MESSIAH COLLEGE

Athletic Training Education Program

STUDENT MANUAL

Revised March 2008

Student Manual
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MESSIAH COLLEGE

Athletic Training Education Program

PROGRAM DESCRIPTION

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Messiah College
Athletic Training Education Program

Introduction

The Athletic Training Student Manual is designed to help provide an effective and well organized Education Program at Messiah College for students, faculty, clinical instructors, administrators and other individuals involved with the athletic training education program (ATEP).

Comprehension and implementation of the manual contents will assure quality programs in athletic training education and athletic training clinical education and services for those who are affected by these programs. The Certified Athletic Training Staff and Clinical Instructors will use the manual as a guide for administrative procedures and professional decisions related to the athletic training education program.

It is essential that all athletic training majors are knowledgeable of the manual contents. Questions about the contents should be directed to the Program Director.

It is the responsibility of the athletic training faculty/staff to review and update the manual's contents annually for compliance and accuracy.

Messiah College

Athletic Training Education Program

Outcomes/Mission Statement

The Messiah College Athletic Training Education Program prepares students for careers in entry-level positions and graduate school. Students are challenged to integrate their Christian faith as they care for the physical, emotional, and spiritual needs of the injured and ill. Faculty athletic trainers are also expected to model those same traits. Furthermore, they are expected to provide quality education to students in both classroom and clinical settings and serve as role models for the students to whom they teach, train and serve both in and out of the classroom. Both athletic training faculty and students alike are challenged to strive for professional excellence and personal integrity as they adhere to the NATA Code of Ethics and Standards of Practice.

Athletic training students are given a variety of clinical experiences with men's and women's sports, equipment intensive sports, upper and lover extremity sports, as well as opportunities to practice in different settings such as high school, college, sports medicine related, and industrial settings.

Faculty are committed to the ongoing evaluation of the ATEP, pursuing quality classroom and clinical experiences that prepare students for athletic training careers in traditional and physically active settings, or entry into graduate education programs.

Messiah College ATEP desires to be a program of excellence, producing graduates who are known for their athletic training skills as well as men and women of character. We aspire to graduate students who represent the values of Messiah College and promote the growth of the athletic training profession.

Messiah College

Athletic Training Education Program (ATEP)

Outcomes/Goals

Integrate faith and learning through a commitment to Christ and the application of Biblical truths.

Provide a curriculum (required courses) that prepares students for an entry level position in Athletic Training or graduate education.

Provide required clinical experiences that prepare students well for an entry level position.

Provide didactic and clinical programs that assure students meet required NATA competencies/proficiencies.

Assure opportunities for students to integrate Christian principles in clinical experiences.

Provide effective clinical instruction for students.

Provide Athletic Training graduates who are well prepared/qualified for entry-level employment or graduate education.

Graduate Athletic Training majors that employers desire.

Prepare Athletic Training graduates with strong moral and ethical values.

Prepare Athletic Training graduates who maintain certification, continuing education, and professional development.

Athletic Training Standards Glossary

Ability to Intervene	The CI or ACI is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being "physically present."
Academic Catalog/Bulletin	The official publication of the institution that describes the academic programs offered by the institution. This may be published electronically and/or paper format.
Academic Plan	The plan that encompasses all aspects of the student's academic classroom and clinical experiences.
Adequate	Allows for the delivery of student education that does not negatively impact the quality or quantity of the education. Same as sufficient.
Administrative Support Staff	Professional clerical and administrative personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented, but not replaced, by student assistants.
Affiliate (Affiliated Setting)	Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the ATEP for clinical experiences.
Affiliation Agreement	A formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. Same as the memorandum of understanding.
Allied Health Care Personnel	Physician Assistants, physical therapists, registered nurses, doctors of dental surgery, and other health care professionals, recognized by the AMA/AOA as allied health professionals, who are involved in direct patient care and are used in the classroom and clinical education portions of the ATEP. These individuals may or may not hold formal appointments to the instructional faculty. Same as other health care professionals.
Approved Clinical Instructor (ACI)	An appropriately credentialed professional identified and trained by the program CIE to provide instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies. The ACI may not be a current student within the ATEP.
ATEP	Athletic Training Educaton Program.
ATEP Faculty	BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training major.
Athletic Training Facility/Clinic	The facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.
Athletic Training Student (ATS)	A student enrolled in the athletic training major or graduate major equivalent.
Clinical Coordinator	The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATEP. The clinical coordinator position is currently recommended, but not required by the Standards.
Clinical Education	The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of an ACI/CI.

Clinical Experiences Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.

