The Musculoskeletal System – Upper Extremities and Spine

Instructor Lesson Plan

Time Required: 2 Hours

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| Lesson Description |
| The information below provides the instructor with an overview of the lesson and the materials that are required to effectively present this instruction. |
| TMS # | 4181656 |
| Prerequisites | Prior to this lesson, the Rating Veteran Service Representatives (RVSRs does not need any prior experience before taking the course. Trainees may have prior knowledge if they performed duties as a Claims Assistant, Veterans Service Representative, or Veterans Service Officer. |
| target audience | The target audience for **The Musculoskeletal System-Upper Extremities and Spine** is **RVSR**, Entry Level.Although this lesson is targeted to teach the RVSR, Entry Level employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 2 hours |
| Materials/TRAINING AIDS | Lesson materials:* The Musculoskeletal System-Upper Extremities and Spine PowerPoint Presentation
* The Musculoskeletal System-Upper Extremities and Spine Trainee Handouts
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| Training Area/Tools  | The following are required to ensure the trainees are able to meet the lesson objectives: * Virtual Classroom (Internet-Web based training) suitable for participatory discussions
* Seating, writing materials, and writing surfaces for trainee note taking and participation
* Handouts, which include a practical exercise
* Computer with Lync meeting accessibility and PowerPoint software to read/ present the lesson material

Trainees require access to the following tools: * VA TMS to complete the assessment
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| Pre-Planning  | * Become familiar with all training materials by reading the Instructor Lesson Plan while simultaneously reviewing the corresponding PowerPoint slides. This will provide you the opportunity to see the connection between the Lesson Plan and the slides, which will allow for a more structured presentation during the training session.
* Become familiar with the content of the trainee handouts and their association to the Lesson Plan.
* Practice is the best guarantee of providing a quality presentation. At a minimum, do a complete walkthrough of the presentation to practice coordination between this Lesson Plan, the trainee handouts, and the PowerPoint slides and ensure your timing is on track with the length of the lesson.
* Ensure that there are copies of all handouts before the training session.
* When required, reserve the training room.
* Arrange for equipment such as flip charts, an overhead projector, and any other equipment (as needed).
* Talk to people in your office who are most familiar with this topic to collect experiences that you can include as examples in the lesson.
* This lesson plan belongs to you. Feel free to highlight headings, key phrases, or other information to help the instruction flow smoothly. Feel free to add any notes or information that you need in the margins.
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| Training Day  | * Arrive as early as possible to ensure access to the facility and computers.
* Become familiar with the location of restrooms and other facilities that the trainees will require.
* Test the computer and projector to ensure they are working properly.
* Before class begins, open the PowerPoint presentation to the first slide. This will help to ensure the presentation is functioning properly.
* Make sure that a whiteboard or flip chart and the associated markers are available.
* The instructor completes a roll call attendance sheet or provides a sign-in sheet to the students. The attendance records are forwarded to the Regional Office Training Managers.
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| Introduction to The Musculoskeletal System-Upper Extremities and Spine |
| INSTRUCTOR INTRODUCTION | Complete the following:* Introduce yourself
* Orient learners to the facilities
* Ensure that all learners have the required handouts
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| time required | 1.75 hours |
| Lesson ObjectivesDiscuss the following:Slide 2  | In order to accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.TheRVSRwill be able to: * identify relevant references pertaining to the musculoskeletal system, and
* accurately identify, adjudicate, and evaluate musculoskeletal contentions for upper extremities and spine.
