

COMPETENCY CHECKLIST - WRIST/HAND LANDMARKS & LIGAMENTS

	Date		Date	Task	Notes
<input type="checkbox"/>		<input type="checkbox"/>		Radius	
<input type="checkbox"/>		<input type="checkbox"/>		Ulna	
<input type="checkbox"/>		<input type="checkbox"/>		Carpals	
<input type="checkbox"/>		<input type="checkbox"/>		Metacarpals	
<input type="checkbox"/>		<input type="checkbox"/>		Phalanges	
<input type="checkbox"/>		<input type="checkbox"/>		Proximal phalanges	
<input type="checkbox"/>		<input type="checkbox"/>		Middle phalanges	
<input type="checkbox"/>		<input type="checkbox"/>		Distal phalanges	
<input type="checkbox"/>		<input type="checkbox"/>		PIP joints (2-5)	
<input type="checkbox"/>		<input type="checkbox"/>		DIP joints (2-5)	
<input type="checkbox"/>		<input type="checkbox"/>		Ulnar styloid process	
<input type="checkbox"/>		<input type="checkbox"/>		Radial styloid process	
<input type="checkbox"/>		<input type="checkbox"/>		Radiocarpal joint	
<input type="checkbox"/>		<input type="checkbox"/>		Carpometacarpal joint	
<input type="checkbox"/>		<input type="checkbox"/>		Listers tubercle	
<input type="checkbox"/>		<input type="checkbox"/>		Base of MC/phalange	
<input type="checkbox"/>		<input type="checkbox"/>		Head of MC/phalange	
<input type="checkbox"/>		<input type="checkbox"/>		Shaft of MC/phalange	
<input type="checkbox"/>		<input type="checkbox"/>		MCP joint (2-5)	
<input type="checkbox"/>		<input type="checkbox"/>		IP joint	
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<input type="checkbox"/>		<input type="checkbox"/>		PLACE NAMES OF PARTNERS BELOW THE BOXES ON THE LEFT	