# Today, November 28th

- **Intro** – Gloves and notes out; 7th per. - laptops/headphones out too
- **Advanced** – Warm-ups and notes out; submit lab
- **Reminders n' Stuff:**
  - CLUB MED tomorrow 9am rm 1406 – Guest Speaker
  - Teacher Offerings tomorrow
  - After school help with *whatever* available!

# Today, November 28th

## Introduction to Sports Medicine

- ATR/Stadium AED visit after school today
- AT and A&P textbooks (3 each) now available in the library for in-house use and/or checkout!
- **Lecture:** Introduction to the Integumentary System

## Advanced Sports Medicine

- **Warm-Up:** Review
- Thermal Modalities Exam *tentatively* next Tuesday
- **Lecture:** Types of Cryotherapy Modalities; begin Thermotherapy

# Warm-Up (No notes; no blanks)

1. What anatomical structure is predominately responsible for maintaining core body temperature?
2. Under what circumstances might a thermal modality affect a pt's core body temperature?
3. Thermal modalities are classified as either superficial (<___?___cm) or deep (___?___cm).
4. List/describe at least three things that might limit a thermal modality's ability to effectively (i.e. *therapeutically*) change a target tissue's temperature.
5. Name five local effects of cryotherapy.

# Warm-Up Key

1. The hypothalamus is predominately responsible for maintaining core body temperature.
2. Large tx area, pt has a condition in which they struggle to maintain body temp., circulatory impairments, modality is too cold/hot, pt is moving during tx…
3. Superficial (<_2_cm); deep (2-5*cm). * Slight change from notes
4. More superficial layers of tissue (e.g. skin, adipose tissue), whether the pt is stationary or moving, repeated application and removal of modality…
5. ↓ cellular metabolism, vasoconstriction, ↑ fluid viscosity, ↓ $O_2$ demand…