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| Explain the following: | Each learning objective is covered in the associated topics. At the conclusion of the lesson, the learning objectives will be to review the practical exercise with 98% accuracy |
| Motivation | By learning the Musculoskeletal System-Upper Extremities and Spine, it will become much easier to serve Veterans and their dependent(s) effectively and efficiently. |
| STAR Error code(s) | A1, A2, B2, D1 |
| ReferencesSlide 3-4  | Explain where these references are located in the workplace.All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/).[All CFR references are found in the eCFR.](https://vbaw.vba.va.gov/bl/21/publicat/nara.htm)[All Court references are found in the Live Manual Website.](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000015809/M21-1-Part-III-Subpart-iv-Chapter-3-Section-A-Examination-Requests-Overview)* [38 CFR 4.40](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_140) Functional loss
* [38 CFR 4.41](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_141) History of injury
* [38 CFR 4.42](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_142) Complete medical examination of injury cases
* [38 CFR 4.45](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_145) The joints
* [38 CFR 4.46](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_146) Accurate measurement
* [38 CFR 4.59](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_157) Painful motion
* [38 CFR 4.63](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_163) Loss of use of hand or foot
* [38 CFR 4.68](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_168) Amputation rule
* [38 CFR 4.69](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_169) Dominant hand
* [38 CFR 4.71](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_171) Measurement of ankyloses and joint motion
* [38 CFR 4.71a](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_171a) Schedule of rating-musculoskeletal system
* [M21-1 III.iv.4.A](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?portalid=554400000001034) Musculoskeletal Conditions
* *DeLuca v. Brown*, 8 Vet.App. 202 (1995)
* *Burton v. Shinseki*, 25 Vet.App. 1 (2011)
* *Mitchell v. Shinseki*, 25 Vet. App. 32 (2011)
* *Petitti v. McDonald*, 27 Vet. App. 415 (2015)
* *Sowers v. McDonald*, 27 Vet.App. 472 (2016)
* *Correia v. McDonald*, 28 Vet.App. 158 (2016)
* *Southall-Norman v. McDonald*, 28 Vet.App. 346 (2016)s
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| Topic 1: Basic Regulatory Guidance and Impact of Court Holdings |
| Slides 5, 6**Instructor Notes** | Disability of the musculoskeletal system is primarily the inability, due to damage or infection in parts of the system, to perform the normal working movements of the body with normal excursion, strength, speed, coordination and endurance. It is essential that the examination on which ratings are based adequately portray the anatomical damage, and the functional loss, with respect to all these elements. The functional loss may be due to absence of part, or all, of the necessary bones, joints and muscles, or associated structures, or to deformity, adhesions, defective innervation, or other pathology, or it may be due to pain, supported by adequate pathology and evidenced by the visible behavior of the claimant undertaking the motion. Weakness is as important as limitation of motion, and a part which becomes painful on use must be regarded as seriously disabled. A little used part of the musculoskeletal system may be expected to show evidence of disuse, either through atrophy, the condition of the skin, absence of normal callosity or the like.• Provide examples of functional loss when it has become painful on use and must be regarded as seriously disabled•  |
| History of Injury 4.41**Instructor Notes**  | * Considering the residuals of an injury, traced back to the original injury, nature of injury, circumstances, effects of treatment, course of recovery.
