

Sports Medicine



Event Category: Health Professions.....

Eligible Divisions: Secondary & Postsecondary/ Collegiate	Round One: 50 Q test (60 minutes)	Digital Upload: NO
Solo Event: 1 competitor	Round Two: Skill(s) assessment	



New for 2026-2027

Editorial changes have been made. Shark and scissors for tape removal have been added to the HOSA equipment list.

TEXAS HOSA

Make sure to read TEXAS General Rules and Regulations for updated “Electronic Device Policies” and “Extended Stay Preparation”.

Area Spring Leadership Conference

Round one online test for Area will be given in December. The top ten (10) competitors will advance to round two (2) in person at the Area Spring Leadership Conference. The top three (3) scores in each Area will advance to State.

Texas State Leadership Conference

A Round 1 written exam will be used to slate the top ten (10) competitors for Round 2. Both Round 1 and Round 2 for State will be in person in Irving. The top three (3) scores from State will advance to ILC.

Event Summary

Sports Medicine provides members with the opportunity to gain the knowledge and skills required for patient care in a sports medicine setting. This competitive event consists of two rounds. Round One is a written, multiple-choice test, and the top-scoring competitors advance to Round Two for the skills assessment. This event aims to inspire members to learn more about injury prevention, therapeutic intervention, and immediate care.

Sponsorship

HOSA-Future Health Professionals appreciates the sponsorship of this event by the National Athletic Trainers' Association .	
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General Event Information

General Rules	Competitors must be familiar with and adhere to the General Rules and Regulations .
Dress Code	Proper business attire or official HOSA uniform. Bonus points will be awarded for proper dress . • Round One: Proper business attire, official HOSA uniform, or attire appropriate to the occupational area. • Round Two: Attire appropriate to the occupational area.

Competitors Must Provide	• Photo ID for both rounds • Two #2 lead pencils (not mechanical) with an eraser for test • Neon colored foam earplugs, NOT earbuds, for noise control (Rd1-optional) • Appropriate tape of any size, color or type Elastic wrap (used for Skill III-C) • Thin foam pads (heel and lace pads) with skin lubricant (used for Skill III-A & B) • Pad for shoulder (used for Skill III-C) • Underwrap of any size, color or type Note: It is the competitor's responsibility to know what size and type(s) of tape/elastic wrap is (are) needed for each taping/wrapping skill, and to bring the appropriate materials to the event. HOSA Conference Staff will provide equipment and supplies listed in Appendix I.
Official References	The references below are used in the development of the test questions and skill rating sheets: a. Beam, Joel W. Orthopedic Taping, Wrapping, Bracing, and Padding. F.A. Davis, Latest edition. b. France, Bob. Introduction to Sports Medicine and Athletic Training. Cengage, Latest edition. c. Prentice, William E. The Role of the Athletic Trainer in Sports Medicine: An Introduction for the Secondary School Student, McGraw Hill, Latest edition

ROUND ONE- Test

Test Instructions	All competitors will be given a test and answer sheet. The written test will consist of 50 multiple-choice items in a maximum of 60 minutes. See test instructions here .
Time Remaining Announcements	There will be NO verbal announcements for time remaining during ILC testing. All ILC testing will be completed in the Testing Center, and competitors are responsible for monitoring their own time.
Written Test Plan	The written test for Sport Medicine is: • Injury / Illness Prevention and Wellness Promotion - 30% • Examination, Evaluation, and Assessment - 30% • Immediate and Emergency Care - 16% • Therapeutic Intervention - 16% • Healthcare Administration and Professional Responsibilities - 8%
Sample Test Questions	1. Which professional can best advise an athlete on the psychological aspects of the rehabilitation process and how to cope with an injury? (Prentice pp 15) A. Sports physiologist B. Sports neurologist C. Sports psychologist D. Sports massage therapist 2. Which vitamin is essential for the metabolism of carbohydrates and some amino acids, maintenance of normal appetite and functioning of the nervous system? (France pp 96) A. Ascorbic acid B. Niacin C. Riboflavin D. Thiamine 3. What is a common mechanism of injury for an MCL sprain? (Beam pp 157)

- A. Quick deceleration, cutting, twisting, and landing movement
- B. Abduction and lower leg rotation on a planted foot
- C. Falling on the anterior knee while in a flexed position
- D. **Adduction and internal rotation of the knee**

ROUND TWO- Skills

- The top competitors from Round One will advance to Round Two. The number of advancing competitors will be determined by the scores obtained in Round One and the space and time available for Round Two. Round Two finalists will be announced on-site at ILC per the conference agenda.

