 & 10



**Note:** CT of the skull is appropriate, but not the spine. Evaluating B vitamins is also appropriate to do. Is not part of the initial case management.

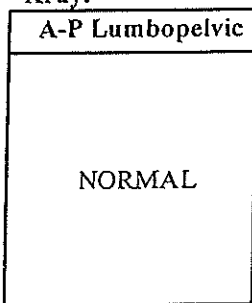
Case History Station #5

ID INFO: Sally Slovak is a 38-year-old female retail worker

Station #6

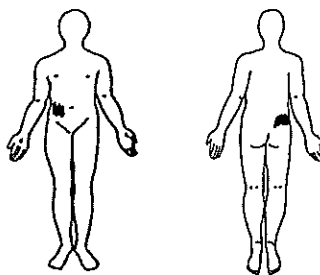
ADD. INFO: Vitals: Temp 100.5°  
(In folder)

Xray:



Old (1998) film

Pain Drawings:



Anterior

Posterior

Labs:

WBC	12,000
-----	--------

UA:

Normal
--------

DIFF. DX. (Choose 3):

- |                           |                          |
|---------------------------|--------------------------|
| 1. Appendicitis           | 6. Pyelonephritis        |
| 2. Ankylosing spondylitis | 7. Ruptured ovarian cyst |
| 3. Liver cirrhosis        | 8. Crohn's disease       |
| 4. Diverticulitis         | 9. Ectopic pregnancy     |
| 5. Cystitis               | 10. Ulcerative colitis   |

INITIAL CASE MGT. (Choose 3):

- |                                |                            |
|--------------------------------|----------------------------|
| 1. Creatine phosphokinase test | 6. Refer to emergency room |
| 2. Pregnancy test              | 7. Refer to Oncologist     |
| 3. Platelet count              | 8. KUB film                |
| 4. CBC with differential       | 9. Refer to Rheumatologist |
| 5. Abdominal ultrasound        | 10. Pyelogram              |

## Case History Station #5

**ID INFO:** Sally Slovak is a 38-year-old female retail worker

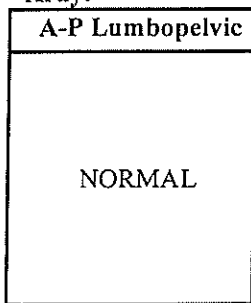
**HX. INFO:** CC- Abdominal pain  
 (PEP) L- Right lower abdomen (she was leaning over and rocking back/forth)  
 O- Started the night before  
 P- Nothing makes it better (tried aspirin and Tylenol); Nothing makes it worse  
 Q- Deep, dull pain; Very sharp last night  
 R- Radiates to her low back, below her belt  
 S- "9"  
 T- Constant

Past- Pelvic inflammatory disease one year ago, no medications now  
 Fam- Four children  
 Occ- She stands a lot at work  
 Social- Unremarkable  
 ROS- Her last menstrual period was seven weeks ago, she is not on birth control, been spotting recently

### Station #6

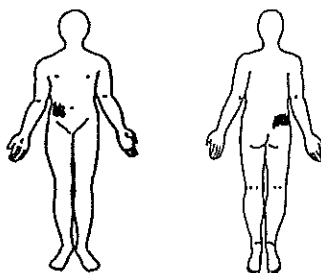
**ADD. INFO:** Vitals: Temp 100.5°  
 (In folder)

**Xray:**



Old (1998) film

**Pain Drawings:**



Anterior

Posterior

**Labs:**

WBC	12,000
-----	--------

**UA:**

Normal
--------

**DIFF. DX. (Choose 3):**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Appendicitis</li> <li>2. Ankylosing spondylitis</li> <li>3. Liver cirrhosis</li> <li>4. Diverticulitis</li> <li>5. Cystitis</li> </ol> | <ol style="list-style-type: none"> <li>6. Pyelonephritis</li> <li>7. Ruptured ovarian cyst</li> <li>8. Crohn's disease</li> <li>9. Ectopic pregnancy</li> <li>10. Ulcerative colitis</li> </ol> |
|--|---|

**Answers:**

1, 7 & 9

**INITIAL CASE MGT. (Choose 3):**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Creatine phosphokinase test</li> <li>2. Pregnancy test</li> <li>3. Platelet count</li> <li>4. CBC with differential</li> <li>5. Abdominal ultrasound</li> </ol> | <ol style="list-style-type: none"> <li>6. Refer to emergency room</li> <li>7. Refer to Oncologist</li> <li>8. KUB film</li> <li>9. Refer to Rheumatologist</li> <li>10. Pyelogram</li> </ol> |
|---|--|