* Very frequently seen in the differentiation of traumatic vs. degenerative arthritis

In considering the residuals of injury, it is essential to trace the medical-industrial history of the disabled person from the original injury, considering the nature of the injury and the attendant circumstances, and the requirements for, and the effect of, treatment over past periods, and the course of the recovery to date. The duration of the initial, and any subsequent, period of total incapacity, especially periods reflecting delayed union, inflammation, swelling, drainage, or operative intervention, should be given close attention. This consideration, or the absence of clear cut evidence of injury, may result in classifying the disability as not of traumatic origin, either reflecting congenital or developmental etiology, or the effects of healed disease. |
| Complete Medical Examination of Injury Cases 4.42**Instructor Notes**  | The importance of complete medical examination of injury cases at the time of first medical examination by the Department of Veterans Affairs cannot be overemphasized. When possible, this should include complete neurological and psychiatric examination, and other special examinations indicated by the physical condition, in addition to the required general and orthopedic or surgical examinations. When complete examinations are not conducted covering all systems of the body affected by disease or injury, it is impossible to visualize the nature and extent of the service connected disability. Incomplete examination is a common cause of incorrect diagnosis, especially in the neurological and psychiatric fields, and frequently leaves the Department of Veterans Affairs in doubt as to the presence or absence of disabling conditions at the time of the examination.**Instructor Question/Discussion with Trainees:** **What are some things that result from not having a complete examination?****•** Incorrect diagnosis• Missed information at the time of the exam• Delays the claim• Dissatisfied Customer |
| Factor of The Joints 4.45**Instructor Notes** | **EMPHASIZE** that the definitions for the terms major and minor joints in the context of arthritis are found within this regulation, as highlighted below. This definition is only applicable to ratings under the appropriate, applicable diagnostic codes (e.g. 5003). As regards the joints the factors of disability reside in reductions of their normal excursion of movements in different planes. Inquiry will be directed to these considerations: (a) Less movement than normal (due to ankylosis, limitation or blocking, adhesions, tendon-tie-up, contracted scars, etc.). (b) More movement than normal (from flail joint, resections, nonunion of fracture, relaxation of ligaments, etc.). (c) Weakened movement (due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.). (d) Excess fatigability. (e) Incoordination, impaired ability to execute skilled movements smoothly.(f) Pain on movement, swelling, deformity or atrophy of disuse. Instability of station, disturbance of locomotion, interference with sitting, standing and weight-bearing are related considerations. For the purpose of rating disability from **arthritis**, the **shoulder, elbow, wrist, hip, knee, and ankle are considered major joints**; multiple involvements of the interphalangeal, metacarpal and carpal joints of the upper extremities, the interphalangeal, metatarsal and tarsal joints of the lower extremities, the cervical vertebrae, the dorsal vertebrae, and the lumbar vertebrae, are considered groups of minor joints, ratable on a parity with major joints. The lumbosacral articulation and both sacroiliac joints are considered to be a group of minor joints, ratable on disturbance of lumbar spine functions. |
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| **Accurate Measurement 4.46** | **EXPLAIN**:* accurate measurement, including with the use of a goniometer in the measurement of limitation of motion, is indispensable
* Muscle atrophy must also be accurately measured and reported
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| **Painful Motion 4.59**Slide 6 | **EXPLAIN:**Though 4.59 specifically mentions arthritis, the Court held in *Burton v. Shinseki* that the VA’s interpretation of this regulation not being limited to arthritis is consistent with the regulation and is not erroneous. As such, we remain able to apply minimum evaluations for painful motion for non-arthritic diagnoses. The current language of 4.59 also has no requirement for objective evidence of painful motion nor is it limited in scope to diagnoses predicated on range of motion. Further information on these will be discussed on a later slide. |
