

# BRIDGEWATER STATE COLLEGE

## Athletic Training Education Program

### Athletic Training Student Graduate Handbook

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## **PROGRAM MISSION**

The Athletic Training Education Program (ATEP) at Bridgewater State College has as its foundation, a strong educational program rooted in theoretical knowledge and the clinical application of current procedures and techniques in sport injury management. As athletic training students (ATs) gain this knowledge and expertise through required course work and clinical experience, they will be prepared to make successful contributions to the athletic training profession.

The Program combines classroom education and clinical experiences in a process that culminates in the ATs graduating with eligibility to sit for the Board of Certification (BOC) Examination. Students who graduate from this Program and subsequently pass the BOC examination, will be qualified to be employed as an athletic trainer in secondary schools, colleges and universities, professional athletic teams, sports medicine clinics, or in industrial medical clinics. In addition, students who complete the prerequisite class requirements may pursue post-graduate education in athletic training, exercise physiology, physical therapy, or other related fields. Once certified, you will be eligible for licensure in Massachusetts, which is required to practice athletic training in the Commonwealth

## **GOALS OF THE PROGRAM**

The goals of the Athletic Training Education Program (ATEP) at Bridgewater State College are to provide a quality education program which meets or exceeds the standards and guidelines delineated by the Commission on Accreditation of Allied Health Education Programs (CAATE). This philosophy balances the content knowledge base with prescribed psychomotor and cognitive skills. In addition, we want to develop competent athletic trainers who can effectively provide quality health care to physically active individuals, and in doing so, improve the quality of life for these individuals.

Inherent in these goals is an understanding of how individuals develop and learn; a congruency between theory and practice, the value of diversity in society, as well as professionalism and ethical behavior in the workplace and society.

To attain these goals, the following objectives have been defined for the CAATE ATEP.

1. Recognize and demonstrate the role of a responsible entry-level athletic trainer in today's society.
2. Demonstrate competence in all entry-level competencies through the extensive didactic and clinical educational experience.
3. Communicate appropriately with regard to age, activity level, gender, race, ethnic, linguistic, socioeconomic and special needs background.
4. Stimulate interest in the physically active individual to become an active and productive part of their injury management plan.
5. Foster creative and analytical thinking in meeting the health care needs of the physically active individual.
6. Communicate appropriately with the medical team to facilitate needed advanced care for the injured or ill physically active individual.
7. Value, practice and encourage lifelong learning (See one, Do one, Teach one).
8. Understand the legal, professional and moral responsibilities of being an athletic trainer and staying current in the profession.

## THE ROLE OF STAFF, FACULTY, AND STUDENTS

To better understand how the various individuals fit into the educational experience, the statements of each role are summarized below. Refer to the NATA Education Council Website for more detailed explanations at [http://www.nataec.org/html/clinical\\_education\\_definitions.html](http://www.nataec.org/html/clinical_education_definitions.html).

**Program Director.** The Program Director (PD) is a BOC Certified Athletic Trainer who is a full-time faculty member with at least five years of experience as a BOC-certified athletic trainer. This individual has the ultimate responsibility for the organization and administration of all aspects of the educational program, curriculum planning and development, fiscal and budgetary input and management, and total oversight for the day-to-day operation, coordination, supervision, and evaluation of all components (academic and clinical education) of the ATEP.

**Clinical Instructor Educator.** A Clinical Instructor Educator (CIE) must have at least three years of work experience as a BOC Certified Athletic Trainer or physician (MD or DO), and must attend the NATA CIE Seminar so that they may subsequently be qualified to conduct an ACI (see below) training workshop. The CIE may or may not be the Program Director or the Clinical Coordinator of the ATEP. The CIE assists in developing, implementing and evaluating the clinical education program at the academic institution. This includes assisting in coordinating clinical experiences in accordance with the clinical education objectives of the Program and facilitating the development of the clinical education setting(s) and the clinical instructors.

**Approved Clinical Instructor.** An Approved Clinical Instructor (ACI) is a BOC Certified Athletic Trainer with a minimum of one year of work experience as an athletic trainer, and who has completed clinical instructor training. An ACI provides formal instruction and evaluation of clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students.

Note that other content experts (e.g., exercise physiologists, nutritionists, mental health counselors, physicians) can be used to teach and evaluate those Clinical Proficiencies that fall within the domain of their professional expertise, and would fall under the CI definition. However, an ACI must evaluate the students' ability to integrate these skills into professional practice.

**Clinical Instructor.** A Clinical Instructor (CI) is a BOC Certified Athletic Trainer, or other qualified health care professional, with a minimum of one year of work experience in their respective academic or clinical area. Clinical instructors teach, evaluate, and supervise athletic training students in their field experiences. A clinical instructor is not charged with the final formal evaluation of athletic training students' integration of clinical proficiencies. A clinical instructor may also be an ACI.

**Athletic Training Student.** An Athletic Training Student (ATS) is a student who is enrolled in a CAATE-accredited entry-level athletic training education program.

## ACADEMIC PROGRAM

**Educational Competencies.** ATS must demonstrate competency in the required entry-level athletic training educational competencies (See Appendix A). These competencies are used to develop the curriculum and educational experiences of students enrolled in CAATE-accredited programs, and are included in the following required coursework. Students must maintain an overall GPA of 3.0 and complete all graduate coursework with a grade of B or better

### Athletic Training Major:

**39 Credits**

- ATTR 511 Research (3) Cross-listed as PHED 511
- ATTR 510 Nutritional Concepts for Health Care Practitioners (3)
- ATTR 540 Management of Lower Extremity Conditions (3)
- ATTR 541 Management of Upper Extremity Conditions (3)
- ATTR 542 Therapeutic Exercise (3)
- ATTR 543 Pharmacology for the Physically Active (1.5)
- ATTR 546 Medical Conditions for the Physically Active (1.5)
- ATTR 550 Therapeutic Modalities (3)
- ATTR 561 Level I Clinical Experience in Athletic Training (3)
- ATTR 562 Level II Clinical Experience in Athletic Training (3)
- ATTR 563 Level III Clinical Experience in Athletic Training (3)
- ATTR 564 Level IV Clinical Experience in Athletic Training (3)
- ATTR 565 Level V Clinical Experience in Athletic Training (3)
- ATTR 590 Administration of Athletic Training (3)

### REQUIRED SEQUENCING OF CLASSES

<b>Summer 1<sup>st</sup> Year</b> – ATTR 561 Level I Clinical Experience in Athletic Training – offered in mid-August, all graduate students are required to begin their program in this class.	
<b>1<sup>st</sup> Year Fall</b> ATTR/PHED 511 Research in Physical Education (3) ATTR 540 Sports Injury Management: Lower Extremity (3) ATTR 550 Therapeutic Modalities (3) ATTR 562 Level II Clinical Experience in AT (3)	<b>1<sup>st</sup> year Spring</b> ATTR 541 Sports Injury Management: Upper Extremity (3) ATTR 542 Therapeutic Exercise (3) ATTR 543 Pharmacology for the Physically Active (1.5) ATTR 546 Medical Conditions of Physically Active (1.5) ATTR 563 Level III Clinical Experience in AT (3)
<b>2<sup>th</sup> year Fall</b> ATTR 510 Nutritional Concepts for Health Care Practitioners (3) ATTR 564 Level IV Clinical Experience in AT (3) ATTR 590 Administration in Athletic Training (3)	<b>2<sup>th</sup> year Spring</b> ATTR 565 Level V Clinical Experience in AT (3) PHED 400 Physiology and Techniques of Strength Training (3) [Suggested Elective, if necessary for full-time status]

## CLINICAL EDUCATION

Clinical Education represents the ATS's formal acquisition, practice, and assessment of the Entry-Level Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the direct supervision of an ACI or a CI. Clinical education shall occur in a minimum period of two academic years (4 semesters) and must be associated with course credit. Courses shall include academic syllabi that include measurable educational objectives and specific clinical proficiency outcomes that can be documented over time. Related to clinical education is the field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of an ACI or CI.

**Direct Supervision.** Direct Supervision is the constant visual and auditory interaction between the student and the ACI/CI that includes the instruction and evaluation of the clinical proficiencies by the supervisor. The ACI or CI plans, directs, advises and evaluates the students' athletic training field experience. The supervisor must be physically present for proficiency instruction and evaluation.

**Supervision.** Supervision applies to the field experiences under the direction of a clinical instructor who plans, directs, advises, and evaluates the students' athletic training field experience through daily person/verbal contact at the site of supervision.

**First Responder.** A student may only perform as an ATS when under the supervision of an ACI/CI. When unsupervised by an ACI/CI, the student may only function in the role of a first responder. Please refer to Appendix B, First Responder Contract, for more information.

**Clinical education experience.** Clinical education experience provides an opportunity for integration of psychomotor, cognitive and affective skills, and clinical proficiencies within the context of direct patient care. An ACI must directly supervise formal clinical education experiences. A clinical instructor or an ACI must supervise other clinical education experiences such as during the field experience.

**Field Experience.** Field experience provides the student with the opportunity for informal learning and to practice and apply the Entry Level Athletic Training Clinical Proficiencies in a clinical environment under the supervision of an ACI or CI. The primary settings for field experiences must include athletic training rooms, athletic practices, and competitive events. Ample opportunity should be provided for supervised student experience working with athletic practices and competitive events in both men's and women's sports.

**Clinical Education and Field Experience Exposure Requirements: There shall be exposure to:**

- A. **Upper Extremity:** High-risk sport to the upper extremity based upon injury statistics. Traditionally this would include throwing sports, swimming, gymnastics, etc. that require extensive stresses of the upper extremity of both genders.
- B. **Lower Extremity:** High-risk sport to the lower extremity based upon injury statistics. Traditionally this would include running sports, such as, soccer, track, field hockey, etc. that require extensive stresses of the lower extremity of both genders.
- C. **Equipment Intensive:** High risk sports where all participants are required to wear protective equipment for the head and the shoulders. Traditionally this would include football, ice hockey, and men's lacrosse.
- D. **General Medical:** General medical experiences of both genders are those associated with physicians, physician assistants, or nurse practitioners.

**Clinical Setting.** A clinical setting is a clinical environment where health care services are provided. The clinical setting shall include the athletic training room, athletic practices, and competitive events. The athletic training room is considered to be a designated physical facility located within the sponsoring

institution or within an acceptable affiliated clinical setting in which comprehensive athletic health care services are provided. Comprehensive health care services include practice and game preparation, injury/illness evaluation, first aid and emergency care, follow-up care, rehabilitation, and related services. Additional clinical settings may be utilized and may include sports medicine clinics, physical therapy sites, and/or rehabilitation clinics, college or university health centers, hospital emergency rooms, physician's offices or other appropriate health care settings. The student must be supervised by an appropriate ACI/CI in these settings.

**Clinical Proficiencies.** In addition to educational competencies, the ATS is required to demonstrate competence in clinical skills or clinical proficiencies. These are to be demonstrated in the clinical setting under the supervision of an ACI (See Appendix A).

**Learning Over Time.** Learning over time is the documented continuous process of skill acquisition, progression and student reflection. Learning over time involves the demonstration of systematic progression through the cognitive, psychomotor and affective taxonomies within different contextual environments (e.g., athletic training room, practice field). Assessment of learning over time is built around multiple indicators and sources of evidence such as observations (student affective behaviors, interviews); performance samples (clinical skill demonstration); and tests or test-like procedures. All ATS's must demonstrate that each proficiency/competency is first taught and practiced in a formal classroom setting, and then demonstrated as "competent" on each proficiency/competency within the professional clinical setting at least one semester or more after the formal instruction.

**Retention Exam Testing Sequence.** To demonstrate learning over time and to intellectually challenge the student in critical thinking and problem solving, each student will complete a practical examination at the end of each semester as part of the clinical experience (See **Appendix C**). Each level is progressive and will cover all previous competency information. The full exam will be required of every student, except those who have successfully passed the BOC exam in April of their final year. Written comprehensive examinations will occur during this semester. Scores on retention exam will be calculated into the appropriate clinical semester grade, and must surpass 70% passing rate.