**Answers:**

2, 5 & 6



**Note:** Pregnancy test is human chorionic gonadotrophin (HCGH)

Ortho/Neuro Station #7

**HX. INFO:** Mr. Reed is a 36-year-old warehouse worker with low back pain

**PERFORM:**

1. Heel / toe walk
2. Dejerine's sign
3. Kemp's test
4. Straight leg raiser and Braggard's test
5. Ober's test

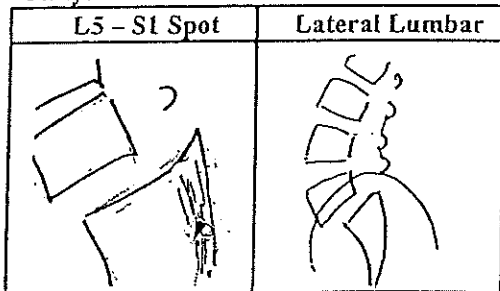
*Verbalize what a positive finding indicates*

---

Station #8

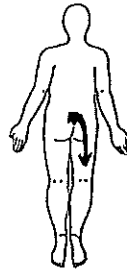
**ADD. INFO:** Vitals: Normal  
(In folder) More Hx: Pain ongoing for 18 months, aggravated by lifting at work; pain is worse over the last six months

**Xrays:**



Spondylolisthesis of L5

**Pain Drawing:**



Posterior

**DIFF. DX. (Choose 3):**

1. Tensor fascia lata contracture
2. L4 radiculopathy
3. L5 radiculopathy
4. S1 radiculopathy
5. Scleratogenous pain
6. Degenerative spondylolisthesis
7. Isthmic spondylolisthesis
8. S-I sprain / strain
9. Sciatic irritation
10. Facet syndrome

**INITIAL CASE MGT. (Choose 3):**

1. Lumbosacral support
2. Cryotherapy for S-I joint
3. Diathermy
4. McKenzie exercises
5. Boston brace
6. Trochanteric belt
7. Decrease heavy lifting
8. Adjust lumbar spine only
9. Bed rest for two weeks
10. Ergonomic considerations for work

Ortho/Neuro Station #7

**HX. INFO:** Mr. Reed is a 36-year-old warehouse worker with low back pain

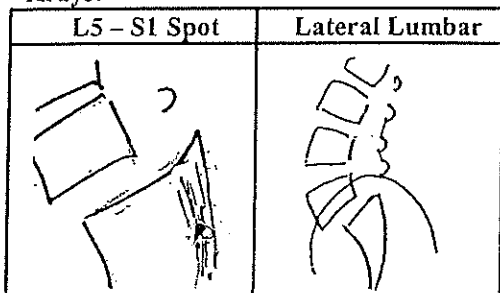
**PERFORM:**

1. Heel / toe walk  
*Results: Negative*
2. Dejerine's sign  
*Results: Negative*
3. Kemp's test  
*Results: Positive bilaterally with localized pain*
4. Straight leg raiser and Braggard's test  
*Results: SLR positive at 5<sup>0</sup>; Braggard's negative*
5. Ober's test  
*Verbalize what a positive finding indicates*  
*Results: Negative*

Station #8

**ADD. INFO:** Vitals: Normal  
(In folder) More Hx: Pain ongoing for 18 months, aggravated by lifting at work; pain is worse over the last six months

**Xrays:**



Spondylolisthesis of L5

**Pain Drawing:**



Posterior

**DIFF. DX. (Choose 3):**

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| 1. Tensor fascia lata contracture | 6. Degenerative spondylolisthesis |
| 2. L4 radiculopathy               | 7. Isthmic spondylolisthesis      |
| 3. L5 radiculopathy               | 8. S-I sprain / strain            |
| 4. S1 radiculopathy               | 9. Sciatic irritation             |
| 5. Scleratogenous pain            | 10. Facet syndrome                |

Answers:

5, 7 & 10

**INITIAL CASE MGT. (Choose 3):**

- |                              |                                       |
|------------------------------|---------------------------------------|
| 1. Lumbosacral support       | 6. Trochanteric belt                  |
| 2. Cryotherapy for S-I joint | 7. Decrease heavy lifting             |
| 3. Diathermy                 | 8. Adjust lumbar spine only           |
| 4. McKenzie exercises        | 9. Bed rest for two weeks             |
| 5. Boston brace              | 10. Ergonomic considerations for work |

Answers:

