

COMPETENCY CHECKLIST - ELBOW/SHOULDER LANDMARKS & LIGAMENTS

	Date	Date	Task	Notes
<input type="checkbox"/>		<input type="checkbox"/>	Shaft of the Radius	
<input type="checkbox"/>		<input type="checkbox"/>	Shaft of the ulna	
<input type="checkbox"/>		<input type="checkbox"/>	Lateral condyle	
<input type="checkbox"/>		<input type="checkbox"/>	Lateral epicondyle	
<input type="checkbox"/>		<input type="checkbox"/>	Medial Condyle	
<input type="checkbox"/>		<input type="checkbox"/>	Medial Epicondyle	
<input type="checkbox"/>		<input type="checkbox"/>	Capitulum	
<input type="checkbox"/>		<input type="checkbox"/>	Trochlea	
<input type="checkbox"/>		<input type="checkbox"/>	Olecranon Fossa	
<input type="checkbox"/>		<input type="checkbox"/>	Humoralradial joint	
<input type="checkbox"/>		<input type="checkbox"/>	Humoralulnar joint	
<input type="checkbox"/>		<input type="checkbox"/>	Head of the radius	
<input type="checkbox"/>		<input type="checkbox"/>	Olecranon process	
<input type="checkbox"/>		<input type="checkbox"/>	Trochlear notch	
<input type="checkbox"/>		<input type="checkbox"/>	Coranoid process	
<input type="checkbox"/>		<input type="checkbox"/>	Sternoclavicular joint	
<input type="checkbox"/>		<input type="checkbox"/>	Acromioclavicular joint	
<input type="checkbox"/>		<input type="checkbox"/>	Glenohumeral joint	
<input type="checkbox"/>		<input type="checkbox"/>	Head of the humerus	
<input type="checkbox"/>		<input type="checkbox"/>	Coracoid process	
<input type="checkbox"/>		<input type="checkbox"/>	Acromion process	
<input type="checkbox"/>		<input type="checkbox"/>	Spine of the scapula	
<input type="checkbox"/>		<input type="checkbox"/>	Inferior angle	
<input type="checkbox"/>		<input type="checkbox"/>	Medial Border	
<input type="checkbox"/>		<input type="checkbox"/>	Lateral Border	
<input type="checkbox"/>		<input type="checkbox"/>	Supraspinatus fossa	
<input type="checkbox"/>		<input type="checkbox"/>	Infraspinatus fossa	
<input type="checkbox"/>		<input type="checkbox"/>	Subscapularis fossa	
<input type="checkbox"/>		<input type="checkbox"/>	Glenoid cavity/fossa	
<input type="checkbox"/>		<input type="checkbox"/>	UCL	
<input type="checkbox"/>		<input type="checkbox"/>	Coraclavicular ligament	
<input type="checkbox"/>		<input type="checkbox"/>	RCL	
<input type="checkbox"/>		<input type="checkbox"/>	Annular ligament	
<input type="checkbox"/>		<input type="checkbox"/>	PLACE NAMES OF PARTNERS BELOW THE BOXES ON THE LEFT	