**Responsibilities of the ACI.** The ACI plays an integral and essential role in the student's total educational process, and is an extension of the classroom experience. It is the responsibility of the ACI to guide students through their clinical skill development and provide ample opportunities for the student to apply their skills in the prevention, recognition, treatment, and rehabilitation of various sport injuries. The ACI is expected to:

1. Know and understand all psychomotor competencies required for CAATE accredited athletic training programs (see Appendix A).
2. Meet with the students at the beginning of the rotation to:
  - (a) Discuss policies and procedures at the clinical site including hazardous waste disposal, emergency action plans, referral protocol, blood exposure procedure, and record keeping
  - (b) Develop a schedule so students are not at the site unsupervised
  - (c) Identify regular hours that the student should be present at the site. These hours shall not average more than 25 hours per week
3. Ensure students dress professionally and complete their duties in a professional manner.
4. Check the student's log on a regular basis to ensure accurate documentation of the clinical hours, sports covered, and special injuries/illnesses seen during the rotation.
5. Review injury reports on a regular basis and make recommendations for improvement.

6. Students are expected to be at their clinical rotations on a daily basis. However, on special occasions (e.g., special family events, family emergencies, your own wedding/honeymoon), an athletic training student may request extended time-off. Students must notify the Director of Clinical Education for authorization of the extended absence at least one week in advance of the absence, barring an unforeseen family emergency. The Director of Clinical Education will notify the ACI/CI of the impending authorized absence.
7. Speak with the Director of Clinical Education at least twice during the student's clinical rotation to discuss student progress.
8. Report any and all problems directly to the Director of Clinical Education regardless of whether the clinical instructor has dealt with the problem themselves.
9. Complete student evaluation forms as supplied by the Director of Clinical Education, and return them within one week to the College.
10. Whenever possible, serve as a resource person to the athletic training curriculum program for didactic class presentations, assist in the administration of practical examinations, and encourage students to participate in professional activities.
11. A student may only perform as an ATS when under the supervision of an ACI. When unsupervised by an ACI, the student may only function in the role of a first responder. Please refer to Appendix B, First Responder Contract, for more information.

**Responsibilities of the ATS.** ATS are expected to follow all guidelines established by the ATEP, Department of Movement Arts, Health Promotions, and Leisure Studies, the School of Education and Allied Studies, Bridgewater State College, and CAATE. This policy and procedures manual details the graduate student expectations. Failure to uphold these policies can result in the student being dismissed from the Athletic Training Education Program.

1. **Students are expected to attend each practice and/or game session on time; however, the weekly commitment is not to exceed an average of 25 clinical hours.** An exception to this exists during summer break and holidays when classes are not in formal session. Clinical hours during this time should be negotiated with your ACI. **Please note that if you agree to work preseason camps or during the holidays, you MUST make a commitment to attend practices each day. It is unprofessional to only attend when you feel like it.**
2. Students are to arrive early enough to adequately prepare the clients and supplies for the day, and remain until all equipment is cleaned and put away
3. Unwarranted and unannounced absences, or tardiness from any assignment will not be tolerated. The ACI shall notify the Director of Clinical Education immediately so the problem can be rectified.
4. Students should be dressed neat and act professionally at all times when performing the duties of an athletic training student (ATS). The supervising ACI/CI will be the final authority in determining appropriate attire. However the following rules will apply to all athletic training students:
  - A. No revealing clothing, sweats or spandex will be allowed.
  - B. Body tattoos must be covered at all times. If necessary a long sleeved shirt or long pants must be worn.
  - C. No facial piercing is allowed (this includes the tongue). All facial jewelry (including that worn on the tongue) must be removed during the times you are representing BSC as an ATS.
  - D. No more than two earrings per ear can be worn (stud style earring is recommended).
  - E. Hats may be worn outside, but they will not be allowed indoors. This includes classrooms.

- F. Shoes must be functional and appropriate. Thongs, sandals, Birkenstocks, and other similar styles will not be allowed (no open-toed shoes).
  - G. Sloppy fitting clothes, particularly pants and shorts, and clothing with holes, or apparel advertising alcohol, tobacco, or other chemical substance products are unacceptable.
  - H. Athletic department staff shirts, or dress shirts are required for competitions. If traveling with your ACI/CI, formal attire may be required, if requested by the coach.
  - I. All on campus athletic training students must wear their Connect Card Student ID's at all times. (HIPAA Security Rule)
5. Drug/Alcohol/Amorous Relationships. Athletic training students (ATS) should act in a responsible manner at all times in relationships with patients. The ATS should not engage in drug or alcohol use or be under the influence of such during clinical education/field experience hours. Amorous relationships with members of the current team the ATS is working with or any team that the ATS could potentially work with in the future are strongly discouraged.
  6. Athletic Training Students are expected to be assertive in the training room and ask clients what they need prior to being told what to do by the supervising clinical instructor. Students are expected to be proficient in their clinical skills at the expected competency level
  8. Membership in the National Athletic Trainers' Association ([www.nata.org](http://www.nata.org)) and the Athletic Trainers' of Massachusetts (ATOM) is required of all graduate students. District (EATA, District 1) and State (ATOM) dues are collected as part of your NATA dues. Membership is the financial responsibility of the student.
  9. Membership in the NATA and ATOM will make you eligible for scholarships and student discounts at professional meetings. Information regarding scholarships can be located on the NATA web site. The EATA District website can be accessed at [www.goedata.org](http://www.goedata.org). The ATOM web site can be accessed at [www.athletictrainersofma.org](http://www.athletictrainersofma.org).
  10. Graduate students are required to attend preseason practice sessions during their first year in the ATEP. Scheduled practice days and times will be coordinated by the Director of Clinical Education as part of the ATTR 561 Level I Clinical Experience in Athletic Training class.
  11. Students may only perform as an ATS when under the supervision of an ACI/CI. During any unsupervised clinical work, the student will function as a First Responder. (See **Appendix B**)
  12. Program Tuition, Fees, and Other Expenses: Students are responsible for all tuition, fees, and other expenses associated the Athletic Training Education Program including:
    - a. Tuition: Please see the BSC Website for current tuition and fees.
    - b. Transportation: Students are required to provide their own transportation to clinical rotations.
    - c. Liability Insurance: Proof of coverage must be submitted to the Director of Clinical Education before a clinical rotation is assigned. Any student who lets a policy lapse will be removed from their assignment until the policy is paid up and current. It is the responsibility of the student to assume the cost of the policy. Currently it is recommended that the student acquire their policy through HPSO. Information regarding these policies may be obtained through the Director of Clinical Education or [www.hpso.com](http://www.hpso.com).
    - d. Certification cards: Students are responsible for any fees associated with obtaining and maintaining current First Aid and Professional Rescuer CPR Certifications

- e. Physical exam: Students are responsible for any costs associated with obtaining the required physical exam necessary to affirm that the student has the physical and mental abilities to meet the ATEP's Technical Standards for Admission. The Health record form is available at <http://www.bridgew.edu/healthservices/Health%20Form%20and%20Meningitis%20Waiver2007%20WEB.doc>
- f. Health insurance: 'State law requires all registered students to show proof of comparable health insurance coverage. Graduate students taking seven or more credits in a semester will automatically be billed for the Student Health Insurance Plan (\$1300). Graduate students who are already enrolled in a health care plan or who are covered by a spouse's health care plan with similar coverage must complete an online waiver. Students who are not covered by insurance must complete the online enrollment form. The student health insurance waiver form or enrollment form may be completed online at [www.bridgew.edu/HealthServices](http://www.bridgew.edu/HealthServices).' (BSC Graduate Student Handbook)
- g. Immunizations: Students are responsible for any fees associated with obtaining immunizations required by BSC and those required by the ATEP. "Proof of immunizations must be provided by a physician or a prior school and must include the dates of:
- Two doses of measles, mumps, rubella (MMR) after the patient's first birth day and after 1967 (or 1 dose of MMR if born before 1957)
  - One dose of tetanus diphtheria (TD) within the last 10 years
  - Three doses of hepatitis B
  - Document of one dose of meningitis immunization within five years
  - Students may utilize the BSC Student Health Services to fulfill these requirements.

## PROGRAM RETENTION/COMPLETION

Athletic training students must demonstrate sustained, acceptable progress towards completion of the graduate degree program requirements. Withdrawal from the ATEP will be recommended if the student:

1. Fails to register for two consecutive semesters (fall and spring) in the ATEP curriculum.
2. Has an overall GPA less than a “B” average (equivalent to 3.0 on a 4.0 scale).
3. Has earned a “C” (equivalent to 2.0 on 4.0 scale) or lower in more than 6 semester hours of course work.
4. Has earned a “C” in any ATEP specialty course (ATTR 510, 540, 541, 542, 543, 546, 550, 590).
5. Has earned a grade lower than a “C” in any course.
6. Has a GPA that indicates the inability to meet the 3.0 required for graduation.
7. Does not complete requirements for the degree within a five-year period after initial registration.
8. Makes unsatisfactory progress in mastering clinical proficiencies.
9. Refuses to accept a clinical rotation or receives unsatisfactory clinical evaluations from assigned ACI.
10. Is dismissed from an affiliated clinical site for inappropriate conduct or failure to fulfill required responsibilities.
11. Shows evidence of unethical or immoral conduct as outlined by the NATA Code of Ethics.
12. Engages in conduct which violates the Massachusetts Athletic Training State Practice Act.
13. Fails to meet the ATEP’s Technical Standards.
14. Is found to engage in sexual harassment, discrimination, bullying, or cyber-bullying.
15. Fails to maintain the 70% score on the Level exams.

The above requirements for ATEP Program Retention reflect requirements of the BSC School of Graduate Studies and those specific to the ATEP Program. Depending on which requirement(s) are deficient, a student may be withdrawn from the ATEP program and still remain in good standing in the School of Graduate Studies.

**Readmission after Withdrawal.** Any student who is withdrawn or voluntarily withdraws from the program must apply for readmission through normal admission procedures.

## APPEALS PROCESS AND GRIEVANCE PROCEDURES

1. **Withdrawal Decisions.** If a student wishes to appeal a required withdrawal decision from the ATEP, they should send a letter requesting an appeal to the ATEP Graduate Program Director within two weeks of the postmark of the official notification. The student should also submit at that time all materials that may substantiate the appeal. The student will then appear before the ATEP Student Appeals Committee (comprised of the ATEP Graduate Program Director, one athletic training faculty member, one MAHPLS faculty member outside of the ATEP, and one approved clinical instructor) within one month of the appeal request. A majority decision of the committee is required for the final decision. The student will be notified, in writing, within one week of the committee’s decision.

2. **Change of Grade.** “If students believe that a mistake was made in the original grade recorded for a course, they may petition instructors for a change of grade no later than the last day of final exams in the academic semester following that in which the grade was recorded. A change of grade will not be considered after this time.” (BSC Graduate Student Handbook)
3. **General Appeals.** “Graduate students, who experience problems pertaining to graduate policies, including academic performance, program requirements or other academic issues, may petition to have the matter considered through the established review process of the School of Graduate Studies:
  - a. Submit a written appeal to the course instructor if the issue is course-related or to the academic advisor if the matter is program related.
  - b. If unresolved, submit a written appeal to the department graduate program coordinator (ATEP Graduate Program Director).
  - c. If unresolved, submit a written appeal to the appropriate school dean [i.e., Dean of the School of Education and Allied Studies].
  - d. If unresolved, submit a written appeal to the Dean of the School of Graduate Studies.
  - e. The Dean of the School of Graduate Studies will submit graduate student petitions to the Graduate Education Council for review.” (BSC Graduate Student Handbook)
4. **Clinical Site Grievances.** In situations where an athletic training student wishes to appeal a disciplinary decision by their affiliated clinical site or alleges any other violation of student rights in the clinical setting, he/she should request a meeting with their ACI at that site. If the problem is not resolved between the ACI and the athletic training student, he/she may request a meeting with the ATEP Graduate Clinical Coordinator, and if appropriate, the clinic director and ATEP Graduate Program Director.