2, 7 & 10



**Note:** Boston brace is used with young athletes and very active patients with spondylolisthesis.



Ortho/Neuro Station #9

**HX. INFO:** Mr. Smith is a 55-year-old truck driver with tail bone pain of three days duration

**PERFORM:**

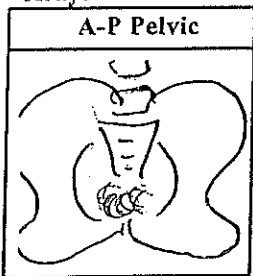
1. Valsalva's test
2. Milgram's test
3. Lewin-Gaenslen's test
4. S-I resisted abduction test
5. Yeoman's test

---

Station #10

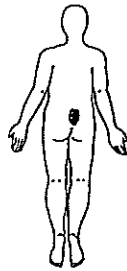
**ADD. INFO:** Vitals: Normal  
(In folder) More Hx: Dad died of prostate cancer. He has incontinence, dribbling, and problems starting the urine stream, which his MD attributes to "old age." He is not sexually active. Bowel movements are OK.

**Xray:**



Hazy prostate region

**Pain Drawing:**



Posterior

**Labs:**

ESR	Normal
Calcium	Normal

**DIFF. DX. (Choose 3):**

1. Benign prostatic hypertrophy
2. Prostatic carcinoma
3. S1 radiculopathy
4. Lateral recess stenosis
5. Sciatic radiculopathy
6. Prostatitis
7. Kidney stone
8. Central canal stenosis
9. Coccygeal fracture
10. Cauda equina syndrome

**FURTHER STUDIES (Choose 3):**

1. Prostate specific antigen
2. Trochanteric belt
3. Deep tendon reflexes
4. Acid phosphatase
5. Alkaline phosphatase
6. Transrectal ultrasound (TRUS)
7. Trial of Chiropractic adjustments
8. Refer to Orthopedist
9. KUB
10. Pyelogram

Ortho/Neuro Station #9

**HX. INFO:** Mr. Smith is a 55-year-old truck driver with tail bone pain of three days duration

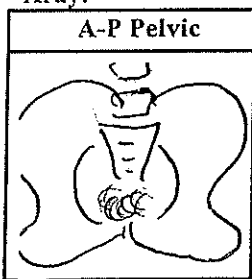
**PERFORM:**

1. Valsalva's test  
*Results: Negative*
2. Milgram's test  
*Results: Negative*
3. Lewin-Gaenslen's test  
*Results: Negative bilaterally*
4. S-I resisted abduction test  
*Results: Negative bilaterally*
5. Yeoman's test  
*Results: Negative bilaterally*

Station #10

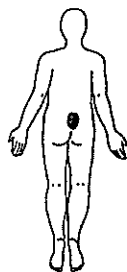
**ADD. INFO:** Vitals: Normal  
 (In folder) More Hx: Dad died of prostate cancer. He has incontinence, dribbling, and problems starting the urine stream, which his MD attributes to "old age." He is not sexually active. Bowel movements are OK.

**Xray:**



Hazy prostate region

**Pain Drawing:**



Posterior

**Labs:**

ESR	Normal
Calcium	Normal

**DIFF. DX. (Choose 3):**

- |                                 |                           |
|---------------------------------|---------------------------|
| 1. Benign prostatic hypertrophy | 6. Prostatitis            |
| 2. Prostatic carcinoma          | 7. Kidney stone           |
| 3. S1 radiculopathy             | 8. Central canal stenosis |
| 4. Lateral recess stenosis      | 9. Coccygeal fracture     |
| 5. Sciatic radiculopathy        | 10. Cauda equina syndrome |

**Answers:**  
1, 2 & 6

**FURTHER STUDIES (Choose 3):**

- |                              |                                      |
|------------------------------|--------------------------------------|
| 1. Prostate specific antigen | 6. Transrectal ultrasound (TRUS)     |
| 2. Trochanteric belt         | 7. Trial of Chiropractic adjustments |
| 3. Deep tendon reflexes      | 8. Refer to Orthopedist              |
| 4. Acid phosphatase          | 9. KUB                               |
| 5. Alkaline phosphatase      | 10. Pyelogram                        |

**Answers:**  
1, 4 & 6



**Note:** Alkaline phosphatase would be ordered if you suspected mets. This is only three days old and he has normal serum calcium.

