

Names: _____ Date: _____

Bone Breaking Group Testing Table

Instructions: As you wait to test your team's design, complete this table with results from the other groups' tests. Make sure to write down team name, type of medical device the team *engineered* and the maximum amount of weight the cast or splint was able to support.

Prediction: We think our team's design will be able to hold _____ lbs before it breaks.
The actual weight our team's design held was _____ lbs.

Team Name	Type of Device (cast or splint)	Max. Weight Held (lbs)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

Additional notes and observations: (such as suggestions for improvements)