### **DISMISSAL OF STUDENTS UNABLE TO MEET TECHNICAL STANDARDS**

1. Students can be dismissed from the Athletic Training Education Program for physical and/or emotional problems that do not respond to (or with refusal to seek) appropriate treatment and/or counseling within a reasonable period of time, and that result in failure to meet the required technical standards without reasonable accommodation.
2. Once the physical and/or emotional problem is identified, a meeting will be scheduled with the student to develop a plan for appropriate referral, treatment and program accommodations. In consultation with the appropriate medical professional, a reasonable timeline for resolution will be determined.
3. Investigation and Evaluation—When faculty members identify a student who presents physical and/or emotional problems that prevent them from meeting the technical standards and are not resolved by appropriate treatment and/or counseling, they can immediately suspend the student from the course. Faculty will notify the ATEP Graduate Program Director, who will in turn notify the Department Chair. Upon determination by the faculty, ATEP Graduate Program Director and Department Chair that the physical and/or emotional problems warrant dismissal from the Athletic Training Education Program, the Dean of the School of Education and Allied Studies will be notified.

The Dean, in consultation with the faculty, and upon review of the documentation, will make a decision regarding recommending dismissal of the student from the Athletic Training Education Program.

4. The Dean of the School of Education and Allied Studies will send to the Dean of the School of Graduate Studies written notification of the recommendation. If the Dean of the School of Education and Allied Studies recommends dismissal from the Athletic Training Education Program, the Dean of the School of Graduate Studies will notify the student. Should the student wish to appeal the decision, the student will submit a written request to the Athletic Training Education Program Appeals Committee through the ATEP Graduate Program Director. The Dean of the School of Education and Allied Studies will provide to the committee the accumulated correspondence or documentation related to the issue.

A request for an appeal should occur within seven working days of written notification of the decision from the Dean of the School of Graduate Studies.

5. Hearing Process—The chairman of the ATEP Student Appeals Committee will thereafter notify the student, the faculty member, ATEP Graduate Program Director, and the Department Chair as to the time and place for a hearing to determine whether the physical and/or emotional problems result in failure to meet the technical standards and warrant dismissal.

The Committee will hold a closed hearing within ten days at which time the faculty member, ATEP Graduate Program Director, and Department Chair will be present and will provide documentation and other oral or written evidence regarding the incident. The student will be present and will be given an opportunity to provide documentation and other oral or written evidence regarding the problem. The student will be allowed an advocate/support person at the hearing. The advocate will not be permitted to address the committee.

Following the factual presentation, the Committee will convene in executive session to determine whether the problem warrants dismissal from the School. The Committee shall make its recommendation in writing to the Dean of the School of Education and Allied Studies and forward pertinent documentation. The Committee may recommend dismissal from the Athletic Training Education Program, or reinstatement in the program.

6. Post Hearing Process—The Dean of the School of Education and Allied Studies may accept, reject, or modify the Committee's recommendation. The Dean's decision will be made after review of the minutes of the hearing and report to the Committee. If the Dean of the School of Education and Allied Studies accepts the Committee's recommendation to dismiss the student from the Athletic Training Education Program, the recommendation will be forwarded to the Dean of the School of Graduate Studies, who will notify the student. The Dean of the School of Education and Allied Studies will notify the faculty member(s) as to the determination.

A student who has been dismissed may reapply for admission to the Athletic Training Education Program through the regular process.

## POLICIES FOR PROTECTING THE STUDENT AND THE PUBLIC

### State Practice Act and Policy on Medical Coverage by the Athletic Training Student

It is the policy of the Athletic Training Education Program at BSC to require athletic training students to be directly supervised during their clinical education and field experiences. Students are not allowed to travel with teams unsupervised or to engage in unsupervised team coverage. In the rare case that an athletic training student is left unsupervised the student must act only as a first responder. At no time should an athletic training student be put in the position (whether assigned or voluntarily) to make decisions or perform duties that should be carried out by a certified athletic trainer or physician. In such cases, the athletic training student would be in violation of the state practice act and BSC ATEP policy. The following excerpts from the Massachusetts State Practice Act emphasize the definition of an Athletic Trainer, the requirements of a MA license, and subsequent penalties for acting as an athletic trainer without a license.

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#### **Advisory Letter – Athletic Trainer Student Practice**

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Massachusetts General Law (M.G.L.), Chapter 112, s. 23E allows/provides for the practice of athletic training by students. *"Nothing in this section shall be construed as preventing or restricting the practice, services or activities of: (c) any person pursuing a supervised course of study leading to a degree...in athletic training...at an accredited or approved educational program, if the person is designated by a title which clearly indicates his status as a student or trainee; (d) any person fulfilling the supervised field work experience requirements of this section, if the experience constitutes a part of the experience necessary to meet the requirement of that section..."*

The Board's regulations, at 259 Code of MA Regulations, section 2.01 further specify that students who are pursuing a supervised course of study in an \* accredited or approved education program leading to a degree in athletic training may practice athletic training, commensurate with their level of education, as part of a clinical affiliation that is a component of their educational program.

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) Accreditation Standards and Guidelines stipulate that "Experiences that are not supervised by a certified athletic trainer will not count toward the required traditional athletic training experience." Further, **the practice of students who are not participating in a formal supervised clinical athletic training experience is not allowed under M.G.L., c. 112, s. 23E** (emphasis added, see above). Students enrolled in athletic training education programs may not *legally* provide athletic training services unless they do so under appropriate supervision as part of their formal clinical athletic training experience within an accredited education program. In the absence of such supervision, student practice is limited to the provision of first aid measures for which the student has documented knowledge, skills and competency.

As provided for in (CAAHEP) Accreditation Standards and Guidelines (Section II A, 1 (f)), "...the sponsoring institution may establish formal affiliations with other institutions for the provision of clinical experience settings."

The Board advises licensed Athletic Trainers who supervise the practice of students enrolled in such athletic training programs to adhere to the requirements for student supervision as defined by CAAHEP. Such supervision requires the instructor to meet the CAAHEP criteria for instructional staff (\*\* Section I

B (c)) and to "...be physically present in order to intervene on behalf of the individual being treated (\*\*\*) Section II A, 1 (f))."

\* Accredited by CAAHEP

\*\* CAAHEP Standards & Guidelines 2001

\*\*\* CAAHEP Standards & Guidelines 2001

[Please note that the use of the CAAHEP will be replaced by CAATE Standards.]

## **Liability and Scope of Practice for Athletic Trainers in Massachusetts**

### **According to Massachusetts's General Statute Chapter 112: Section 23A. Definitions:**

The following words as used in sections twenty-three A to twenty-three P, inclusive, unless the context otherwise requires, shall have the following meanings:—

“Athletic trainer”, any person who is duly licensed in accordance with this section as an athletic trainer and who limits his practice to schools, teams or organizations with whom he is associated and who is under the direction of a physician or dentist duly registered in the commonwealth.

“Athletic training”, the application of principles, methods and procedures of evaluation and treatment of athletic injuries, preconditioning, conditioning and reconditioning of the athlete through the use of appropriate preventative and supportive devices, temporary splinting and bracing, physical modalities of heat, cold, massage, water, electric stimulation, sound, exercise and exercise equipment under the discretion of a physician. Athletic training includes instruction to coaches, athletes, parents, medical personnel and communities in the area of care and prevention of athletic injuries.

### **According to Massachusetts's General Statute Chapter 112: Section 23F. Athletic trainers; qualifications :**

An applicant for licensure as an athletic trainer shall:

(a) be a graduate of a college or university approved by the board and completed such college's or university's curriculum in athletic training, or other curricula deemed acceptable to the board: and has completed a program of practical training in athletic training deemed acceptable to the board.

(b) have passed an examination administered by the board. Such examination shall be written, and, in addition, at the discretion of the board, may be oral and demonstrative, and shall test the applicant's knowledge of the basic and clinical sciences as they apply to athletic training theory and practice, including the applicant's professional skills and judgment in the utilization of athletic training techniques and methods, and such other subjects as the board may deem useful to determine the applicant's fitness to act as an athletic trainer. The examination shall be conducted at least twice a year at times and places to be determined by the board

### **According to Massachusetts's General Statute Chapter 112:Chapter 112: Section 23K. Revocation, suspension, etc. of licensee**

The board may, after a hearing pursuant to chapter thirty, revoke, suspend, cancel the license of or place on probation, reprimand, censure or otherwise discipline a licensee upon proof satisfactory to a majority of the board that said person:

- (a) obtained or attempted to obtain a license by fraud or deception,
- (b) been convicted of a felony or of a crime involving moral turpitude,
- (c) has been grossly negligent in his practice of athletic training or occupational therapy or physical therapy,

- (d) been adjudged mentally ill or incompetent by the court of competent jurisdiction,
- (e) used drugs or intoxicating liquors to the extent which adversely affects his practice,
- (f) acted in manner which is professionally unethical according to ethical standards of the professions of occupational therapy or physical therapy.

**According to Massachusetts's General Statute Chapter 112:Chapter 112: Section 23L. Practice of medicine or other form of healing**

Nothing in this section shall be construed as authorizing an athletic trainer, occupational therapist, occupational therapy assistant, physical therapist, or physical therapist assistant to practice medicine or any other form or method of healing not specified in said section.

**Chapter 112: Section 23N. Athletic trainers; necessity for licensure**

Section 23N. No person shall hold himself out as an athletic trainer or as being able to practice athletic training or to render athletic training services in this commonwealth unless he is licensed in accordance with section twenty-three B.

**Liability Insurance**

As mentioned earlier, professional liability insurance is required for all students during all phases of their clinical education and is required for all off-campus clinical experiences. Proof of coverage must be submitted to the Director of Clinical Education before a clinical rotation is assigned. Any student who lets a policy lapse will be removed from their assignment until the policy is paid up and current. It is the responsibility of the student to assume the cost of the policy. Currently it is recommended that the student acquire their policy through HPSO. Information regarding these policies may be obtained through the Director of Clinical Education or [www.hpso.com](http://www.hpso.com).

Unless hired as a paid employee, the College is not responsible for liability incurred when students are functioning as a first responder. Students are therefore responsible for their own conduct when volunteering in this capacity and should carefully review their liability insurance policy to insure adequate coverage.

\*\*Please note that the athletic training education program does not endorse the use of athletic training students as first responders and such a role is not an academic requirement for the program.

**Blood Borne Pathogens Control Plan**

Blood borne pathogen infectious diseases have increased throughout the general population for the past decade. The most notable of these are HIV (human immunodeficiency virus) and HBV (hepatitis B virus). Although experts have concurred that the risk of transmission of HIV or HBV on the athletic field is extremely low, these diseases can have catastrophic health consequences if all members of society do not use appropriate preventative strategies.

In 1992, the Occupational Safety and Health Administration (OSHA) issued new regulations requiring employers to protect employees from blood borne pathogens. The following plan satisfies the OSHA Emergency Control Plan and is also in accordance with the guidelines of NCAA Policy 2H.

At the start of each year an in-service will be given to educate incoming students and to refresh returning students on the program's blood borne pathogens control plan. This policy and its procedures are to be reviewed annually.

### **Communicable Disease Policy**

Athletic training students, faculty, and staff should use discretion in attending class, clinical rotations, and other activities when inoculated with a communicable disease (strep, flu, pink-eye, etc). It is the student's responsibility to communicate with all affected parties the reason for their absence.

### **OSHA Guidelines**

All athletic training students are responsible for following OSHA (Occupational Safety and Health Administration) guidelines when dealing with blood and other bodily fluids. The guidelines are available at [www.osha.org](http://www.osha.org). The most important aspects to remember when working with injured clients are to always wear gloves and to make use of the biohazard and sharps containers. Any items soaked in blood must be placed in the biohazard container. All used scalpels and other blades need to be put in the sharps container.