- Round Two is a selected skill(s) assessment. The skills approved for this event are:

Skill I: Anatomical Landmark Identification (Prentice)	7 minutes
Skill II: Joint Action and Maximum Range of Motion Identification NOTE: Skill II Options- This skill may use a live patient to demonstrate poses for competitors to identify. In this case, the competitor will have 15 minutes to identify 15 different numbered poses. The competitor will be responsible for telling the patient when the competitor is ready to move to the next numbered pose. Competitors may request the live patient repeat poses as often as needed during this timeframe, and poses do not need to be done in order. As an alternative to a live patient, numbered photographs of patients in varying poses may be used. Spelling counts! Competitors should come prepared for either option.	15 minutes
Skill III: Taping / Wrapping:	
A. Ankle (Inversion)	5 minutes
B. Achilles Tendon (Technique Two)	6 minutes
C. Shoulder Spica	5 minutes
D. Wrist/Hand (Circular Wrist/ Figure Eight)	4 minutes

- The selected skill(s) will be presented to competitors as a written scenario at the beginning of the round. The scenario will be the same for each competitor. Some scenarios may involve the combination of multiple skills. In the event rating sheets are combined, it is not necessary to repeat a task a second time. An example would be that competitors would not need to identify the patient twice. A sample scenario is available [here](#).
- Timing will begin when the scenario is presented to the competitors and will be stopped at the end of the time allowed. The scenario is a secret topic. Competitors MAY NOT discuss or reveal the secret topic until after the event has concluded or will face penalties per [the GRRs](#).
- Competitors must complete all skill steps listed in the guidelines, even if the steps must be simulated/ verbalized. (If the equipment is available, the competitors would complete all skill steps as the scenario warrants. The competitors will simulate/verbalize the steps if the equipment is unavailable.)

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| 6. Judges will provide information to competitors as directed by the rating sheets. Competitors may ask questions of the judges while performing skills, if the questions relate to the patient's condition and will be included in the scenario or judge script. |
| 7. Competitors must use all equipment correctly and safely. Judges will stop a student and not award points for a step if they see a competitor is about to cause a risk of harm or about to damage equipment or other supplies. |

Final Scoring

1. The competitor must earn a score of 70% or higher on the combined skills in Round Two-Skill Assessment (excluding the test, Anatomical Landmark Identification, and Joint Action and Range of Motion Identification) to be recognized as an award winner at the ILC.
2. The final rank is determined by adding the round one test score plus the round two skill score. In the event of a tie, the highest test score will be used to determine the final placement.

Future Opportunities

The HOSA Scholarship program has funding available for HOSA members who have an interest in various health careers! The application process begins January 1, 2027, and can be found here: <https://hosa.org/scholarships/>.

Graduating from high school or completing your postsecondary/collegiate program does not mean your HOSA journey has to end. As a HOSA member, you are eligible to become a HOSA Lifetime Alumni Member- a free and valuable opportunity to remain connected, give back, and help to shape the future of the organization. Learn more and sign up at hosa.org/alumni.