Ortho/Neuro Station #11

**HX. INFO:** Sally Spackel is a 30-year-old female with right-sided neck pain (Patient is rubbing her right thumb; it is "tingly" if you asked)

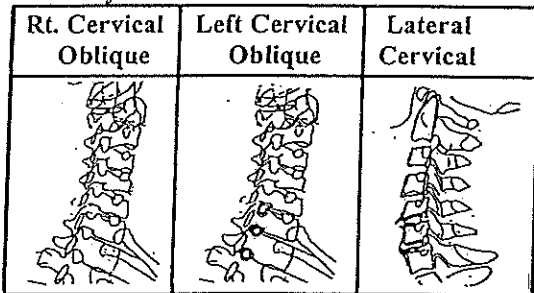
**PERFORM:**

1. Cervical compression test
2. Shoulder depressor test
3. Wright's test  
*Verbalize what indicates a positive test*
4. Perform biceps, brachioradialis, and triceps deep tendon reflexes
5. Perform C5, C6, and C7 dermatomes

Station #12

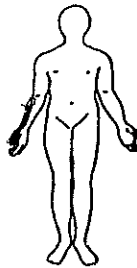
**ADD. INFO:** Vitals: Normal  
(In folder) More Hx: Pain started while painting the bathroom ceiling yesterday, no trauma

**Xrays:**



Degenerative disc disease

**Pain Drawing:**



**Labs:**

CBC	Normal
ESR	Normal

**DIFF. DX. (Choose 3):**

- |                              |                             |
|------------------------------|-----------------------------|
| 1. Degenerative disc disease | 6. Thoracic outlet syndrome |
| 2. Cervical strain / sprain  | 7. Space occupying lesion   |
| 3. Myofibrositis             | 8. Cervical rib             |
| 4. IVF encroachment          | 9. Klippel-Feil syndrome    |
| 5. Torticollis               | 10. Ménière's disease       |

**INITIAL CASE MGT. (Choose 3):**

- |                          |                                    |
|--------------------------|------------------------------------|
| 1. Adjust cervical spine | 6. Immobilize with cervical collar |
| 2. Extension exercises   | 7. Moist heat                      |
| 3. Cryotherapy           | 8. Nerve conduction velocity       |
| 4. Hydrocollator packs   | 9. Interferential                  |
| 5. Stretch scalenes      | 10. Cervical traction              |

Ortho/Neuro Station #11

**HX. INFO:** Sally Spackel is a 30-year-old female with right-sided neck pain (Patient is rubbing her right thumb; it is "tingly" if you asked)

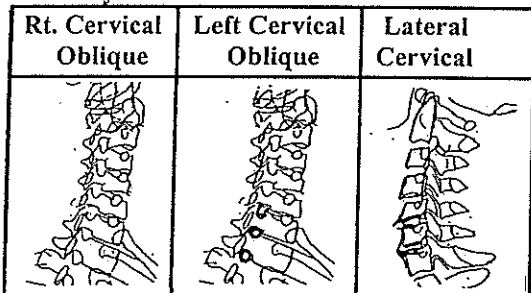
**PERFORM:**

1. Cervical compression test  
*Results: Positive on the right side with localized neck pain*
2. Shoulder depressor test  
*Results: Positive on the right with localized neck pain*
3. Wright's test  
*Verbalize what indicates a positive test*  
*Results: Negative*
4. Perform biceps, brachioradialis, and triceps deep tendon reflexes  
*Results: Normal*
5. Perform C5, C6, and C7 dermatomes  
*Results: Loss of sensation over right C6 dermatome*

Station #12

**ADD. INFO:** Vitals: Normal  
(In folder) More Hx: Pain started while painting the bathroom ceiling yesterday, no trauma

**Xrays:**



Degenerative disc disease

**Pain Drawing:**



**Labs:**

CBC	Normal
ESR	Normal

**DIFF. DX. (Choose 3):**

- |                              |                             |
|------------------------------|-----------------------------|
| 1. Degenerative disc disease | 6. Thoracic outlet syndrome |
| 2. Cervical strain / sprain  | 7. Space occupying lesion   |
| 3. Myofibrositis             | 8. Cervical rib             |
| 4. IVF encroachment          | 9. Klippel-Feil syndrome    |
| 5. Torticollis               | 10. Ménière's disease       |

**Answers:**

1, 4 & 7

**INITIAL CASE MGT. (Choose 3):**

- |                          |                                    |
|--------------------------|------------------------------------|
| 1. Adjust cervical spine | 6. Immobilize with cervical collar |
| 2. Extension exercises   | 7. Moist heat                      |
| 3. Cryotherapy           | 8. Nerve conduction velocity       |
| 4. Hydrocollator packs   | 9. Interferential                  |
| 5. Stretch scalenes      | 10. Cervical traction              |

**Answers:**

1, 3 & 9



**Note:** Do not choose cervical traction for acute management!  
This condition is only one day old, so ice is better than heat.