## **ATHLETIC TRAINING STUDENT CLINICAL EDUCATION POLICIES**

Each student graduating from the Athletic Training Education Program must document a **minimum of 1000** acceptable clinical hours working with an approved ACI/CI at BSC or another CAATE approved clinical site. In order to be eligible for graduation and certification, each student must have

- A. A minimum of 250 hours at BSC.
- B. An additional 750 hours at BSC or an approved affiliated clinical site.
- C. Exposure to, and active participation in, working with equipment intensive sports (e.g. football, ice hockey, wrestling); upper extremity (e.g. volleyball or baseball); lower extremity (e.g. soccer, cross-country) or medical conditions (e.g. medical office or health services).
- D. Experience working with both women's and men team's.
- E. One to three clinical rotations at an off-site approved clinical setting, of which at least one off site location must be at a high school setting.
- F. Complete 40 clinical hours at a physical therapy or sports medicine clinic. This may be done during the summer or holidays.
- G. Complete at least 15 hours shadowing the Medical Director and 15 hours with the team orthopedists associated with the College.
- H. Attend at least one orthopedic surgery per semester (Total: **of four surgeries**). Observation of any surgeries at Orthopedic Care Specialists (Easton, MA) will be scheduled through the Director of Clinical Education.
- I. Attend at least one orthopedic clinic per semester (Total : **eight hours**)
- J. Complete at least **75 service points** prior to graduation

It is assumed, graduate ATS shall complete their assigned rotation. Coaching positions and part-time jobs which interfere with the clinical experience will not be tolerated and should not be considered by the student. Clinical responsibilities are part of your coursework and take priority over outside recreational activities.

**Recording Hours.** It is the student's responsibility to document all hours on the appropriate forms. To ensure adequate time for academic reasons, students should average no more than 25 clinical hours per week. Clinical instructors have been informed of this requirement and should not ask or expect any student to exceed this hour commitment.

**Rotation Summary Sheet.** At the end of each rotation, the total hours completed each week is documented and signed by the supervising ACI. **Completed forms are due in the Director of Clinical Education's office no later than one week after the end of each rotation.** This summary sheet is the only official document to verify your hours. Keep a copy for your own records

**Clinical Experience Summary Sheet.** In addition to the Rotation Summary Sheet, the student is responsible for updating their own Clinical Experience Summary Sheet in the back of student file. This sheet is only a summary sheet and is not official documentation of hours acquired toward certification. This sheet is used in the assignment of clinical rotations and must be kept up to date

**Hours that may be counted** toward graduation include:

- Time spent in an the athletic training room or appropriate clinical setting
- Time spent preparing for and covering practices/games
- Hours spent covering summer camps under the supervision of an ACI/CI. Only the time spent directly with camp activity may be counted

**Hours that cannot be counted** towards graduation include:

- Hours not spent under the supervision of an ACI/CI
- Hours spent at an unapproved site
- Hours spent as a first responder (see policy)
- Hours spent traveling with a team or overnight trips
- Hours which have been earned more than five years prior to the BOC examination.

NOTE: STUDENTS ARE RESPONSIBLE FOR ALL EXPENSES RELATED TO THE CLINICAL ASSIGNMENT (e.g. gas, tolls, medical exams, vaccinations, etc).

## **CLINICAL AND SPORT ASSIGNMENTS**

Athletic training student assignments to a specific rotation are based on the following criteria:

- Learning styles/clinical instructor's teaching style
- Access to transportation
- Leadership, knowledge, skills, and initiative demonstrated previously within the program
- Previous work habits and accompanying evaluations
- Prior clinical exposures (i.e., equipment intensive, lower extremity, upper extremity, medical conditions, gender-specific, age related, etc.)
- Clinical instructor requests

Assignments to a rotation will be made by the Director of Clinical Education. The ATS is responsible for contacting the Director of Clinical Education to get contact information for the ACI and making all arrangements for transportation to the site. Please note: Assignments are made to ACI's not to sports. All costs associated with travel to and from any clinical rotation will be the responsibility of the athletic training student.

## **Bridgewater State College Athletic Teams**

The Bridgewater State College Athletic Training Room serves as a clinical site for at least one semester for a minimum of 250 hours. The athletic training staff/ACIs will supervise students assigned to them at either the Tinsley Center or at Kelly Gymnasium.

## **Off-Site Clinical Rotations**

Each student must complete at least two off-site rotations; one at an area high school or college setting and one at a sports medicine or physical therapy clinic. **Because affiliated sites may require a pre-acceptance interview/orientation session, it is the responsibility of the student to notify the off-site ACI/CI at least three weeks prior to the start of their rotation to make arrangements for the interview.** Names and phone numbers are on file in the Director of Clinical Education's Office.

There are no guarantees that clinical rotations will be limited to two off-site rotations. Due to the large number of students in the program and limited number of on-site clinical instructors, it may be necessary to assign students to three off-site rotations. If necessary, a student with a car may be paired with another student, who does not have access to a car.

## **General Medical Rotation**

Students must complete at least 15 hours in the general medical area. This may be accomplished by shadowing the Medical Director, Dr. Suzanne Bornschein, or by observing in a hospital emergency room or at an area medical center. These hours may be scheduled at anytime during your semester rotation, but must be cleared through the Director of Clinical Education. The ATS has the responsibility to inform their ACI of the general medical rotation and should do daily clinical hours with their ACI on the days in which the ATS is not completing the general medical rotation. .

## **Orthopedic Rotation and Surgery Observations**

Students must complete at least 15 hours shadowing an orthopedic surgeon associated with BSC Athletic Training Services. This may include observing orthopedic clinics held in the athletic training room, at the physician's office, or being present during an orthopedic exam of one of your patients. In addition to observing the orthopedist in an office/clinical setting, all students are required to observe at least one orthopedic surgery/semester for a total of 4 surgeries during your program. Observation of any surgeries at Orthopedic Care Specialists (Easton, MA) will be arranged through the Director of Clinical Education. Students may, if the opportunity arises, observe more than one surgery on any given day, and all four surgeries may be observed during the same semester. Observations of surgeries conducted by other area orthopedists may be done with prior approval of the Director of Clinical Education.

## **Requesting a Clinical Assignment**

Students may request a specific ACI or off-site assignment. Priority will be given to second year graduate students or those first year students who have demonstrated superior initiative, knowledge, leadership, clinical skills, and motivation within the Program. First semester graduate students will generally not be assigned an off-site rotation until a full rotation is completed at BSC. An exception may be made if a first semester graduate student enters the ATEP with extensive clinical experience at their undergraduate institution.

Clinical assignments will be made by the Director of Clinical Education. A tentative list will be posted in the athletic training classroom and on the clinical education Blackboard site approximately 2 weeks before the end of the semester. Adjustments may be made based on unforeseen circumstances.

Any student who is unable to make a commitment to the assigned rotation must notify the Director of Clinical Education in person (**email or voice mail are not acceptable**) within 48 hours of the posting, detailing professional reasons why the assignment cannot be met. Acceptable reasons for changing the assignment may include, but are not limited to:

1. **Transportation.** Individuals assigned to an off-site location do not have reliable transportation. It would help, however, if you attempted to find an individual who does have a car and would be willing to switch so the off-site rotation continues to be covered
2. **Repetition.** You have already been assigned to that rotation and/or site and do not want to repeat it
3. **Extreme circumstances.** This will be decided by the Director of Clinical Education and the Program Director in consultation with the student

Students who ask to be removed from a specific rotation based on sound reasons will be assigned another rotation. **Any changes in rotations must be approved by the Director of Clinical Education prior to any change taking affect.**

### EVALUATION OF CLINICAL EXPERIENCE

Each semester graduate students will receive several avenues of assessment. With each assessment, the student and ACI/CI will meet to discuss the student's strengths and areas to work on. At mid-rotation the ACI/CI may determine that the ATS may need to improve on specific skills or behaviors. Attaining these goals will be assessed at the end of the semester. The following evaluations will be conducted each semester:

Mid-rotation self-evaluation

Mid-rotation ACI/CI evaluation

End of the semester self-evaluation

End of the semester ACI/CI evaluation

In addition to these, students will be asked to evaluate their ACI/CI at the end of the semester. AT faculty will be assessed in each class in accordance with the MSCA Collective Bargaining Agreement. Upon graduation all ATEP students will be asked to assess their overall academic and clinical experience by completing an anonymous alumni survey.

*\* Note: An example of the evaluation forms used by the ACI in the clinical setting can be found in **Appendix D***

### ATHLETIC TRAINING SERVICE POINTS

Graduate Athletic Training students must accumulate 75 service points to qualify for graduation. Points are awarded for any extracurricular activities that enhance the professional preparation of the student. The concept of service points parallels continuing education units required of the certified athletic trainer to

update and maintain current knowledge and skills. Credit is provided as follows: 1 point/contact hour (i.e., if a workshop is three hours, 3 service points are granted).

The student is responsible for recording the activity on the service point document (**Appendix E**) and having the event verified by an ACI/CI in the appropriate column. If the service points are completed off-site, it is the student's responsibility to include the program, registration form, etc., signed by that on-site instructor/supervisor verifying attendance and length of program/service. **The Summary Form must be submitted to the Clinical Director's office during the last week of the academic calendar.**

Listed below are examples of activities that would be granted approval for service points. If the student seeks service points for another activity, **prior approval must be granted by the ATEP Program.**

1. Instructor in First Aid/CPR or EMT certification
2. Athletic Training Club Officer
3. Attendance at special athletic training club functions or professional meetings
4. Voluntary coverage of special events. (Boston Marathon, Bay State Games, Children's Developmental Clinic, Road Races, etc.)
5. Special projects/research (Athletic Training Workshop, Student Writing Contest)
6. Observation of surgeries and/or orthopedic clinics (beyond those required)
7. Recipient of an honorary award or scholarship in athletic training

Points required at the end of the academic year are:

First year graduate student      35 points  
 Second year graduate student      40 points

#### Acceptable Service Points

Instructor rating in CPR or First Aid	5	Annual certification in CPR & First Aid	1
Instructing a CPR or First Aid course	5	Membership in NATA	10
National Strength/Conditioning Certification	5	Membership in Athletic Training Club	3
EMT Certification	10	Officer in Athletic Training Club	5
Athletic training coverage of special events	1/hr	Recipient of a national athletic training award	30
Attending professional conference	1/hr	Recipient of a district athletic training award	20
Speaker at a professional conference	10	Recipient of a state athletic training award	15
Conducting research project	5	Overall GPA/ semester	
Observation of surgeries beyond the required four	2/surgery	3.70 – 4.0	8
Orthopedic observation over min. #	1/hr	3.40 – 3.69	6
General medical observation over min. #	1/hr	3.10 – 3.39	4
Pre-season/holiday coverage	2/day	3.00 – 3.09	4



# Appendix A

## NATA Clinical Competencies

## Risk Management

- RM-C1 Explain the risk factors associated with physical activity.
- RM-C2 Identify and explain the risk factors associated with common congenital and acquired abnormalities, disabilities, and diseases.
- RM-C3 Identify and explain the epidemiology data related to the risk of injury and illness related to participation in physical activity.
- RM-C4 Identify and explain the recommended or required components of a preparticipation examination based on appropriate authorities' rules, guidelines, and/or recommendations.
- RM-C5 Describe the basic concepts and practice of wellness screening.
- RM-C6 Describe the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, and avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.
- RM-C7 Explain the importance for all personnel to maintain current certification in CPR, automated external defibrillator (AED), and first aid.
- RM-C8 Explain the principles of effective heat loss and heat illness prevention programs. Principles include, but are not limited to, knowledge of the body's thermoregulatory mechanisms, acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss.
- RM-C9 Explain the accepted guidelines, recommendations, and policy and position statements of applicable governing agencies related to activity during extreme weather conditions.
- RM-C10 Interpret data obtained from a wet bulb globe temperature (WBGT) or other similar device that measures heat and humidity to determine the scheduling, type, and duration of activity.
- RM-C11 Explain the importance and use of standard tests, test equipment, and testing protocol for the measurement of cardiovascular and respiratory fitness, body composition, posture, flexibility, muscular strength, power, and endurance.
- RM-C12 Explain the components and purpose of periodization within a physical conditioning program.
- RM-C13 Identify and explain the various types of flexibility, strength training, and cardiovascular conditioning programs. This should include the expected effects (the body's anatomical and physiological adaptation), safety precautions, hazards, and contraindications of each.
- RM-C14 Explain the precautions and risks associated with exercise in special populations.
- RM-C15 Describe the components for self-identification of the warning signs of cancer.
- RM-C16 Explain the basic principles associated with the use of protective equipment, including standards for the design, construction, fit, maintenance and reconditioning of protective equipment; and rules and regulations established by the associations that govern the use of protective equipment; and material composition.
- RM-C17 Explain the principles and concepts related to prophylactic taping, wrapping, bracing, and protective pad fabrication.
- RM-C18 Explain the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints. This includes, but is not limited to, evaluating or identifying the need, selecting the