Skill I: Anatomical Landmark Identification

Anatomy of the:	Bones (including bony landmarks & joint names)	Ligaments or Other Structures	Muscles (including origin & insertion, belly, & tendons)
Foot	Phalanges 1-5 Metatarsals Tarsals	Transverse arch Metatarsal arch Longitudinal arches	Adductor Hallucis Flexor/Extensor Digitorum Extensor Hallucis Longus
Ankle & Lower Leg	Tibia Fibula Tarsals	Anterior/Posterior Tibiofibular Anterior/Posterior Talofibular Deltoid Calcaneofibular	Fibularis(Peroneus) Longus/Brevis Achilles Tendon Extensor/Flexor Digitorum Longus Soleus Tibialis Anterior Extensor/Flexor Hallucis Longus Gastrocnemius
Knee	Femur Patella Tibia Fibula	Medial Collateral Lateral Collateral Patellar Ligament/Tendon	Rectus Femoris Vastus Lateralis Vastus Medialis Oblique Sartorius Gracilis Biceps Femoris Semitendinosus Semimembranosus Popliteus
Elbow & Forearm	Humerus Radius Ulna	Ulnar Collateral Radial Collateral Annular	Biceps/Triceps Brachioradialis Supinator Pronator Teres Pronator Quadratus Flexor/Extensor Carpi Ulnaris Flexor/Extensor Carpi Radialis
Wrist, Hand & Fingers	Phalanges 1-5 Carpals Metacarpals	Anatomical Snuffbox Thenar/Hypothenar Eminence	Flexor/Extensor Digiti Minimi Abductor Pollicis Longus Flexor/Extensor Pollicis
Shoulder	Clavicle Scapula Humerus	Sternoclavicular Acromioclavicular Glenohumeral Coracoclavicular Coracoacromial	Infraspinatus Teres Major/Minor Deltoid Biceps/ Triceps Rhomboids Major/Minor Levator Scapula Trapezius Serratus Anterior Latissimus Dorsi
Neck, Spine & Head	Cervical Spine 1-7 Thoracic Spine 1-12 Lumbar Spine 1-5 Parietal Occipital Temporal Zygomatic Frontal Nasal Maxilla Mandible	None	None

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Skill I: Anatomical Landmark Identification (Prentice)

Time: 7 minutes

Competitor #: _____ Division: ____SS____PS/C Judge's Signature: _____

This skill enables competitors to demonstrate their knowledge of musculoskeletal anatomy. Competitors will place a small adhesive label over the specified anatomical location of a live patient. Competitors will have 15 seconds to identify each landmark requested by the judge. Landmarks may include specific bony sites, muscles (origin, insertion, belly, tendon), or ligaments.

The Head Athletic Trainer (judge) will inform the competitor which 21 locations are to be identified, one at a time. The competitor will then have 15 seconds to place the small adhesive label on the patient in the correct location. The competitor should verbalize when they are finished with each landmark so the judge can move on to the next one. The timekeeper will stop the competitor once 15 seconds has elapsed, so the judge can verbalize the next landmark.

The competitor earns 2 points for correctly identifying each landmark within the given time frame.

Skill I: Anatomical Landmark Identification (Prentice)		Possible	Awarded
A. Anatomy of the Foot:			
	1. _____	2	0
	2. _____	2	0
	3. _____	2	0
B. Anatomy of the Ankle & Lower Leg:			
	4. _____	2	0
	5. _____	2	0
	6. _____	2	0
C. Anatomy of the Knee			
	7. _____	2	0
	8. _____	2	0
	9. _____	2	0
D. Anatomy of the Neck, Spine and Head:			
	10. _____	2	0
	11. _____	2	0
	12. _____	2	0
E. Anatomy of the Shoulder:			
	13. _____	2	0
	14. _____	2	0
	15. _____	2	0

Skill I: Continued...		Possible		Awarded
F. Anatomy of the Elbow & Forearm:				
	16. _____	2	0	
	17. _____	2	0	
	18. _____	2	0	
G. Anatomy of the Wrist, Hand & fingers:				
	19. _____	2	0	
	20. _____	2	0	
	21. _____	2	0	
Total Points- Skill I:		42		

Skill II: Joint Action & Maximum Range of Motion Identification

Foot/Ankle eversion	20 degrees
Foot/Ankle inversion	40 degrees
Ankle dorsiflexion	20 degrees
Ankle plantarflexion	45 degrees
Knee flexion	140 degrees
Hip adduction	40 degrees
Hip abduction	45 degrees
Hip extension	10 degrees
Hip flexion	125 degrees
Hip internal rotation	45 degrees
Hip external rotation	45 degrees
Shoulder flexion	180 degrees
Shoulder extension	50 degrees
Shoulder abduction	180 degrees
Shoulder adduction	40 degrees
Shoulder internal rotation	90 degrees
Shoulder external rotation	90 degrees
Elbow flexion	145 degrees
Forearm pronation	80 degrees
Forearm supination	85 degrees
Wrist extension	70 degrees
Wrist flexion	80 degrees
Wrist radial deviation/abduction	20 degrees
Wrist ulnar deviation/adduction	45 degrees