| **Loss of Use of Hand or Foot 4.63** | **REVIEW** Loss of use of hand or foot: Remaining function of the hand (grasping, manipulation)Remaining function of the foot (balance and propulsion equal to an amputation stump with prosthesis)Unfavorable complete ankylosis of the kneeComplete ankylosis of 2 major joints of an extremityShortening of the lower extremity of 3-1/2 inches (8.9 cms) or moreComplete paralysis of the external popliteal nerve with foot drop**EXPLAIN** the concept of unfavorable complete or **complete ankylosis or shortening of LE of 3/1/2 inches will be taken as** loss of use. Note for trainees that loss of use is a legal determination, not a medical one, as it is defined by regulation. |
| Amputation Rule 4.68 | **REVIEW** Combined rating for disabilities of an extremity shall not exceed the rating for the amputation at the elective levelExample: 40% below the knee and 60% at the level of the kneeNote that VBMS-R will prompt RVSRs for consideration of the amputation rule when combined evaluations in the same extremity violate it. |
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| Dominant Hand 4.69 | **REVIEW** the regulation for dominant hand. It is determined by the evidence of record, or by testing on VA examinationInjured hand, or the most severely injured hand, of an ambidextrous individual is considered dominantNote that the major and minor upper extremities receive different evaluations, with higher evaluations available for the major extremity.  |
| Joint Motion 4.71 | **EXPLAIN** that this regulation provides tables of the normal range of motion of the joints and views of the bones of the hands and feet.NOTE: An abridged CFR reference is on the slide (The anatomical position is considered as 0°, with two major exceptions: (a) Shoulder rotation—arm abducted to 90°, elbow flexed to 90° with the position of the forearm reflecting the midpoint 0° between internal and external rotation of the shoulder; and (b) supination and pronation—the arm next to the body, elbow flexed to 90°, and the forearm in midposition 0° between supination and pronation.). Direct trainees to the CFR for the complete regulation. |
| **Deluca/Mitchell/****Petitti/Sowers/****Correia/Southall-Norman**Slide 7 | **EXPLAIN** to the trainees how to locate the DAD for each case and encourage them to read |
| **Instructor note(s)** | **DISCUSS** the cases and note how each case builds on 38 CFR 4.59 and the DeLuca case. Also discuss the impact on rating including the additional examination/opinion information that is required to sufficiently rate a musculoskeletal disability. **NOTE**: Given the Court Cases below, the major change to recognize is that 38 CFR 4.59 considerations are now based on DCs rather than on range of motion disabilities only. Minimum compensable evaluations can be established for any DC that both provides a minimum compensable evaluation (10 percent or more) and demonstrates pain on movement, whether in objective medical evidence or subjective credible testimony. Though this will result in substantial increase in evaluations under this criteria, ensure that pyramiding regulations outlined in 38 CFR 4.14 are not violated by using the same symptom of painful motion across multiple diagnostic codes that encompass only one joint.  |
| **Court Cases:** | ***Deluca v. Brown (1995)***The Court held that the Rating Schedule does not prohibit consideration of a higher evaluation based on a greater limitation of motion due to pain, weakened movement, excess fatigability, incoordination on use to include flare-ups. **(procedurally, this holding resulted in testing for additional loss of ROM following three repetitions of ROM on examination)*****Mitchell v. Shinseki (2011)***If any §§ 4.40 or 4.45 factors are associated with movement, there must also be an opinion on whether pain, weakness, fatigability, or incoordination could significantly limit functional ability during flare-ups or when the joint is used repeatedly over a period of time and the opinion should be expressed in degrees of additional ROM loss due to “pain on use or during flare-ups.” **(procedurally, this holding resulted in the requirement for an opinion regarding additional functional impairment from pain after use over time or during flare-ups)*****Petitti v. McDonald (2015)***The Court held that 38 CFR 4.59 does not require objective evidence of painful motion for assignment of a minimal compensable evaluation for a joint. Review of evidence of record is required to determine presence of this symptom. [Claims processors] are not absolved from ordering examinations in increase claims if Veteran claims painful motion as exam findings may show degree of disability greater than minimum compensable evaluation. **(objective evidence of painful motion is not