- appropriate manufacturing material, manufacturing the orthosis or splint, and fitting the orthosis or splint.
- RM-C19 Explain the basic principles and concepts of home, school, and workplace ergonomics and their relationship to the prevention of illness and injury.
- RM-C20 Recognize the clinical signs and symptoms of environmental stress.
- RM-P1 Instruct the patient how to properly perform fitness tests to assess his or her physical status and readiness for physical activity. Interpret the results of these tests according to requirements established by appropriate governing agencies and/or a physician. These tests should assess:
- RM-P1.1 Flexibility
  - RM-P1.2 Strength
  - RM-P1.3 Power
  - RM-P1.4 Muscular Endurance
  - RM-P1.5 Agility
  - RM-P1.6 Cardiovascular Endurance
  - RM-P1.7 Speed
- RM-P2 Develop a fitness program appropriate to the patient's needs and selected activity or activities that meet the requirements established by the appropriate governing agency and/or physician for enhancing:
- RM-P2.1 Flexibility
  - RM-P2.2 Strength
  - RM-P2.3 Power
  - RM-P2.4 Muscular Endurance
  - RM-P2.6 Agility
  - RM-P2.6 Cardiovascular Endurance
  - RM-P2.7 Speed
- RM-P3 Instruct a patient regarding fitness exercises and the use of weight training equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.
- RM-P4 Select and fit appropriate standard protective equipment on the patient for safe participation in sport and/or physical activity. This includes but is not limited to:
- RM-P4.1 Shoulder Pads
  - RM-P4.2 Helmet/Headgear
  - RM-P4.3 Footwear
  - RM-P4.4 Mouthguard
  - RM-P4.5 Prophylactic Knee Brace
  - RM-P4.6 Prophylactic Ankle Brace
  - RM-P4.7 Other Equipment (as appropriate)
- RM-P5 Select, fabricate, and apply appropriate preventive taping and wrapping procedures, splints, braces, and other special protective devices. Procedures and devices should be consistent with sound anatomical and biomechanical principles.
- RM-P6 Obtain, interpret, and make decisions regarding environmental data. This includes, but is not limited to the ability to:
- RM-P6.1 Operate a sling psychrometer and/or wet bulb globe index
  - RM-P6.2 Formulate and implement a comprehensive, proactive emergency action plan specific to lightening safety

- RM-P6.3 Access local weather/environmental information
- RM-P6.4 Assess hydration status using weight charts, urine color charts, or specific gravity measurements
- RM-CP1 Plan, implement, evaluate, and modify a fitness program specific to the physical status of the patient. This will include instructing the patient in proper performance of the activities and the warning signs and symptoms of potential injury that may be sustained. Effective lines of communication shall be established to elicit and convey information about the patient's status and the prescribed program. While maintaining patient confidentiality, all aspects of the fitness program shall be documented using standardized record-keeping methods.
- RM-CP2 Select, apply, evaluate, and modify appropriate standard protective equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient's situation and the importance of protective devices to prevent and/or minimize injury.
- RM-CP3 Demonstrate the ability to develop, implement, and communicate effective policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.

## Pathology

- PA-C1 Describe the essential components of a typical human cell. Include the normal structure and the function of each component and explain the abnormal symptoms associated with injury, illness, and disease.
- PA-C2 Explain gross cellular adaptations in response to stress, injury, or disease (e.g., atrophy, hypertrophy, differentiation, hyperplasia, metaplasia, and tumors).
- PA-C3 Explain normal and abnormal circulation and the physiology of fluid homeostasis.
- PA-C4 Identify the normal acute and chronic physiological and pathological responses (e.g., inflammation, immune response, and healing process) of the human body to trauma, hypoxia, microbiologic agents, genetic derangements, nutritional deficiencies, chemicals, drugs, and aging affecting the musculoskeletal and other organ systems, and musculoskeletal system adaptations to disuse.
- PA-C5 Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and epidemiology of common orthopedic injuries, illnesses and diseases to the body's systems.
- PA-C6 Describe the body's responses to physical exercise during common diseases, illnesses, and the injury.

## Diagnosis

- DI-C1 Demonstrate knowledge of the systems of the human body.
- DI-C2 Describe the anatomical and physiological growth and development characteristics as well as gender differences across the lifespan.
- DI-C3 Describe the physiological and psychological effects of physical activity and their impact on performance.
- DI-C4 Explain directional terms and cardinal planes used to describe the body and the relationship of its parts.
- DI-C5 Describe the principles and concepts of body movement including functional classification of joints, arthrokinematics, normal ranges of joint motion, joint action terminology, and muscle groups responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesia/proprioception.
- DI-C6 Describe common techniques and procedures for evaluating common injuries including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests.
- DI-C7 Explain the relationship of injury assessment to the systematic observation of the person as a whole.
- DI-C8 Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes.
- DI-C9 Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
- DI-C10 Explain the roles of special tests in injury assessment.
- DI-C11 Explain the role of postural examination in injury assessment including gait analysis.
  
- DI-C12 Describe strength assessment using resistive range of motion, break tests, and manual muscle testing.
- DI-C13 Describe the use of diagnostic tests and imaging techniques based on their applicability in the assessment of an injury when prescribed by a physician.
- DI-C14 Describe the clinical signs and symptoms of environmental stress.
- DI-C15 Describe and identify postural deformities.
- DI-C16 Explain medical terminology and abbreviations necessary to communicate with physicians and other health professionals.
- DI-C17 Describe the components of medical documentation (e.g. SOAP, HIPS and HOPS).
- DI-P1 Obtain a medical history of the patient that includes a previous history and a history of the present injury.
- DI-P2 Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.
- DI-P3 Perform inspection/observation of postural, structural, and biomechanical abnormalities.
- DI-P4 Palpate the bones and soft tissues to determine normal or pathological characteristics.
- DI-P5 Measure the active and passive joint range of motion using commonly accepted techniques, including the use of a goniometer and inclinometer.
- DI-P6 Grade the resisted joint range of motion/manual muscle testing and break tests.

- DI-P7 Apply appropriate stress tests for ligamentous or capsular stability, soft tissue and muscle, and fractures.
- DI-P8 Apply appropriate special tests for injuries to the specific areas of the body as listed above.
- DI-P9 Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
- DI-P10 Document the results of the assessment including the diagnosis.
- DI-CP1 Demonstrate a musculoskeletal assessment of upper extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the student will diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.
- DI-CP1.1 Foot and Toes
  - DI-CP1.2 Ankle
  - DI-CP1.3 Lower Leg
  - DI-CP1.4 Knee (tibiofemoral and patellofemoral)
  - DI-CP1.5 Thigh
  - DI-CP1.6 Hip/Pelvis/Sacroiliac Joint
  - DI-CP1.7 Lumbar Spine
  - DI-CP1.8 Thoracic Spine
  - DI-CP1.9 Ribs
  - DI-CP1.10 Cervical Spine
  - DI-CP1.11 Shoulder Girdle
  - DI-CP1.12 Upper Arm
  - DI-CP1.13 Elbow
  - DI-CP1.14 Forearm
  - DI-CP1.15 Wrist
  - DI-CP1.16 Hand, Fingers & Thumb
  - DI-CP1.17 Head and Face
  - DI-CP1.18 Temporomandibular Joint

## Medical Conditions

- MC-C1 Describe and know when to refer common congenital or acquired abnormalities, physical disabilities, and diseases affecting people who engage in physical activity throughout their life span (e.g., arthritis, diabetes).
- MC-C2 Understand the effects of common illnesses and diseases in physical activity.
- MC-C3 Describe common techniques and procedures for evaluating common medical conditions and disabilities including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques (e.g., assessing heart, lung and bowel sounds), and neurological and circulatory tests.
- MC-C4 Describe and know when to refer common eye pathologies from trauma and/or localized infection (e.g., conjunctivitis, hyphema, corneal injury, stye, scleral trauma).
- MC-C5 Describe and know when refer common ear pathologies from trauma and/or localized infection (e.g., otitis, ruptured tympanic membrane, impacted cerumen).
- MC-C6 Describe and know when to refer common pathologies of the mouth, sinus, oropharynx, and nasopharynx from trauma and/or localized infection (e.g., gingivitis, sinusitis, laryngitis, tonsillitis, pharyngitis).
- MC-C7 Describe and know when to refer common and significant respiratory infections, thoracic trauma, and lung disorders. (e.g., influenza, pneumonia, bronchitis, rhinitis, sinusitis, upper-respiratory infection (URI), pneumothorax, hemothorax, pneumomediastinum, exercise-induced bronchospasm, exercise-induced anaphylaxis, asthma).
- MC-C8 Explain the importance and proper use of a peak flowmeter or similar device in the evaluation and management of respiratory conditions.
- MC-C9 Describe strategies for reducing the frequency and severity of asthma attacks.
- MC-C10 Explain the possible causes of sudden death syndrome.
- MC-C11 Describe and know when to refer common cardiovascular and hematological medical conditions from trauma, deformity, acquired disease, conduction disorder, and drug abuse (e.g., coronary artery disease, hypertrophic cardiomyopathy, heart murmur, mitral valve prolapse, commotion cordis, Marfan's syndrome, peripheral embolism, hypertension, arrhythmogenic right ventricular dysplasia, Wolf-Parkinson-White syndrome, anemias, sickle cell anemia and sickle cell trait [including rhabdomyolysis], hemophilia, deep vein thrombosis, migraine headache, syncope).
- MC-C12 Describe and know when to refer common medical conditions that affect the gastrointestinal and hepatic-biliary systems from trauma, chemical and drug irritation, local and systemic infections, psychological stress, and anatomic defects (e.g., hepatitis, pancreatitis, dyspepsia, gastroesophageal reflux, peptic ulcer, gastritis and gastroenteritis, inflammatory bowel disease, irritable bowel syndrome, appendicitis, sports hernia, hemorrhoids, splenomegaly, liver trauma).
- MC-C13 Describe and know when to refer common medical conditions of the endocrine and metabolic systems from acquired disease and acute and chronic nutritional disorders (e.g., diabetes mellitus and insipidus, hypothyroidism, Cushing's syndrome, thermoregulatory disorders, gout, osteoporosis).
- MC-C14 Describe and know when to refer common medical conditions of the renal and urogenital systems from trauma, local infection, congenital and acquired disease,