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Skill II: Joint Action & Maximum ROM Identification

Time: 15 minutes

Competitor #: _____ Division: ____SS____PS/C Judge's Signature: _____

Competitors will identify joint names, actions, and maximum ranges of motion from the photographs provided or from the live patient demonstration. *Spelling counts!*

	Name of Joint	Points (1 each for name & spelling)			Name of Action	Points (1 each for action & spelling)			Range of Motion	1 each for correct ROM	
1.		2	1	0		2	1	0		1	0
2.		2	1	0		2	1	0		1	0
3.		2	1	0		2	1	0		1	0
4.		2	1	0		2	1	0		1	0
5.		2	1	0		2	1	0		1	0
6.		2	1	0		2	1	0		1	0
7.		2	1	0		2	1	0		1	0
8.		2	1	0		2	1	0		1	0
9.		2	1	0		2	1	0		1	0
10.		2	1	0		2	1	0		1	0
11.		2	1	0		2	1	0		1	0
12.		2	1	0		2	1	0		1	0
13.		2	1	0		2	1	0		1	0
14.		2	1	0		2	1	0		1	0
15.		2	1	0		2	1	0		1	0

Total Name & Spelling (30 possible): _____	Total Action & Spelling (30 possible): _____	Total ROM (15 possible): _____
Total Points (75 possible): _____		

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Skill III-A: Taping- Ankle (Inversion)

Time: 5 minutes

Competitor #: _____ Division: ____SS____PS/C Judge's Signature: _____

	Skill III-A: Taping - Ankle (Inversion)	Possible	Awarded
1.	Obtained instructions (scenario) from Head Athletic Trainer (judge).	1 0	
2.	Assembled equipment.	1 0	
3.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
4.	Greeted patient and introduced self.	1 0	
5.	Identified patient and explained skill.	2 0	
6.	Positioned patient sitting on a taping table with the leg extended off the edge with the foot in dorsiflexion.	1 0	
7.	Demonstrated spraying area with tape adherent (without actually spraying adherent on patient).	1 0	
8.	Applied thin foam pads with skin lubricant over the heel and lace areas to provide additional adherence and lessen irritation.	1 0	
9.	Applied one thin, smooth layer of pre-wrap to foot and ankle (pre-wrap may be under or over thin foam pads above).	1 0	
10.	Using non-elastic tape, applied two anchor strips at a slight angle around the distal lower leg, just inferior to the gastrocnemius belly.	1 0	
11.	Placed an anchor strip around the midfoot, proximal to the fifth metatarsal head.	1 0	
12.	Started the first stirrup on the medial lower leg anchor and proceeded down over the posterior medial malleolus, across the plantar surface of the foot and continued up and over the posterior lateral malleolus, finishing on the lateral lower leg anchor.	1 0	
13.	Began the first horseshoe strip on anchor of the medial aspect of the midfoot, continued around the distal Achilles tendon, across the distal lateral malleolus, and finished on the anchor of the lateral midfoot, proximal to the fifth metatarsal head.	1 0	
14.	Started the second stirrup on the medial lower leg anchor by overlapping the first by ½ of the tape width, continued down over the medial malleolus, across the plantar foot, up and over the lateral malleolus, and finished on the anchor of the lateral lower leg.	1 0	
15.	Began the second horseshoe on the medial rearfoot and overlapped the first by ½ of the tape width.	1 0	
16.	Applied the third stirrup, beginning on the medial lower leg anchor, overlapping the second and covered the anterior medial and lateral malleoli.	1 0	
17.	Starting on the medial rearfoot, applied the third horseshoe, overlapping the second.	1 0	
18.	Beginning at the third horseshoe, applied closure strips in a proximal direction, overlapping each by ½, up to anchor strip on lower leg.	1 0	
19.	Applied two to three closure strips around the midfoot in a medial-to-lateral direction.	1 0	
20.	The tape strips and anchors did not put pressure on the 5 th metatarsal head.	2 0	
21.	Anchored the first heel lock across the lateral lace area at an angle toward the medial longitudinal arch. Continued across the arch, then angled the tape upward and pulled across the lateral calcaneus, around the posterior heel, finishing on the lateral lace area.	1 0	