Ortho/Neuro Station #13

**HX. INFO:** Madeline Madella is a 43-year-old with left foot pain (she pointed to the bottom of her left heel)

**PERFORM:**

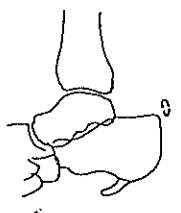
1. Anterior and posterior draw test
2. Active and passive range of motion of the ankle
3. Morton's test (neuroma squeeze)
4. Tinel's test at the ankle
5. Thompson's (Simmons) test

*Verbalize what a positive test indicates*

Station #14

**ADD. INFO:** Vitals: Normal  
 (In folder) More Hx: Onset of three months ago

**Xrays:**

A-P Foot	Lateral Foot
NORMAL	

Heel spur

**Pain Drawing:**



Posterior

**Lab:**

CBC	Normal
-----	--------

**DIFF. DX. (Choose 3):**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Heel spur</li> <li>2. Sesmoiditis</li> <li>3. Tarsal tunnel syndrome</li> <li>4. Deltoid ligament instability</li> <li>5. Morton's neuroma</li> </ol> | <ol style="list-style-type: none"> <li>6. Achilles rupture</li> <li>7. Calcaneal fracture</li> <li>8. Degenerated heel fat pad</li> <li>9. Acromegaly</li> <li>10. Plantar fasciitis</li> </ol> |
|---|---|

**CASE MGT. (Choose 3):**

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Increase running regimen</li> <li>2. Refer to Orthopedist</li> <li>3. Walking cast</li> <li>4. Trigger point - plantar surface</li> <li>5. Keep off of feet for three weeks</li> </ol> | <ol style="list-style-type: none"> <li>6. Heel cushion shoes with arch support</li> <li>7. Rigid shoes only</li> <li>8. Remove arch supports</li> <li>9. Heel lift (1/4 inch minimum)</li> <li>10. Stretch plantar fascia</li> </ol> |
|--|--|

Ortho/Neuro Station #13

HX. INFO: Madeline Madella is a 43-year-old with left foot pain (she pointed to the bottom of her left heel)

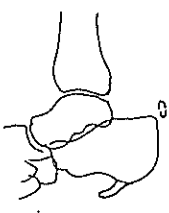
PERFORM:

1. Anterior and posterior draw test  
*Results: Negative*
2. Active and passive range of motion of the ankle  
*Results: Dorsiflexion increased pain at the bottom of the left foot*
3. Morton's test (neuroma squeeze)  
*Results: Negative*
4. Tinel's test at the ankle  
*Results: Negative*
5. Thompson's (Simmons) test  
*Verbalize what a positive test indicates*  
*Results: Negative*

Station #14

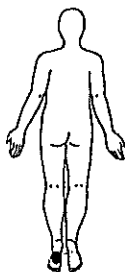
ADD. INFO: Vitals: Normal  
(In folder) More Hx: Onset of three months ago

Xrays:

A-P Foot	Lateral Foot
NORMAL	

Heel spur

Pain Drawing:



Posterior

Lab:

CBC	Normal
-----	--------

DIFF. DX. (Choose 3):

- |                                 |                             |
|---------------------------------|-----------------------------|
| 1. Heel spur                    | 6. Achilles rupture         |
| 2. Sesmoiditis                  | 7. Calcaneal fracture       |
| 3. Tarsal tunnel syndrome       | 8. Degenerated heel fat pad |
| 4. Deltoid ligament instability | 9. Acromegaly               |
| 5. Morton's neuroma             | 10. Plantar fasciitis       |

<b>Answers:</b> 1, 8 & 10
------------------------------

CASE MGT. (Choose 3):

- |                                     |   |
|-------------------------------------|---|
| 1. Increase running regimen         | 6. Heel cushion shoes with arch support |
| 2. Refer to Orthopedist             | 7. Rigid shoes only                     |
| 3. Walking cast                     | 8. Remove arch supports                 |
| 4. Trigger point - plantar surface  | 9. Heel lift (1/4 inch minimum)         |
| 5. Keep off of feet for three weeks | 10. Stretch plantar fascia              |

<b>Answers:</b> 4, 6 & 10
------------------------------

Ortho/Neuro Station #15

**HX. INFO:** 30-year-old Ms. LaMont with left hand complaints (she points to her 4<sup>th</sup> and 5<sup>th</sup> digits)

**PERFORM:**

1. Allen's test
2. Phalen's and Reverse Phalen's tests
3. Tinel's test at the wrist
4. Froment's test  
*Verbalize how to confirm a positive finding (NCV and EMG)*
5. C8 and T1 dermatomes