required to establish a minimum evaluation under 38 CFR 4.59)*****Sowers v. McDonald (2016)***Although the Court’s holding was limited to the inapplicability of 38 CFR 4.59 to a DC that does not provide a compensable evaluation, the Court’s analysis provided an example of the minimum evaluation under 38 CFR 4.59 for limitation of motion of the shoulder as 20 percent. Procedural rating guidance has been updated to consider the minimum compensable evaluation for an applicable DC, if such evaluation exists, for each affected joint when establishing a minimum evaluation under 38 CFR 4.59. **(procedurally, the Court’s holding resulted in the change from the use of a 10 percent evaluation for the shoulder under 4.59 to 20 percent, as this is the minimum evaluation for shoulder joint disabilities in the rating schedule)*****Correia v. McDonald (2016)*****(examination should follow all requirements of 38 CFR 4.59 in range of motion testing – to include testing for painful motion on weight-bearing and non weight-bearing with both active and passive ROM with a comparison to the uninjured joint, if present)** **Southall-Norman v. McDonald (2016)**The Court’s holding in this case established that evaluations under 38 CFR 4.59 are not limited to DCs that provide a range of motion-based evaluation criteria. 38 CFR 4.59 evaluations should be considered under every musculoskeletal diagnostic code that contemplates a joint. NOTE: Though a major joint is defined for the purpose of painful motion resulting from arthritis under 38 CFR 4.45, evaluations under 38 CFR 4.59 for other diagnoses do not have these same defining criteria for a joint.  |
| **Arthritis-Degenerative 5003***Slides 8, 9* | **EXPLAIN** that degenerative arthritis is a systemic process that can involve many joints.Example: hypertrophic or osteoarthritis**EMPHASIZE** that DC 5003 also provides compensable evaluations for early cases of degenerative arthritis shown by x-ray only with no Limitation of Motion (LOM). Note that imaging results *must* be of record to grant service connection for arthritis. |
| **Traumatic Arthritis 5010***Slide 10* | **EXPLAIN** that DC 5010 applies to arthritis due to a trauma which should include the vast majority of arthritis claims due to the nature of military service.Traumatic arthritis is a form of arthritis that is caused by blunt, penetrating, or repeated trauma or from forced inappropriate motion of a specific joint or ligament**EMPHASIZE** that for rating purposes, it is considered distinct and separate from degenerative arthritis, which is systemic.Consider 4.41, the history of injury, when determining degenerative vs. traumatic. Examiners will rarely use the term traumatic arthritis, so you will need to determine by a review of the evidence |
| **Joint prosthesis - example DC 5051***Slide 11* | **EXPLAIN** that the slide shows the rating criteria.**REVIEW** and direct the trainees to the DBQ switchboard for further information. **EMPHASIZE** that the definite periods of convalescence and subsequent post-convalescence evaluations can be assigned prospectively or retrospectively. In either case, definite periods of convalescence are assigned as essentially a staged rating. Note that joint prosthesis also includes a 1-month total evaluation under 38 CFR 4.30, for a total of 13 months at 100 percent for total arthroplasty. |
| **Shoulder under DC 5201** | **EXPLAIN** that the slide shows the rating criteria. |
| *Slide 12***Note*:*** | **REVIEW**  and direct the trainees to the DBQ switchboard for further information.**EMPHASIZE** separate evaluations may be given for disabilities of the shoulder and arm under DCs 5201, 5202, or 5203 if the manifestations represent separate and distinct symptomatology that are neither duplicative nor overlapping. Complete and thorough input of examination results into evaluation builder is essential(M21-1III.iv.4.A.1)The Federal Circuit has definitively ruled that **multiple evaluations for the shoulder** under [38 CFR 4.71a, DC 5201](http://www.ecfr.gov/cgi-bin/text-idx?SID=fa97f8a169e2599f5b20e5743ae50517&mc=true&node=se38.1.4_171a&rgn=div8), are **not permitted**. In [*Yonek v. Shinseki*](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bmy)*,* 22 F.3d 1355 (Fed. Cir. 2013) the court held that a Veteran is **entitled to a single rating** under [38 CFR 4.71a, DC 5201](http://www.ecfr.gov/cgi-bin/text-idx?SID=fa97f8a169e2599f5b20e5743ae50517&mc=true&node=se38.1.4_171a&rgn=div8), even though a shoulder disability results in limitation of motion (LOM) in both flexion (raising the arm in front of the body) and abduction (raising the arm away from the side of the body). |