Skill III-A: Continued...		Possible	Awarded
22.	Repeated the same pattern on the other side of the ankle joint moving in the opposite direction.	1 0	
23.	Applied two or three heel locks to ensure maximum stability (<i>use of either individual heel locks or continuous heel locks is acceptable</i>).	1 0	
24.	Reported skill and observations to the Head Athletic Trainer (judge).	4 0	
* Judge evaluates taping at this time.			
25.	Upon direction of the athletic trainer (judge), properly used bandage scissors/athletic tape cutter to remove taping.	2 0	
26.	All tape applied with mild to moderate roll tension.	1 0	
27.	Allowed tape to fit the natural contour of the skin.	1 0	
28.	Skill completed on the correct side / body part using equipment/materials appropriate for the task.	4 0	
29.	Properly disposed of used taping materials.	1 0	
30.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
31.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
Total Points- Skill III-A: 70% Mastery for Skill III-A: 30.1		43	

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Skill III-B: Taping- Achilles Tendon (Technique Two)

Time: 6 minutes

Competitor #: _____ Division: ____SS____PS/C Judge's Signature: _____

	Skill III-B: Taping- Achilles Tendon (Technique Two)	Possible	Awarded
1.	Obtained instructions (scenario) from Head Athletic Trainer (judge).	1 0	
2.	Assembled equipment.	1 0	
3.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
4.	Greeted patient and introduced self.	1 0	
5.	Identified patient and explained skill	2 0	
6.	Positioned patient prone or kneeling on a taping table, with the lower leg extended off the edge.	1 0	
7.	Placed hand on the plantar surface of the distal foot and slowly moved foot into dorsiflexion until patient notifies competitor that pain occurs.	1 0	
8.	When painful range of motion is determined, placed foot in pain-free range & maintained the position during application.	1 0	
9.	Demonstrated spraying the lower leg and plantar surface of the foot with tape adherent (<i>without actually spraying adherent on patient</i>).	1 0	
10.	Placed thin foam pad over the heel to prevent irritation.	1 0	
11.	Applied pre-wrap over the area being taped to lessen irritation (pre-wrap may be under or over thin foam pad above).	1 0	
12.	Applied two anchors around the lower leg, inferior to the knee, around the upper portion of the gastrocnemius belly.	1 0	
13.	Placed the other anchor around the ball of the foot.	1 0	
14.	Anchored a strip of heavyweight elastic tape on the mid-to-distal plantar foot. Proceeded over the middle calcaneus, and finished on the distal lower leg anchor.	1 0	
15.	Anchored the next strip of heavyweight elastic tape at an angle over the head of the 5 th metatarsal, continued over the medial calcaneus, and finished on the medial lower leg anchor.	1 0	
16.	Placed the last heavyweight elastic tape strip at an angle over the head of the 1 st metatarsal, proceeded over the lateral calcaneus, and finished on the lateral lower leg anchor.	1 0	
17.	Completed the series by placing 2-3 circular strips of elastic tape around the foot.	1 0	
18.	Placed 4-6 strips of elastic tape around the lower leg.	1 0	
19.	Reported skill and observations to the Head Athletic Trainer (judge).	4 0	
* Judge evaluates taping at this time.			
20.	Upon direction of the athletic trainer (judge), properly used bandage scissors/athletic tape cutter to remove taping.	2 0	
21.	Completed tape allows for normal, yet pain free, action of the Achilles tendon with support.	2 0	
22.	Skill completed on the correct side / body part using equipment/materials appropriate for the task.	4 0	

Skill III-B: Continued...		Possible	Awarded
23.	Properly disposed of used taping materials.	2 0	
24.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
25.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
Total Points- Skill III-B: 70% Mastery for Skill III-B: 26.6		38	

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Skill III-C: Wrapping Shoulder Spica