Station #16

**ADD. INFO:** Vitals: Normal  
(In folder) Ortho/Neuro: "Pins and needles" sensation in hand; Finkelstein's test negative

**Xrays:**

P-A Hand	Ulnar deviation
NOR	MALS

**Pain Drawing:**



**DIFF. DX. (Choose 3):**

- |                                |                                 |
|--------------------------------|---------------------------------|
| 1. Tunnel of Guyon compression | 6. Median nerve entrapment      |
| 2. C8 radiculopathy            | 7. Radial nerve entrapment      |
| 3. Rheumatoid arthritis        | 8. Carpal dislocations          |
| 4. Ulnar nerve entrapment      | 9. Carpal tunnel syndrome       |
| 5. Avascular necrosis          | 10. Peripheral nerve entrapment |

**COMPLICATIONS (Choose 3):**

- |   |   |
|---|---|
| 1. Hypothenar atrophy   | 6. Claw hand  |
| 2. Paraesthesia of 3 <sup>rd</sup> , 4 <sup>th</sup> , and 5 <sup>th</sup> digits | 7. Glove anesthesia   |
| 3. Drop hand  | 8. Spread to 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> digits |
| 4. Thenar atrophy   | 9. Swan neck deformity  |
| 5. Ape hand   | 10. Need for cock up splint   |

**Ortho/Neuro Station #15**

**HX. INFO:** 30-year-old Ms. LaMont with left hand complaints (she points to her 4<sup>th</sup> and 5<sup>th</sup> digits)

**PERFORM:**

1. Allen's test  
*Results: Normal*
2. Phalen's and Reverse Phalen's tests  
*Results: Pain in left hand at 4<sup>th</sup> and 5<sup>th</sup> digits*
3. Tinel's test at the wrist  
*Results: Normal*
4. Froment's test  
*Verbalize how to confirm a positive finding (NCV and EMG)*  
*Results: Positive (weak)*
5. C8 and T1 dermatomes  
*Results: Normal*

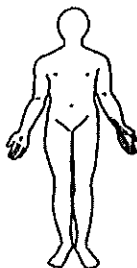
**Station #16**

**ADD. INFO:** Vitals: Normal  
(In folder) Ortho/Neuro: "Pins and needles" sensation in hand; Finkelstein's test negative

**Xrays:**

P-A Hand	Ulnar deviation
NOR	MALS

**Pain Drawing:**



Anterior

**DIFF. DX. (Choose 3):**

- |                                |                                 |
|--------------------------------|---------------------------------|
| 1. Tunnel of Guyon compression | 6. Median nerve entrapment      |
| 2. C8 radiculopathy            | 7. Radial nerve entrapment      |
| 3. Rheumatoid arthritis        | 8. Carpal dislocations          |
| 4. Ulnar nerve entrapment      | 9. Carpal tunnel syndrome       |
| 5. Avascular necrosis          | 10. Peripheral nerve entrapment |

**Answers:**

1, 4 & 10

**COMPLICATIONS (Choose 3):**

- |   |   |
|---|---|
| 1. Hypothenar atrophy   | 6. Claw hand  |
| 2. Paraesthesia of 3 <sup>rd</sup> , 4 <sup>th</sup> , and 5 <sup>th</sup> digits | 7. Glove anesthesia   |
| 3. Drop hand  | 8. Spread to 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> digits |
| 4. Thenar atrophy   | 9. Swan neck deformity  |
| 5. Ape hand   | 10. Need for cock up splint   |

**Answers:**

1, 2 & 6



HX. INFO: Tommy Tubbs is a 32-year-old male with right chest pain

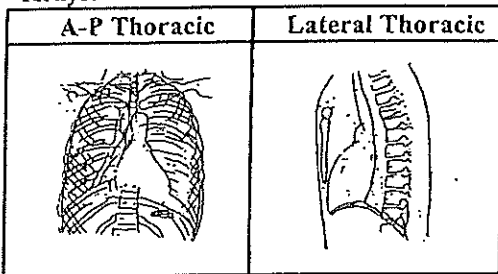
PERFORM:

1. Schepelmann's test  
*Verbalize two possible abnormal findings*
2. Tuning fork test of the ribs
3. Sternal compression test
4. Soto Hall test
5. Rib compression test

Station #18

ADD. INFO: Vitals: Normal  
(In folder) More Hx: He was playing soccer and fell on his ribs about three weeks ago, fixation at T4 – T6

Xrays:



Right 2 -3 ribs broken with callus formation (healing)

Pain Drawing:



Posterior

Lab:

CBC	Normal
-----	--------

DIFF. DX. (Choose 3):