- nutritional imbalance, and hormone disorder (e.g., kidney stones, genital trauma, gynecomastia, monorchidism, scrotum and testicular trauma, ovarian and testicular cancer, breast cancer, testicular torsion, varicoceles, endometriosis, pregnancy and ectopic pregnancy, female athlete triad, primary amenorrhea, oligomenorrhea, dysmenorrhea, kidney laceration or contusion, cryptorchidism).
- MC-C15 Describe and know when to refer common and/or contagious skin lesions from trauma, infection, stress, drug reaction, and immune responses (e.g., wounds, bacteria lesions, fungal lesions, viral lesions, bites, acne, eczema dermatitis, ringworm).
- MC-C16 Describe and know when to refer common medical conditions of the immune system from infection, congenital and acquired disease, and unhealthy lifestyle. (e.g., arthritis, gout, upper respiratory tract infection [URTI], influenza, pneumonia, myocarditis, gastrointestinal infection, urinary tract infection [UTI], sexually transmitted diseases [STDs], pelvic inflammatory disease, meningitis, osteomyelitis, septic arthrosis, chronic fatigue and overtraining, infectious mononucleosis, human immunodeficiency virus (HIV) infection and AIDS, hepatitis B virus infection, allergic reaction and anaphylaxis, childhood infectious diseases [measles, mumps, chickenpox]).
- MC-C17 Describe and know when to refer common neurological medical disorders from trauma, anoxia, drug toxicity, infection, and congenital malformation (e.g., concussion, postconcussion syndrome, second-impact syndrome, subdural and epidural hematoma, epilepsy, seizure, convulsion disorder, meningitis, spina bifida, cerebral palsy, chronic regional pain syndrome [CRPS], cerebral aneurysm).
- MC-C18 Describe and know when to refer common psychological medical disorders from drug toxicity, physical and emotional stress, and acquired disorders (e.g., substance abuse, eating disorders/disordered eating, depression, bipolar disorder, seasonal affective disorder, anxiety disorders, somatoform disorders, personality disorders, abusive disorders, and addiction).
- MC-C19 Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.
- MC-C20 Describe and know when to refer common cancers (e.g., testicular, breast).
- MC-C21 Describe and know when to refer common injuries or conditions of the teeth (e.g., fractures, dislocations, caries).
- MC-C22 Explain the importance and proper procedures for measuring body temperature (e.g., oral, axillary, rectal).
- MC-P1 Obtain a medical history of the patient that includes a previous history and a history of the present condition.
- MC-P2 Perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin abnormalities.
- MC-P3 Palpate the bones and soft tissues, including the abdomen, to determine normal or pathological characteristics.
- MC-P4 Apply commonly used special tests and instruments (e.g., otoscope, stethoscope, ophthalmoscope, peak flowmeter, chemical dipsticks [or similar devices]) and document the results for the assessment of:

- MC-P4a Vital signs including respiration (including asthma), pulse and circulation, and blood pressure
- MC-P4b Heart, lung, and bowel sounds
- MC-P4c Pupil response, size and shape, and ocular motor function
- MC-P4d Body temperature
- MC-P4e Ear, nose, throat and teeth
- MC-P4f Urinalysis
- MC-CP1 Demonstrate a general and specific (e.g., head, torso and abdomen) assessment for the purpose of (a) screening and referral of common medical conditions, (b) treating those conditions as appropriate, and (c) when appropriate, determining a patient's readiness for physical activity. Effective lines of communication should be established to elicit and convey information about the patient's status and the treatment program. While maintaining confidentiality, all aspects of the assessment, treatment, and determination for activity should be documented using standardized record-keeping methods.
  - MC-CP1.1 Derma
  - MC-CP1.2 Head, including the Brain
  - MC-CP1.3 Face, including the Maxillofacial Region
  - MC-CP1.4 Thorax, including the heart and lungs
  - MC-CP1.5 Abdomen, including the abdominal organs, the renal and urogenital systems
  - MC-CP1.6 Eyes
  - MC-CP1.7 Ear, Nose, and Throat

## Acute Care

- AC-C1 Explain the legal, moral, and ethical parameters that define the scope of first aid and emergency care and identify the proper roles and responsibilities of the certified athletic trainer.
- AC-C2 Describe the availability, content, purpose, and maintenance of contemporary first aid and emergency care equipment.
- AC-C3 Determine what emergency care supplies and equipment are necessary for circumstances in which the athletic trainer is the responsible first responder.
- AC-C4 Know and be able to use appropriately standard nomenclature of injuries and illnesses.
- AC-C5 Describe the principles and rationale of the initial assessment including the determination of whether the accident scene is safe, what may have happened, and the assessment of airway, breathing, circulation, level of consciousness and other life-threatening conditions.
- AC-C6 Differentiate the components of a secondary assessment to determine the type and severity of the injury or illness sustained.
- AC-C7 Identify the normal ranges for vital sign.
- AC-C8 Describe pathological signs of acute/traumatic injury and illness including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.
- AC-C9 Describe the current standards of first aid, emergency care, rescue breathing, and cardiopulmonary resuscitation for the professional rescuer.
- AC-C10 Describe the role and function of an automated external defibrillator in the emergency management of acute heart failure and abnormal heart rhythms.
- AC-C11 Describe the role and function of supplemental oxygen administration as an adjunct to cardiopulmonary resuscitation techniques.
- AC-C12 Describe the characteristics of common life-threatening conditions that can occur either spontaneously or as the result of direct trauma to the throat, thorax and viscera, and identify the management of these conditions.
- AC-C13 Describe the proper management of external hemorrhage, including the location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.
- AC-C14 Identify the signs and symptoms associated with internal hemorrhaging.
- AC-C15 Describe the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.
- AC-C16 Describe the injuries and illnesses that require medical referral.
- AC-C17 Explain the application principles of rest, cold application, elevation, and compression in the treatment of acute injuries.
- AC-C18 Describe the signs, symptoms, and pathology of acute inflammation.
- AC-C19 Identify the signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological function, cranial nerve assessment, and other symptoms that indicate underlying trauma.
- AC-C20 Explain the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.

- AC-C21 Define cerebral concussion, list the signs and symptoms of concussions, identify the methods for determining the neurocognitive status of a patient who sustains a concussion and describe contemporary concepts for the management and return-to-participation of a patient who sustains a concussion.
- AC-C22 Identify the signs and symptoms of trauma to the cervical, thoracic and lumbar spines, the spinal cord, and spinal nerve roots, including neurological signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.
- AC-C23 Describe cervical stabilization devices that are appropriate to the circumstances of an injury.
- AC-C24 Describe the indications, guidelines, proper techniques and necessary supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.
- AC-C25 Describe the effective management, positioning, and immobilization of a patient with a suspected spinal cord injury.
- AC-C26 Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.
- AC-C27 Identify the signs, symptoms, possible causes, and proper management of the following:
  - AC-C27a Different types of shock
  - AC-C27b Diabetic coma
  - AC-C27c Seizures
  - AC-C27d Toxic drug overdose
  - AC-C27e Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)
- AC-C28 Identify the signs and symptoms of serious communicable diseases and describe the appropriate steps to prevent disease transmission.
- AC-C29 Identify the signs, symptoms, and treatment of patients suffering from adverse reactions to environmental conditions.
- AC-C30 Identify information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention.
- AC-C31 Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.
- AC-C32 Describe the proper ambulatory aid and technique for the injury and patient.
- AC-C33 Describe home care and self-treatment plans of acute injuries and illnesses.
- AC-P1 Survey the scene to determine whether the area is safe and determine what may have happened.
- AC-P2 Perform an initial assessment to assess the following, but not limited to:
  - AC-P2a Airway
  - AC-P2b Breathing
  - AC-P2c Circulation
  - AC-P2d Level of consciousness
  - AC-P2e Other life-threatening conditions
- AC-P3 Implement appropriate emergency treatment strategies, including but not limited to:
  - AC-P3a Activate an emergency action plan
  - AC-P3b Establish and maintain an airway in an infant, child, and adult

- AC-P3c Establish and maintain an airway in a patient wearing shoulder pads, headgear or other protective equipment and/or with a suspected spine injury
- AC-P3d Perform one- and two-person CPR on an infant, child, and adult
- AC-P3e Utilize a bag-valve mask on an infant, child, and adult
- AC-P3f Utilize an automated external defibrillator (AED) according to current accepted practice protocols
- AC-P3g Normalize body temperature in situations of severe/life-threatening heat or cold stress
- AC-P3h Control bleeding using universal precautions
- AC-P3i Administer an EpiPen for anaphylactic shock
- AC-P4 Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including but not limited to:
  - AC-P4a Open and closed wounds (using universal precautions)
  - AC-P4b Closed-head trauma (using standard neurological tests and tests for cranial nerve function)
  - AC-P4c Environmental illness
  - AC-P4d Seizures
  - AC-P4e Acute asthma attack
  - AC-P4f Different types of shock
  - AC-P4g Thoracic, respiratory, and internal abdominal injury or illness
  - AC-P4h Acute musculoskeletal injuries (i.e. sprains, strains, fractures, dislocations)
  - AC-P4i Spinal cord and peripheral nerve injuries
  - AC-P4j Diabetic coma
  - AC-P4k Toxic drug overdose
  - AC-P4l Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)
- AC-CP1 Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.

## Therapeutic Modalities

- TM-C1 Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the selection and application of therapeutic modalities used in a treatment and/or rehabilitation program.
- TM-C2 Explain the principles of physics, including basic concepts associated with the electromagnetic and acoustic spectra (e.g., frequency, wavelength) associated with therapeutic modalities.
- TM-C3 Explain the terminology, principles, basic concepts, and properties of electric currents as they relate to therapeutic modalities.
- TM-C4 Describe contemporary pain-control theories.
- TM-C5 Describe the role and function of the common pharmacological agents that are used in conjunction with therapeutic modalities
- TM-C6 Explain the body's physiological responses during and following the application of therapeutic modalities.
- TM-C7 Describe the electrophysics, physical properties, biophysics, patient preparation and modality set-up (parameters), indications, contraindications, and specific physiological effects associated with commonly used therapeutic modalities.
- TM-C8 Identify appropriate therapeutic modalities for the treatment and rehabilitation of injuries and illness.
- TM-C9 Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies to determine appropriate treatment and rehabilitation and to evaluate readiness to return to the appropriate level of activity. This includes the ability to:
  - TM-C9a Describe and interpret appropriate measurement and assessment procedures as they relate to the selection and application of therapeutic modalities.
  - TM-C9b Interpret objective measurement results as a basis for developing individualized therapeutic modality application and set-up (parameters).
  - TM-C9c Interpret the results of injury assessment and determine an appropriate therapeutic modality program to return the patient to physical activity.
  - TM-C9d Determine the appropriate therapeutic modality program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
  - TM-C9e Determine the criteria for progression and return to activity based on the level of functional outcomes.
  - TM-C9f Describe appropriate methods of assessing progress when using therapeutic modalities and interpret the results.
  - TM-C9g Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a treatment plan.
  - TM-C9h Describe appropriate medical documentation for recording progress in a therapeutic modality program.
- TM-C10 Identify manufacturer's, institutional, state, and federal standards for the operation and safe application of therapeutic modalities.
- TM-C11 Identify manufacturer's, institutional, state and federal guidelines for the inspection and maintenance of therapeutic modalities.

- TM-P1 Assess patient to identify indications, contraindications, and precautions applicable to the application of therapeutic modalities.
- TM-P2 Obtain and interpret baseline and posttreatment objective physical measurements to evaluate and interpret results.
- TM-P3 Inspect the therapeutic modalities and treatment environment for potential safety hazards.
- TM-P4 Position and prepare the patient for the application of therapeutic modalities.
- TM-P5 Select and apply appropriate therapeutic modalities according to evidence-based guidelines.
- TM-P6 Document treatment goals, expectations, and treatment outcomes.
- TM-CP1 Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, patient set-up, and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed modality(s). While maintaining patient confidentiality, all aspects of the treatment plan should be documented using standardized record-keeping methods.
  - TM-CP1.1 Infrared Modalities
  - TM-CP1.2 Electrical Stimulation Modalities
  - TM-CP1.3 Therapeutic Ultrasound
  - TM-CP1.4 Mechanical Modalities
  - TM-CP1.5 Massage and other Manual Techniques

## Exercise Science

- EX-C1 Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the development, progression and implementation of a therapeutic exercise program.
- EX-C2 Describe the mechanical principles applied to the design and use of therapeutic exercise equipment and techniques (leverage, force, kinesiology and biomechanics).
- EX-C3 Describe common surgical techniques, pathology, and any subsequent anatomical alterations that may affect the implementation of a therapeutic exercise program.
- EX-C4 Describe the appropriate selection and application of therapeutic exercises taking the following into consideration:
  - EX-C4a The physiological responses of the human body to trauma
  - EX-C4b The physiological effects of inactivity and immobilization on the musculoskeletal, cardiovascular, nervous, and respiratory systems of the human body
  - EX-C4c The anatomical and/or biomechanical alterations resulting from acute and chronic injury and improper mechanics
  - EX-C4d The physiological adaptations induced by the various forms of therapeutic exercise, such as fast- versus slow-twitch muscle fibers
  - EX-C4e The physiological responses of additional factors, such as age and disease
- EX-C5 Describe the indications, contraindications, theory, and principles for the incorporation and application of various contemporary therapeutic exercise equipment and techniques, including aquatic therapy, manual therapy and mobilization.
- EX-C6 Define the basic components of activity-specific rehabilitation goals, functional progressions, and functional outcomes in a therapeutic exercise program.
- EX-C7 Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies in order to determine appropriate treatment and rehabilitation plans and to evaluate the readiness to return to the appropriate level of activity. This includes the ability to:
  - EX-C7a Describe and interpret appropriate measurement and functional testing procedures as they relate to the selection and application of therapeutic exercise.
  - EX-C7b Interpret objective measurement results (muscular strength/endurance, range of motion) as a basis for developing an individualized therapeutic exercise program.
  - EX-C7c Interpret the results of a physical assessment and determine an appropriate therapeutic exercise program to return the patient to physical activity.
  - EX-C7d Determine the appropriate therapeutic exercise program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
  - EX-C7e Determine the criteria for progression and return to activity based on the level of functional outcomes.
  - EX-C7f Describe appropriate methods of assessing progress in a therapeutic exercise program and interpret the results.