| **Forearm (elbow) under DC 5206***Slide 13***Wrist DC 5215***Slide 14***Thumb, Index or Long Finger, Ring or Little Finger DCs 5228, 5229, 5230***Slides 15, 16, 17***Note:** | **EXPLAIN** that the slide shows the rating criteria**REVIEW** and direct the trainees to the DBQ switchboard for further information.**EMPHASIZE** separate evaluations may be given for disabilities of elbow flexion DC 5206 and elbow extension DC 5207. Complete and thorough input of examination results into evaluation builder is essential**EXPLAIN** that the slide shows the rating criteria.**REVIEW** and direct the trainees to the DBQ switchboard for further information.**EMPHASIZE** separate evaluations may be given for disabilities of wrist flexion or ankylosis under DC 5214 and DC 5215. Complete and thorough input of examination results into evaluation builder is essential.**REVIEW** the digits of the hand are identified as* thumb
* index
* long
* ring, or
* little

Do not use numerical designations for either the fingers or the joints of the fingers. Note for trainees that, as the thumb, index, and long fingers have a minimum compensable evaluation, each can receive a separate 10 percent evaluation under 38 CFR 4.59. As the ring and little fingers do not have a minimum compensable evaluation, an evaluation under 4.59 is inapplicable (from the *Sowers* holding).  |
| **Musculoskeletal Spinal Disorders***Slide 18*  | **Rating Schedule of the Spine****EXPLAIN** the different names IVDS goes by, specifically degenerative disc disease M21-1 III.iv.A3.a. Evaluating Manifestations of Spine Diseases and Injuries**.**The General Rating Formula for Diseases and Injuries of the Spine (DC 5235 to 5242 unless 5243 is evaluated under the Formula for Rating Intervertebral Disc Syndrome Based on Incapacitating Episodes)**Formula for Rating Intervertebral Disc Syndrome Based on Incapacitating Episodes****EMPHASIZE** that compensable objective neurological abnormalities due to IVDS may only be separately evaluated under The General Rating Formula for Diseases and Injuries of the Spine, and not if based on incapacitating episodes. Evaluations may not be provided under both formulas. Evaluate IVDS under whichever method results in the higher evaluation when all disabilities are combined under 38 CFR 4.25 |
| **Cervical and Thoracolumbar****DCs 5235 to 5243** *Slides 19, 20***Instructor Notes:****IVDS Incapacitating Episodes****DC 5243***Slide 21* | **REVIEW** rating criteria for the general schedule. Note that the evaluation is based on range of motion OR other criteria depending on the percentage**EXPLAIN** there are six (6) notes associated with the general rating. Direct the trainees to the rating schedule**Note 1 Separately evaluate objective neurological conditions****Note 2 Provides normal ranges of motion****Note 3 Body Habitus****Note 4 Round each measurement****Note 5 Unfavorable ankylosis definition****Note 6 Separate evaluations for cervical and thoracolumbar****EXPLAIN** in order to evaluate IVDS based on incapacitating episodes, there must be evidence the associated symptoms required bedrest as prescribed by a physician.**EMPHASIZE** that if the records do not adequately document prescribed bedrest, use the General Rating Formula to evaluate IVDS and advise the Veteran to submit medical evidence documenting the periods of incapacitating episodes requiring bedrest prescribed by a physician**.** |
| **Special Considerations***Slide 23* | **DISCUSS**the 3.309 provision for musculoskeletal disabilities; SMC consideration and how to note them in the rating schedule; ancillary considerations) |
| **Questions***Slide 24* | Ask trainees if they have any questions. |

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| **Practical Exercise** |
| The students will complete a spine eCase for this lesson. |
| **Demonstrate**: On the next day during homeroom, the eCase for this lesson should be demonstrated to the class. |

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| **Lesson Review, Assessment, and Wrap-up** |
| **Introduction***Discuss the following:* | The Musculoskeletal System-Upper Extremities and Spine lesson is complete. Review each lesson objective and ask the trainees for any questions or comments. |
| **Time Required** | 0.25 hours  |
| **Lesson Objectives** | You have completed the Musculoskeletal System-Upper Extremities and Spine lesson. The trainee should be able to: * Accurately identify, adjudicate, and evaluate musculoskeletal contentions for upper extremities and spine.
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| **Assessment**  | Remind the trainees to complete the on-line assessment in TMS to receive credit for completion of the course.The assessment will allow the participants to demonstrate their understanding of the information presented in this lesson. |