- |                                |                         |
|--------------------------------|-------------------------|
| 1. Tietze's syndrome           | 6. Rib fractures        |
| 2. Thoracic outlet syndrome    | 7. Pneumonia            |
| 3. Intercostal neuritis        | 8. Thoracic subluxation |
| 4. Costochondral calcification | 9. Asthma               |
| 5. Costochondritis             | 10. Myofascitis         |

INITIAL CASE MGT. (Choose 3):

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| 1. Cryotherapy                  | 6. Bed rest for three days           |
| 2. Deep heat                    | 7. Refer to emergency room           |
| 3. Decrease athletic activities | 8. Antibiotics                       |
| 4. Refer to Oncologist          | 9. Soft tissue trigger point therapy |
| 5. Lumbar traction              | 10. Low force thoracic adjustment    |

**HX. INFO:** Tommy Tubbs is a 32-year-old male with right chest pain

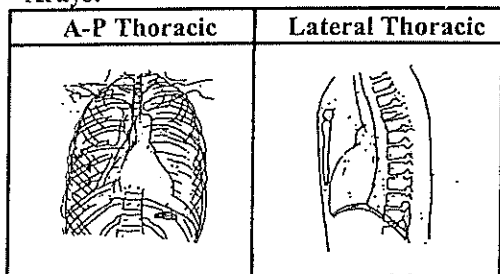
**PERFORM:**

1. Schepelmann's test  
*Verbalize two possible abnormal findings*  
*Results: pain both ways*
2. Tuning fork test of the ribs  
*Results: Positive over the posterior T8 – T10 right ribs*
3. Sternal compression test  
*Results: Positive with pain in the T8 – T10 right ribs*
4. Soto Hall test  
*Results: Positive with pain in the T8 – T10 right ribs*
5. Rib compression test  
*Results: Positive with pain over the T8 – T10 right ribs*

**Station #18**

**ADD. INFO:** Vitals: Normal  
(In folder) More Hx: He was playing soccer and fell on his ribs about three weeks ago, fixation at T4 – T6

**Xrays:**



Right 2 -3 ribs broken with callus formation (healing)

**Pain Drawing:**



Posterior

**Lab:**

CBC	Normal
-----	--------

**DIFF. DX. (Choose 3):**

- |                                |                         |
|--------------------------------|-------------------------|
| 1. Tietze's syndrome           | 6. Rib fractures        |
| 2. Thoracic outlet syndrome    | 7. Pneumonia            |
| 3. Intercostal neuritis        | 8. Thoracic subluxation |
| 4. Costochondral calcification | 9. Asthma               |
| 5. Costochondritis             | 10. Myofascitis         |

**Answers:**

3, 6 & 8

**INITIAL CASE MGT. (Choose 3):**

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| 1. Cryotherapy                  | 6. Bed rest for three days           |
| 2. Deep heat                    | 7. Refer to emergency room           |
| 3. Decrease athletic activities | 8. Antibiotics                       |
| 4. Refer to Oncologist          | 9. Soft tissue trigger point therapy |
| 5. Lumbar traction              | 10. Low force thoracic adjustment    |

**Answers:**

2, 3 & 10



**Note:** Asthma would be episodic and recurring.

Physical Exam Station #19

**HX. INFO:** Sven Olsen is a 57-year-old male with upper left chest pain for the last week

**PERFORM:**

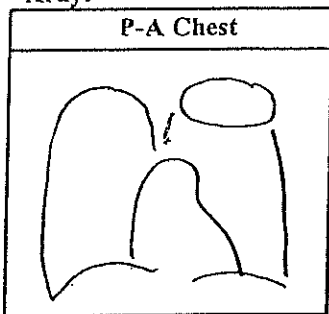
1. Tactile fremitus  
*Verbalize a condition that would increase and one that would decrease*
  
2. Auscultate the lungs  
*Verbalize which lobes are being auscultated*
3. Palpate the apical pulse
  
4. Auscultate the heart valves  
*Verbalize which valves are being auscultated*
5. Listen to a CD with heart sounds  
*Verbalize whether or not the sound is normal or abnormal*

---

Station #20

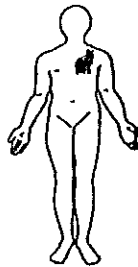
**ADD. INFO:** Vitals: B/P 162/92  
(In folder) More Hx: Miosis and anhydrosis on the left side of the face; radiating to the 5<sup>th</sup> digit

**Xray:**



Big obvious Pancoast tumor

**Pain Drawing:**



**Labs:**

WBC	Normal
-----	--------

**DIFF. DX. (Choose 3):**

1. Tuberculosis
2. Sympathetic interruption
3. Ménière's disease
4. Congestive heart failure
5. Pancoast tumor
6. Horner's syndrome
7. Emphysema
8. Bronchiectasis
9. Acute asthma
10. Pneumocystic carinii