- EX-C7g Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a therapeutic exercise program.
- EX-C7h Describe appropriate medical documentation for recording progress in a therapeutic exercise program.
- EX-C8 Explain the effectiveness of taping, wrapping, bracing, and other supportive/protective methods for facilitation of safe progression to advanced therapeutic exercises and functional activities.
- EX-C9 Describe manufacturer's, institutional, state and federal guidelines for the inspection and maintenance of therapeutic exercise equipment.
- EX-P1 Assess a patient to determine specific therapeutic exercise indications, contraindications, and precautions.
- EX-P2 Obtain and interpret baseline and postexercise objective physical measurements to evaluate therapeutic exercise progression and interpret results.
- EX-P3 Inspect therapeutic exercise equipment to ensure safe operating condition.
- EX-P4 Demonstrate the appropriate application of contemporary therapeutic exercises and techniques according to evidence-based guidelines.
- EX-P5 Instruct the patient in proper techniques of commonly prescribed therapeutic exercises.
- EX-P6 Document rehabilitation goals, progression and functional outcomes.
- EX-P7 Perform a functional assessment for safe return to physical activity.
- EX-CP Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity, lower extremity, trunk, and spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
- EX-CP1 Program for injuries to the upper extremity
  - EX-CP1.1 Exercises and Techniques to Improve Joint Range of Motion
  - EX-CP1.2 Exercises to Improve Muscular Strength
  - EX-CP1.3 Exercises to Improve Muscular Endurance
  - EX-CP1.4 Exercises to Improve Muscular Speed
  - EX-CP1.5 Exercises to Improve Muscular Power
  - EX-CP1.6 Exercises to Improve Balance, Neuromuscular Control, and Coordination
  - EX-CP1.7 Exercises to Improve Agility
  - EX-CP1.8 Exercises to Improve Cardiorespiratory Endurance
  - EX-CP1.9 Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening
- EX-CP2 Program for injuries to the lower extremity
  - EX-CP2.1 Exercises and Techniques to Improve Joint Range of Motion
  - EX-CP2.2 Exercises to Improve Muscular Strength
  - EX-CP2.3 Exercises to Improve Muscular Endurance
  - EX-CP2.4 Exercises to Improve Muscular Speed

- EX-CP2.5 Exercises to Improve Muscular Power
- EX-CP2.6 Exercises to Improve Balance, Neuromuscular Control, and Coordination
- EX-CP2.7 Exercises to Improve Agility
- EX-CP2.8 Exercises to Improve Cardiorespiratory Endurance
- EX-CP2.9 Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening
- EX-CP3 Program for injuries to the trunk
  - EX-CP3.1 Exercises and Techniques to Improve Joint Range of Motion
  - EX-CP3.2 Exercises to Improve Muscular Strength
  - EX-CP3.3 Exercises to Improve Muscular Endurance
  - EX-CP3.4 Exercises to Improve Muscular Speed
  - EX-CP3.5 Exercises to Improve Muscular Power
  - EX-CP3.6 Exercises to Improve Balance, Neuromuscular Control, and Coordination
  - EX-CP3.7 Exercises to Improve Agility
  - EX-CP3.8 Exercises to Improve Cardiorespiratory Endurance
  - EX-CP3.9 Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening
- EX-CP4 Program for injuries to the spine
  - EX-CP4.1 Exercises and Techniques to Improve Joint Range of Motion
  - EX-CP4.2 Exercises to Improve Muscular Strength
  - EX-CP4.3 Exercises to Improve Muscular Endurance
  - EX-CP4.4 Exercises to Improve Muscular Speed
  - EX-CP4.5 Exercises to Improve Muscular Power
  - EX-CP4.6 Exercises to Improve Balance, Neuromuscular Control, and Coordination
  - EX-CP4.7 Exercises to Improve Agility
  - EX-CP4.8 Exercises to Improve Cardiorespiratory Endurance
  - EX-CP4.9 Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening

## Pharmacology

- PH-C1 Explain the laws, regulations, and procedures that govern storing, transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).
- PH-C2 Identify appropriate pharmaceutical terminology and abbreviations used in the prescription, administration, and dispensing of medications.
- PH-C3 Identify information about the indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications (including herbal medications) using current pharmacy resources.
- PH-C4 Explain the concepts of pharmacokinetics (absorption, distribution, metabolism, and elimination) and the suspected influence that exercise might have on these processes.
- PH-C5 Explain the concepts related to bioavailability, half-life, and bioequivalence.
- PH-C6 Explain the general pharmacodynamic principles as they relate to the mechanism of drug action and therapeutic effectiveness (e.g. receptor theory, dose-response relationship, potency, and drug interactions).
- PH-C7 Describe the common routes used to administer medications (e.g., oral, inhalation, and injection) and their advantages and disadvantages.
- PH-C8 Explain the relationship between generic or brand name pharmaceuticals.
- PH-C9 Identify medications that might cause possible poisoning, and describe how to activate and follow the locally established poison control protocols.
- PH-C10 Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used performance-enhancing substances.
- PH-C11 Identify which therapeutic drugs and nontherapeutic substances are banned by sport and/or workplace organizations in order to properly advise patients about possible disqualification and other consequences.
- PH-P1 Obtain and communicate patient education materials regarding physician-prescribed medications, over-the-counter drugs, and performance-enhancing substances using appropriate references.
- PH-P2 Abide by federal, state, and local regulations for the proper storage, transportation, dispensing (administering where appropriate), and documentation of commonly used medications.
- PH-P3 Activate and effectively follow locally established poison control protocols.

## Psychosocial

- PS-C1 Explain the psychosocial requirements (i.e., motivation and self-confidence) of various activities that relate to the readiness of the injured or ill individual to resume participation.
- PS-C2 Explain the stress-response model and the psychological and emotional responses to trauma and forced inactivity.
- PS-C3 Describe the motivational techniques that the athletic trainer must use during injury rehabilitation and reconditioning.
- PS-C4 Describe the basic principles of mental preparation, relaxation, visualization, and desensitization techniques.
- PS-C5 Describe the basic principles of general personality traits, associated trait anxiety, locus of control, and patient and social environment interactions.
- PS-C6 Explain the importance of providing health care information to patients, parents/guardians, and others regarding the psychological and emotional well being of the patient.
- PS-C7 Describe the roles and function of various community-based health care providers (to include, but not limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.
- PS-C8 Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, their patients, and others involved in the health care of the patient.
- PS-C9 Explain the basic principles of counseling (discussion, active listening, and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.
- PS-C10 Identify the symptoms and clinical signs of common eating disorders and the psychological and sociocultural factors associated with these disorders.
- PS-C11 Identify and describe the sociological, biological and psychological influences toward substance abuse, addictive personality traits, the commonly abused substances, the signs and symptoms associated with the abuse of these substances, and their impact on an individual's health and physical performance
- PS-C12 Describe the basic signs and symptoms of mental disorders (psychoses), emotional disorders (neuroses, depression), or personal/social conflict (family problems, academic or emotional stress, personal assault or abuse, sexual assault, sexual harassment), the contemporary personal, school, and community health service agencies, such as community-based psychological and social support services that treat these conditions and the appropriate referral procedures for accessing these health service agencies.
- PS-C13 Describe the acceptance and grieving processes that follow a catastrophic event and the need for a psychological intervention and referral plan for all parties affected by the event.
- PS-C14 Explain the potential need for psychosocial intervention and referral when dealing with populations requiring special consideration (to include but not limited to those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, unilateral organs, physical and/or mental disability).

- PS-C15 Describe the psychosocial factors that affect persistent pain perception (i.e., emotional state, locus of control, psychodynamic issues, sociocultural factors, and personal values and beliefs) and identify multidisciplinary approaches for managing patients with persistent pain.
- PS-CP1 Demonstrate the ability to conduct an intervention and make the appropriate referral of an individual with a suspected substance abuse or other mental health problem. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the intervention and referral should be documented using standardized record-keeping methods.
- PS-CP2 Demonstrate the ability to select and integrate appropriate motivational techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.

## Nutritional Aspects

- NU-C1 Describe personal health habits and their role in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.
- NU-C2 Describe the USDA's My Pyramid and explain how this can be used in performing a basic dietary analysis and creating a dietary plan for a patient.
- NU-C3 Identify and describe primary national organizations responsible for public and professional nutritional information.
- NU-C4 Identify nutritional considerations in rehabilitation, including nutrients involved in healing and nutritional risk factors (e.g., reduced activity with the same dietary regimen and others).
- NU-C5 Describe common illnesses and injuries that are attributed to poor nutrition (e.g., effects of poor dietary habits on bone loss, on injury, on long-term health, and on other factors).
- NU-C6 Explain energy and nutritional demands of specific activities and the nutritional demands placed on the patient.
- NU-C7 Explain principles of nutrition as they relate to the dietary and nutritional needs of the patient (e.g., role of fluids, electrolytes, vitamins, minerals, carbohydrates, protein, fat, and others).
- NU-C8 Explain the physiological processes and time factors involved in the digestion, absorption, and assimilation of food, fluids, and nutritional supplements. Further, relate these processes and time factors to the design and planning of preactivity and postactivity meals, menu content, scheduling, and the effect of other nonexercise stresses before activity.
- NU-C9 Describe the principles, advantages, and disadvantages of ergogenic aids and dietary supplements used in an effort to improve physical performance.
- NU-C10 Explain implications of FDA regulation of nutritional products
- NU-C11 Identify and interpret pertinent scientific nutritional comments or position papers (e.g., healthy weight loss, fluid replacement, pre-event meals, and others).
- NU-C12 Explain principles of weight control for safe weight loss and weight gain, and explain common misconceptions regarding the use of food, fluids, and nutritional supplements in weight control.
- NU-C13 Explain consequences of improper fluid replacement.
- NU-C14 Describe disordered eating and eating disorders (i.e., signs, symptoms, physical and psychological consequences, referral systems).
- NU-C15 Identify effects of macronutrients (e.g., saturated fats, incomplete proteins, and complex carbohydrates) on performance, health, and disease.
- NU-C16 Describe signs, symptoms, and physiological effects of mineral deficiency (e.g., iron, and calcium), and identify foods high in specific mineral content.
- NU-C17 Identify and explain food label Daily Value recommendations and common food sources of essential vitamins and minerals in using current USDA Dietary Guidelines.
- NU-C18 Describe the principles and methods of body composition assessment (e.g., skinfold calipers, bioelectric impedance, body mass index [BMI]) to assess a patient's health status and to monitor progress in a weight loss or weight gain program for patients of all ages and in a variety of settings.

