



# Community Based Learning

## Al Wahat Project

(Challenges - Courses Related - Suggestions)



*Faculty Of Physical Therapy*



Challenges	Courses Related	Suggestions (Request)
1- Spinal Deformities (Kyphosis, Scoliosis)	<ul style="list-style-type: none"> <li>• Test&amp; Measurement</li> <li>• Therapeutic Exercises</li> <li>• Biomechanics</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation Sheets</li> <li>• Tape Measurements</li> <li>• Goniometers</li> <li>• Inclinometers</li> <li>• Dynamometers</li> <li>• Hand Grips</li> </ul>
2- Musculoskeletal Disorders (Dislocations, Subluxations, Sprains, Strains)		
3- Pain ( LBP, Neck, Jts)		
4- Chest Disorders (Smoking, Allergy)	<ul style="list-style-type: none"> <li>• Internal Medicine</li> <li>• Geriatrics</li> <li>• Cardiopulmonary</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation Sheets</li> <li>• Tape Measurements</li> <li>• Weight Scales</li> <li>• Incentive Spirometer</li> <li>• Stethoscopes</li> <li>• Sphygmomanometer</li> <li>• Sugar level measurement devices</li> <li>• Skin Fold Calibers</li> </ul>
5- Cardiac Diseases ( Rheumatic, Congenital)		
6- Vascular (Arterial, Venous Insufficiency)		
7- Metabolic (Diabetes, Hypertension)		

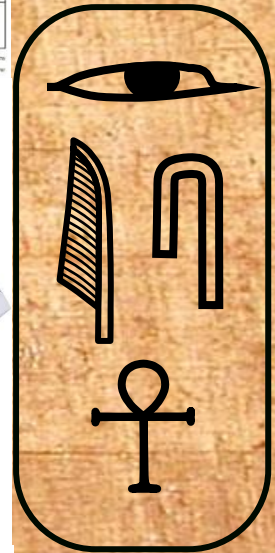


- Evaluation Sheets
- Tape Measurements
- Goniometers
- Inclinometers
- Dynamometers
- Hand Grips

**PHYSICAL EXAMINATION**

PATIENT NAME _____	BIRTHDATE _____	PATIENT # _____
AGE _____	HISTORY FORM OF _____	REVIEWED _____
TODAY'S DATE: _____ / _____ / _____		
Change in RCS and/or PSH are as follows: _____ No Change		
Conventional (3 of 7):		
Height _____	Weight _____	Temp _____
Pulse _____	Resp _____	BP _____
General Appearance: _____		
Chief Complaint: _____		
History of Present Illness: (note location, qualities, severity, duration, timing, context, modifying factors, associated signs & symptoms)		
Problem 1: _____	New _____	Established _____
Stable _____	Evolving _____	
Problem 2: _____	New _____	Established _____
Stable _____	Evolving _____	
Problem 3: _____	New _____	Established _____
Stable _____	Evolving _____	
WNL: Abnormal (note all pertinent findings) no mark = not examined		
<b>Eyes</b>	Conjunctiva & Lid: _____	
	Pupil & Iris: _____	
	Optic Disc/Ophthalmoscopic: _____	
<b>Ears, Nose, Mouth &amp; Throat</b>	External Inspection of Ears/Nose: _____	
	Otoscopic Exam: _____	
	External Auditory Canals & Tympanic Membranes: _____	
	Hearing Assessment: _____	
	Nasal Mucosa, Septum & Turbinates: _____	
	Lips, Teeth & Gums: _____	
	Oropharynx: _____	
	Oral Mucosa, Salivary Glands, Hard/Soft Palates, Tongue, Tonsils, & Posterior Pharynx: _____	
<b>Neck</b>	Neck, Tracheal Position: _____	
	Thyroid: _____	
<b>Respiratory</b>	Respiratory Effort: _____	
	Percussion of Chest: _____	
	Palpation of Chest: _____	
	Auscultation of Lung: _____	
<b>Cardiovascular</b>	Palpation of Heart: _____	
	Auscultation of Heart: _____	
	Indication of abnormal sounds/murmurs: _____	

Problem Focused 1-5 Elements; Expanded 6+ Elements; Detailed 2+ Elements in 4 Areas/Systems or 12+ Elements in 2+ Areas/Systems; Comprehensive 2+ Elements in 9 Areas/Systems



- Evaluation Sheets
- Tape Measurements
- Weight Scales
- Incentive Spirometer
- Stethoscopes
- Sphygmomanometer
- Blood Sugar level measurement devices
- Skin Fold Calibers



Thank You

