Matthew Mayfield, MD July 10, 2012



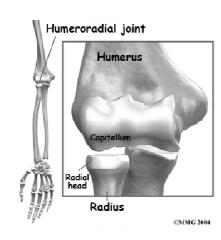
- ASSESSMENT
 - ANATOMY
 - PHYSICAL EXAMINATION
 - FOCUSED INJURY ASSESSMENT
- TREATMENT OF COMMON INJURIES
 - ICE
 - WRAPS/SPLINTS
 - REFERRAL



- ASSESSMENT
 - ANATOMY
 - SHOULDER
 - ELBOW
 - WRIST
 - HAND



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- ASSESSMENT
 - ANATOMY
 - SHOULDER
 - ELBOW
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 - HAND



- ASSESSMENT
 - PHYSICAL EXAMINATION (IN THE CLINIC)
 - INSPECTION
 - PALPATION
 - ROM
 - STRENGTH
 - NEUROVASCULAR EXAM





ASSESSMENT

- PHYSICAL EXAMINATION (ON THE FIELD)
 - INSPECTION
 - PALPATION
 - NEUROVASCULAR EXAM
 - ROM
 - STRENGTH





ASSESSMENT SKILLS OF THE UPPER EXTREMITY ON THE FIELD AND CLINIC

ASSESSMENT

- FOCUSED INJURY
 - OPEN WOUNDS
 - DISLOCATIONS
 - WHEN TO REDUCE?
 - NEUROVASCULAR EXAM
 - DETERMINES ACUITY



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- TREATMENT OF COMMON INJURIES
 - ICE (RICE)
 - SPLINTS
 - REFERRAL





- TREATMENT OF COMMON INJURIES
 - ICE (RICE)
 - SPLINTS
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 - -ICE (RICE)
 - -SPLINTS
 - -REFERRAL

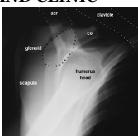




- TREATMENT OF COMMON INJURIES
 - ICE (RICE)
 - SPLINTS
 - REFERRAL
 - EMERGENCY VS. DOCTORS OFFICE VS. TRAINING ROOM



- Dislocations
 - Shoulder
 - Anterior vs. Posterior
 - Elbow
 - Hand





- Dislocations
 - -Shoulder
 - Anterior vs.Posterior
 - Elbow
 - -Hand





- Dislocations
 - Shoulder
 - Anterior vs.
 Posterior
 - Elbow
 - Hand





- FRACTURES
 - PROXIMAL HUMERUS
 - 'ELBOW'
 - SUPRACONDYLAR
 - LATERAL CONDYLE
 - RADIAL NECK
 - FOREARM/WRIST
 - HAND



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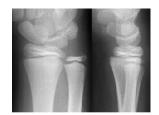


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