TACTICAL MEDICINE

# MED-03 DCAP-BTLS Secondary Assessment

*The physical exam that turns your primary survey findings into a complete patient picture.*

**BOTTOM LINE UP FRONT**

MED-03 teaches the full head-to-toe physical exam you run after the immediate threats to life are controlled. You will learn to look, feel, and listen for eight categories of injury sign across every region of the body — and to understand what each finding means, what it rules in or out, and what you need to do about it. Eight lessons. No prior medical training required.

**WHY THIS MATTERS**

**MARCH-PAWS stops the bleeding and opens the airway. DCAP-BTLS finds everything else.**

A fractured pelvis doesn't announce itself. A laceration underneath body armor doesn't either. Abdominal guarding, asymmetric chest rise, a single point of tenderness over a rib — these findings change your treatment and your evacuation priority. Responders who skip the secondary survey hand off patients with injuries they have no record of finding, because they never looked.

► **The same eight-sign framework taught in PHTLS and TCCC, applied to the austere and tactical environments where your patients actually get hurt. MED-03 is the course that closes the gap between stopping the bleed and handing off a complete assessment.**

## THE EIGHT LESSONS

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| 0 | **Course Orientation** Course architecture, prerequisites, companion guide, and how to use the knowledge checks. |
| 1 | **Secondary Survey Foundations** When the secondary survey begins, how it integrates with MARCH-PAWS, and why DCAP-BTLS is the standard framework for full-body trauma assessment. |
| 2 | **Deformities** Recognizing structural abnormalities — angulation, shortening, asymmetry — that indicate fracture, dislocation, or crush injury before swelling obscures the finding. |
| 3 | **Contusions and Abrasions** Reading bruise patterns as injury maps: seat belt sign, flank ecchymosis, raccoon eyes, Battle's sign. Abrasion depth and its implications for underlying tissue damage. |
| 4 | **Punctures and Penetrations** Entry and exit wound identification, trajectory estimation, occlusive dressing decisions, and why every penetrating trauma gets a full circumferential sweep. |
| 5 | **Burns and Tenderness** Burn depth classification and rule of nines in the field. Point tenderness as the primary fracture sign — technique, interpretation, and documentation. |
| 6 | **Lacerations and Swelling** Laceration depth assessment, bleeding control beyond the tourniquet zone, and swelling as a delayed injury indicator — what it tells you and when to recheck. |
| 7 | **Head, Neck, and Chest Assessment** Systematic exam of the upper regions: skull and facial injuries, JVD, tracheal deviation, crepitus, paradoxical chest movement, and the breath sounds that change your priorities. |
| 8 | **Abdomen, Pelvis, Extremities, and Reassessment** Lower-region exam through evacuation: guarding, rigidity, and distension; pelvic stability assessment; PMS checks in each extremity; reassessment cadence and documentation handoff. |

## COURSE DETAILS

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| **Format** | Nine self-paced online lessons with embedded knowledge checks. Study at your own pace; return to any lesson at any time. |
| **Scenarios** | Every lesson uses situations that actually happen — vehicle accidents, falls, blast injuries, and stab or gunshot wounds. Findings are described the way you would see them in the field: what it looks like, what it feels like, and what it means. |
| **Knowledge checks** | Questions test recognition of injury patterns and decision points, not recall of definitions. Wrong answers explain the clinical reasoning behind each correct choice. |
| **Prerequisites** | No medical background needed to start. MED-01 (the primary survey) and MED-02 (taking a patient history) are recommended first, because MED-03 builds directly on what those courses teach. |