Time: 5 minutes

Competitor #: _____ Division: ____SS____PS/C Judge's Signature: _____

**For this event, the wrap may be done over a t-shirt or tank top.*

	Skill III-C: Wrapping Shoulder Spica	Possible	Awarded
1.	Obtained instructions (scenario) from Head Athletic Trainer (judge).	1 0	
2.	Assembled equipment.	1 0	
3.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
4.	Greeted patient and introduced self.	1 0	
5.	Identified patient and explained skill.	2 0	
6.	Requested patient stand with hand of the involved arm placed on the lateral hip in a relaxed manner.	1 0	
7.	Placed pad or ice pack (as indicated in scenario) over the injured area	1 0	
8.	Anchored the extended end of the wrap on the mid-to-proximal lateral upper arm and proceeded around the upper arm in a medial direction to encircle the anchor.	1 0	
9.	At the posterior upper arm, continued the wrap in a medial direction over the lateral shoulder, across the chest, under the axilla of the non-involved arm, then across the upper back.	1 0	
10.	Next, continued over the lateral involved shoulder, under the axilla, and encircle the upper arm.	1 0	
11.	Repeat this spica pattern two to four times with the wrap, overlapping slightly.	1 0	
12.	Finished the wrap over the involved shoulder, upper back, or thorax area.	1 0	
13.	Anchored elastic tape at the end of the wrap and applied 1-2 spica patterns over the wrap with this tape.	1 0	
14.	Reported skill and observations to the Head Athletic Trainer (judge).	4 0	
* Judge evaluates taping at this time.			
15.	Upon direction of the athletic trainer (judge), properly used bandage scissors/athletic tape cutter to remove taping.	2 0	
16.	Wrap tension is moderate, yet prevents constriction and irritation of the axilla areas.	2 0	
17.	Skill completed on the correct side / body part using equipment/materials appropriate for the task.	4 0	
18.	Properly disposed of used taping materials.	2 0	
19.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
20.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
Total Points- Skill III-C:		33	
70% Mastery for Skill III-C: 23.1			

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Skill III-D: Taping- Wrist/Hand (Circular Wrist/Figure of Eight)

Time: 4 minutes

Competitor #: _____ Division: ____SS____PS/C Judge's Signature: _____

	Skill III-D: Taping- Wrist/Hand (Circular Wrist/Figure of Eight)	Possible	Awarded
1.	Obtained instructions (scenario) from Head Athletic Trainer (judge).	1 0	
2.	Assembled equipment.	1 0	
3.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
4.	Greeted patient and introduced self.	1 0	
5.	Identified patient and explained skill.	2 0	
6.	The patient should sit on table or bench with the wrist in a neutral position and the fingers in abduction.	1 0	
7.	Demonstrated spraying area with tape adherent (without actually spraying adherent on patient).	1 0	
8.	Applied pre-wrap to the wrist and hand to lessen irritation.	1 0	
9.	Anchored non-elastic tape over the ulnar styloid process and continued in a circular, lateral-to-medial direction around the wrist and returning to the anchor.	1 0	
10.	Applied 4-5 additional circular strips around the wrist, overlapping by ½ the width of the tape. <i>(Strips may be applied individually or continuously)</i>	1 0	
11.	Beginning again at the ulnar styloid process, applied tape in a medial direction over the dorsum of the hand, over the thenar web space, then across the distal palm. <i>(Tape may need to be creased through the thenar web space to prevent constriction)</i>	1 0	
12.	Continued from the fifth metacarpal over the dorsum of the hand to the distal radius around the wrist, & returned to the ulnar styloid process.	1 0	
13.	Repeated this figure eight pattern, overlapping by 1/3 the tape width, and anchored on the dorsal wrist.	1 0	
14.	Reported skill and observations to the Head Athletic Trainer (judge).	4 0	
* Judge evaluates taping at this time.			
15.	Upon direction of the athletic trainer (judge), properly used bandage scissors/athletic tape cutter to remove taping.	2 0	
16.	Tape is of moderate tension and does not cause constriction of the hand and thumb.	2 0	
17.	Tape remains proximal to the metacarpophalangeal joints of hand.	1 0	
18.	Skill completed on the correct side / body part using equipment/materials appropriate for the task.	4 0	
19.	Properly disposed of used taping materials.	2 0	
20.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
21.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
Total Points- Skill III-D:		34	
70% Mastery for Skill III-D: 23.8			