- NU-C19 Explain the relationship between basal metabolic rate, caloric intake, and energy expenditure in the use of the Food Pyramid Guidelines.
- NU-C20 Identify the nutritional benefits and costs of popular dietary regimen for weight gain, weight loss, and performance enhancement.
- NU-P1 Assess body composition by validated technique (e.g., skinfold calipers, bioelectric impedance, BMI, etc.) to assess a patient's health status and to monitor progress during a weight loss or weight gain program.
- NU-P2 Calculate energy expenditure, caloric intake, and BMR.
- NU-P3 Provide educational information about basic nutritional concepts, facts, needs, and food labels for settings associated with physically active individuals of a wide range of ages and needs.
- NU-CP1 Demonstrate the ability to counsel a patient in proper nutrition. This may include providing basic nutritional information and/or an exercise and nutrition program for weight gain or weight loss. The student will demonstrate the ability to take measurements and figure calculations for a weight control plan (e.g., measurement of body composition and BMI, calculation of energy expenditure, caloric intake, and BMR). Armed with basic nutritional data, the student will demonstrate the ability to develop and implement a preparticipation meal and an appropriate exercise and nutritional plan for an active individual. The student will develop an active listening relationship to effectively communicate with the patient and, as appropriate, refer the patient to other medical professionals (physician, nutritionist, counselor or psychologist) as needed.
- NU-CP2 Demonstrate the ability to recognize disordered eating and eating disorders, establish a professional helping relationship with the patient, interact through support and education, and encourage vocal discussion and other support through referral to the appropriate medical professionals.

## Administration

- AD-C1 Describe organization and administration of preparticipation physical examinations and screening including, but not limited to, developing assessment and record-keeping forms that include the minimum recommendations from recognized health and medical organizations, scheduling of appropriate health and medical personnel, and efficient site use.
- AD-C2 Identify components of a medical record (e.g., emergency information, treatment documentation, epidemiology, release of medical information, etc.), common medical record-keeping techniques and strategies, and strengths and weaknesses of each approach and the associated implications of privacy statutes (Health Insurance Portability and Accountability Act [HIPAA] and Federal Educational Rights Privacy Act [FERPA]).
- AD-C3 Identify current injury/illness surveillance and reporting systems.
- AD-C4 Identify common human resource policy and federal legislation regarding employment (e.g., The Americans with Disabilities Act, Family Medical Leave Act, FERPA, Fair Labor Standards Act, Affirmative Action, Equal Employment Opportunity Commission).
- AD-C5 Describe duties of personnel management, including (1) recruitment and selection of employees, (2) retention of employees, (3) development of policies-and-procedures manual, (4) employment performance evaluation, 5) compliance with nondiscriminatory and unbiased employment practices.
- AD-C6 Identify principles of recruiting, selecting, and employing physicians and other medical and allied health care personnel in the deployment of health care services.
- AD-C7 Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the athletic trainer.
- AD-C8 Identify key accrediting agencies for health care facilities (e.g., Joint Commission on Accreditation of Healthcare Organizations [JCAHO], Commission on Accreditation of Rehabilitation Facilities [CARF] and allied health education programs (e.g., Commission on Accreditation of Athletic Training Education [CAATE]) and describe their function in the preparation of health care professionals and the overall delivery of health care.
- AD-C9 Identify and describe technological needs of an effective athletic training service and the commercial software and hardware that are available to meet these needs.
- AD-C10 Describe the various types of health insurance models (e.g., health maintenance organization [HMO], preferred provider organization [PPO], fee-for-service, cash, and Medicare) and the common benefits and exclusions identified within these models.
- AD-C11 Describe the concepts and procedures for third-party insurance reimbursement including the use of diagnostic (ICD-9-CM) and procedural (CPT) coding.
- AD-C12 Explain components of the budgeting process, including purchasing, requisition, bidding, and inventory.
- AD-C13 Describe basic architectural considerations that relate to the design of safe and efficient clinical practice settings and environments.

- AD-C14 Describe vision and mission statements to focus service or program aspirations and strategic planning (e.g., weaknesses, opportunities, threats and strengths underlying planning [WOTS UP], strengths, weaknesses, opportunities and threats [SWOT]) to critically bring out organizational improvement.
- AD-C15 Explain typical administrative policies and procedures that govern first aid and emergency care (e.g., informed consent and incident reports).
- AD-C16 Identify and describe basic components of a comprehensive emergency plan for the care of acutely injured or ill patients, which include (1) emergency action plans for each setting or venue; (2) personnel education and rehearsal; (2) emergency care supplies and equipment appropriate for each venue; (3) availability of emergency care facilities; (4) communication with onsite personnel and notification of EMS; (5) the availability, capabilities, and policies of community-based emergency care facilities and community-based managed care systems; (6) transportation; (7) location of exit and evacuation routes; (8) activity or event coverage; and (9) record keeping.
- AD-C17 Explain basic legal concepts as they apply to a medical or allied health care practitioner's responsibilities (e.g., standard of care, scope of practice, liability, negligence, informed consent and confidentiality, and others).
- AD-C18 Identify components of a comprehensive risk management plan that addresses the issues of security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.
- AD-C19 Describe strategic processes and effective methods for promoting the profession of athletic training and those services that athletic trainers perform in a variety of practice settings (e.g., high schools and colleges, professional and industrial settings, hospitals and community-based health care facilities, etc.).
- AD-C20 Differentiate the roles and responsibilities of the athletic trainer from those of other medical and allied health personnel who provide care to patients involved in physical activity and describe the necessary communication skills for effectively interacting with these professionals.
- AD-C21 Describe role and functions of various community-based medical, paramedical, and other health care providers and protocols that govern the referral of patients to these professionals.
- AD-C22 Describe basic components of organizing and coordinating a drug testing and screening program, and identify the sources of current banned-drug lists published by various associations.
- AD-P1 Develop risk management plans, including facility design, for safe and efficient health care facilities.
- AD-P2 Develop a risk management plan that addresses issues of liability reduction; security, fire, and facility hazards; electrical and equipment safety; and emergency preparedness.
- AD-P3 Develop policy and write procedures to guide the intended operation of athletic training services within a health care facility.
- AD-P4 Demonstrate the ability to access medical and health care information through electronic media.
- AD-P5 Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others).

- AD-P6 Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members.
- AD-P7 Use a comprehensive patient-file management system that incorporates both paper and electronic media for purposes of insurance records, billing, and risk management.
- AD-P8 Develop operational and capital budgets based on a supply inventory and needs assessment.

## Professional Development

- PD-C1 Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.
- PD-C2 Describe the process of attaining and maintaining national and state athletic training professional credentials.
- PD-C3 Describe the current professional development requirements for the continuing education of athletic trainers and how to locate available, approved continuing education opportunities.
- PD-C4 Describe the role and function of the governing structures of the National Athletic Trainers' Association.
- PD-C5 Differentiate the essential documents of the national governing, certifying, and accrediting bodies, including, but not limited to, the Athletic Training Educational Competencies, Standards of Practice, Code of Ethics, Role Delineation Study, and the Standards for the Accreditation of Entry-Level Athletic Training Education Programs.
- PD-C6 Summarize the position statements regarding the practice of athletic training.
- PD-C7 Describe the role and function of the professional organizations and credentialing agencies that impact the athletic training profession.
- PD-C8 Summarize the current requirements for the professional preparation of the athletic trainer.
- PD-C9 Identify the objectives, scope of practice and professional activities of other health and medical organizations and professions and the roles and responsibilities of these professionals in providing services to patients.
- PD-C10 Identify the issues and concerns regarding the health care of patients (e.g., public relations, third-party payment, and managed care).
- PD-C11 Identify and access available educational materials and programs in health-related subject matter areas (audiovisual aids, pamphlets, newsletters, computers, software, workshops, and seminars).
- PD-C12 Summarize the principles of planning and organizing workshops, seminars, and clinics in athletic training and sports medicine for health care personnel, administrators, other appropriate personnel, and the general public.
- PD-C13 Describe and differentiate the types of quantitative and qualitative research and describe the components and process of scientific research (including statistical decision-making) as it relates to athletic training research.
- PD-C14 Interpret the current research in athletic training and other related medical and health areas and apply the results to the daily practice of athletic training.
- PD-C15 Identify the components of, and the techniques for constructing, a professional resume.
- PD-C16 Summarize the history and development of the athletic training profession.
- PD-C17 Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, patients, administrators, health care professionals, parents/guardians, and other appropriate personnel.

- PD-P1 Collect and disseminate injury prevention and health care information to health care professionals, patients, parents/guardians, other appropriate personnel and the general public (e.g., team meetings, parents' nights, parent/teacher organization [PTO] meetings, booster club meetings, workshops, and seminars).
- PD-P2 Access by various methods the public information policy-making and governing bodies used in the guidance and regulation of the profession of athletic training (including but not limited to state regulatory boards, NATA, BOC).
- PD-P3 Develop and present material (oral, pamphlet/handout, written article, or other media type) for an athletic training-related topic.
- PD-P4 Develop a research project (to include but not limited to case study, clinical research project, literature review) for an athletic training-related topic.

# Appendix B

## Firsts Responder Contract

# BSC ATEP

## Athletic Training Student – First Responder Contract

The purpose of this contract is to clearly define the roles and responsibilities of Bridgewater State College athletic training students (ATS) during unsupervised clinical experiences.

### Terminology

1. **Direct Supervision:** the constant visual and auditory interaction between athletic training student (ATS) and approved clinical instructor (ACI) or supervising certified athletic trainer (ATC). Therefore, your supervising ATC is available on location to physically intervene in an emergency or educational experience.
2. **Clinical Supervision:** a clinical experience that involves daily visual and auditory interaction between the athletic training student (ATS) and a non-certified athletic trainer (e.g., physician, physical therapist, EMT, nurse, coach, etc.).
3. **Unsupervised:** any clinical experience in which the athletic training student is acting *without* the physical presence of a BOC certified athletic trainer or clinical supervisor; thus making it impossible to intervene immediately. If traveling, the host certified athletic trainer at the location, or the head coach has the ultimate responsibility. (See First Responder below)

### First Responder - Unsupervised Clinical Experiences (practice/game situations and unsupervised travel)

1. **Acceptable Services** – the AT student acting *without* the direct supervision of an ATC.
  - a. Application of all first-aid skills for the treatment of acute injuries.
  - b. Provide assistance to the athlete with the application of a stretching program, but may not establish a new plan.
  - c. Application of tape to prevent an injury (pre-game taping) and to support an existing documented injury.
  - d. Application of a brace already being used.
  - e. Application of splints for stabilization of an acute injury or for the protection of an existing injury provided that the splint has been previously applied to the athlete for the same injury.
  - f. Conduct a history evaluation to determine the need for referral.
  - g. Conduct a brief injury assessment to determine the need for splinting, bracing, or crutch use for referral.
  - h. Application of ice for treatment of injuries.
  - i. Refer injured athlete to appropriate medical help or facility (i.e., call EMS).
  - j. Consult with the host ATC for advice.
2. **Unacceptable Services** (examples)
  - a. Initiate, change, or progress a rehabilitation plan.
  - b. Use electrical or ultrasound modalities.
  - c. Conduct an evaluation of an injury, other than an emergency referral.
  - d. Making any return-to-play decision (game or practice situations).

The ATS will consult with his/her clinical instructor (CI/ACI) by telephone when traveling with an athletic team, and/or the host certified athletic trainer for final evaluation and referral of athlete.

I have read and fully understand the definitions and ATSt responsibilities mentioned above.

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Student's Signature

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Date

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AT Program Director

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Date

## DECLARATION OF UNDERSTANDING

**I have carefully read the Bridgewater State College (BSC) Athletic Training Student Handbook. By signing below, I affirm that I both understand the policies and procedures described herein, and agree to fully comply with all program policies and procedures. I further understand that failure to adhere to program policies and procedures may result in involuntary withdrawal from the Athletic Training Education Program (ATEP).**

\_\_\_\_\_

**Student's Name (please print)**

\_\_\_\_\_

**Student's Signature**

\_\_\_\_\_

**Date**

Email address: \_\_\_\_\_

Phone number to be contacted at: \_\_\_\_\_