**INITIAL CASE MGT. (Choose 3):**

1. Needle biopsy
2. P-A and lateral chest Xray
3. Rib studies
4. Chest computed tomography
5. Echocardiogram
6. Endoscopy
7. Refer to the emergency room
8. Refer to Cardiologist
9. Bronchoscopy
10. Venogram

Physical Exam Station #19

HX. INFO: Sven Olsen is a 57-year-old male with upper left chest pain for the last week

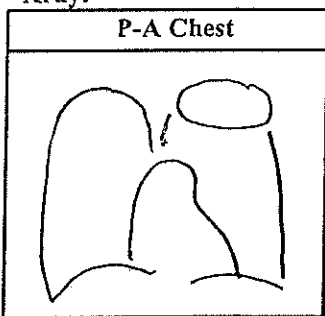
PERFORM:

1. Tactile fremitus  
*Verbalize a condition that would increase and one that would decrease  
Can be done either anterior or posterior, it is best to ask the patient  
where the problem is and start there*
2. Auscultate the lungs  
*Verbalize which lobes are being auscultated*
3. Palpate the apical pulse  
*Near the mitral valve*
4. Auscultate the heart valves  
*Verbalize which valves are being auscultated*
5. Listen to a CD with heart sounds  
*Verbalize whether or not the sound is normal or abnormal  
Results: Abnormal (gallop)*

Station #20

ADD. INFO: Vitals: B/P 162/92  
 (In folder) More Hx: Miosis and anhidrosis on the left side of the face; radiating to the 5<sup>th</sup> digit

Xray:



Big obvious Pancoast tumor

Pain Drawing:



Anterior

Labs:

WBC	Normal
-----	--------

DIFF. DX. (Choose 3):

- |                             |                          |
|-----------------------------|--------------------------|
| 1. Tuberculosis             | 6. Horner's syndrome     |
| 2. Sympathetic interruption | 7. Emphysema             |
| 3. Ménière's disease        | 8. Bronchiectasis        |
| 4. Congestive heart failure | 9. Acute asthma          |
| 5. Pancoast tumor           | 10. Pneumocystis carinii |

Answers: 2, 5 & 6
----------------------

INITIAL CASE MGT. (Choose 3):

- |                               |                                |
|-------------------------------|--------------------------------|
| 1. Needle biopsy              | 6. Endoscopy                   |
| 2. P-A and lateral chest Xray | 7. Refer to the emergency room |
| 3. Rib studies                | 8. Refer to Cardiologist       |
| 4. Chest computed tomography  | 9. Bronchoscopy                |
| 5. Echocardiogram             | 10. Venogram                   |

Answers: 1, 4 & 9
----------------------

**Set-ups Station #21**

**Line of Drive (LOD)**

A. With the patient supine, use an index contact on the lamina of C6, for a body right (RP), spinous left (PL) listing.

P-A & I-S

B. With the patient seated, use a digital contact on the pillar of C2, for a body right (RP), spinous left (PL) pull move.

P-A & I-S

**Set-ups Station #22**

**Line of Drive (LOD)**

A. With the patient prone, use a thumb contact on the spinous with head stabilization, for T1 body right (RP), spinous left (PL) listing.

P-A & L-M

B. With the patient prone, use a reinforced pisiform on the transverse process, for a T6 body left (LP), spinous right (RP) listing.

P-A & I-S

**Set-ups Station #23**

**Line of Drive (LOD)**

A. With the patient side-lying, use a pisiform contact on the patient's mammillary, for a L2 body right (RP), spinous left (PL-m) listing.

P-A & I-S  
[right side up]

B. With the patient side-lying, use a digit contact on the patient's mammillary, for a L3 body left (LP), spinous right (PR-m) pull.

P-A & I-S  
[left side up]

**Set-ups Station #24**

- A. With the patient side-lying, involved side down, use a pisiform contact on the sacral base, for a P-L sacrum listing.

**Line of Drive (LOD)**

P-A & I-S  
[right side up]

- B. With the patient side-lying, use a pisiform contact on the right ischium, for an AS ilium listing.

P-A & S-I  
[right side up]

**Set-ups Station #25**

- A. With the patient seated, use a palmer contact on the left olecranon process, for a left anterior humerus.
- B. With the patient supine, use a reinforced phalangeal contact, for a long axis traction of a right superior talus.

**Line of Drive (LOD)**

A-P

S-I