Clinical Instruction Site The location in which an ACI or CI interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the ATEP, then there must be annual review and documentation that the remote clinical site meets all educational requirements.

Clinical Instructor (CI) An individual identified to provide supervision of athletic training students during their clinical experience. An ACI may be a CI. The ACI may not be a current student within the ATEP.

Clinical Instructor Educator (CIE) The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for ACI training. If more than one individual is recognized as a CIE for an ATEP, then at least one of those individuals must be a BOC Certified Athletic Trainer.

Clinical Plan The plan that encompasses all aspects of the clinical education and clinical experiences.

Clinical Ratio The ratio of ACI or CI to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of the experience or academic term. The ratio must not exceed eight students per instructor. If directed observation students are providing direct patient care or require supervision they must be included in this ratio.

Communicable Disease Policy A policy, developed by the ATEP, consistent with the recommendations developed for other allied health professionals, that delineates the access and delimitations of students infected with communicable diseases. Policy guidelines are available through the CDC.

Contemporary Instructional Aid Instructional aids used by faculty and students including, but not limited to, computer software, AED trainers, and Epi-Pen trainers.

Contemporary Information Formats Information formats used by faculty and students including electronic databases, electronic journals, digital audio/video, and computer software.

Didactic Instruction See: Formal classroom and laboratory instruction.

Direct Patient Care The application of professional knowledge and skills in the provision of health care.

Direct Supervision Supervision of the athletic training student during clinical experience. The ACI and or CI must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

Directed Observation Athletic Training Student A student who may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.

Distance Education Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution and students at that institution and additional locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences. Same as remote education.

Equitable Not exact but can be documented as comparable with other similar situations or

resources.

Expanded Subject Area — Subject matter that should constitute the academic "core" of the curriculum. It must include, but not be limited to the following areas: assessment of injury/illness, exercise physiology, first aid and emergency care, general medical conditions and disabilities, health care administration, human anatomy, human physiology, kinesiology/biomechanics, medial ethics and legal issues, nutrition, pathology of injury/illness, pharmacology, professional development and responsibilities, psychosocial intervention and referral, risk management and injury/illness prevention, strength training and reconditioning, statistics and research design, therapeutic exercise and rehabilitative techniques, therapeutic modalities, weight management and body composition.

Formal Instruction — Teaching of required competencies and proficiencies with instructional emphasis in structured classroom and laboratory environment(s). Same as didactic instruction.

Full-time Faculty — Recognized by the sponsoring institution as a full-time member of the faculty with all responsibilities and voting privileges as other designated full-time faculty and documented in institutional faculty delineations.

Funding Opportunities — Opportunities for which students may participate for reimbursement, but that do not require the students to utilize athletic training skills, to replace qualified staff, and are not required of the academic program.

General Medical Experience — Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.

Geographic Proximity — Within a vicinity to allow for annual inspection, review, and documentation of meeting all academic requirements by the ATEP faculty/staff.

Learning Over Time (Mastery of Skills) — The process by which professional knowledge and skills are learned and evaluated. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a time of sufficient length to allow for practice and internalization of the information/skill, and then a subsequent re-evaluation of that information/skill in a clinical (actual or simulated) setting.

Major — In documents of the institution (catalogue, web pages, etc.) where majors are listed, athletic training must be listed as a major. The designation as a major must be consistent with institutional and system wide requirements.

Master Plan — The plan of the ATEP that encompasses all aspects of student education and learning in both the clinical and didactic settings.

Medical Director — The physician (MD or DO) who serves as a resource for the programs director and ATEP faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.

Memorandum of Understanding — See: Affiliation agreement.

Other Health Care Personnel — See: Allied health care personnel.

Outcome Assessment Instruments — The instruments used for program evaluations that are designed to collect data and feedback in regard to outcomes that relate to the ATEP mission, goals, and objectives of the program. Instruments also must be designed to collect data and

	feedback in regard to the effectiveness of program instruction relative to the Athletic Training Educational Competencies.
Outcomes	The effect that the ATEP has on the preparation of students as entry-level athletic trainers and the effectiveness of the program to meet its mission, goals, and objectives.
Physical Examination	An examination performed by an appropriate health care provider (MD, DO, PA, NP) to verify that the student is able to meet the physical and mental requirements (i.e., technical standards) with or without reasonable accommodation as defined by the ADA.
Physically Interact	See: Ability to intervene and physically present.
Physically Present	See: Ability to intervene.
Physician	A Medical Doctor (MD) as defined by the American Medical Association or a Doctor of Osteopathic Medicine (DO) as defined by the American Osteopathic Association.
Pre-Professional Student	A student who has not yet been admitted formally into the ATEP. May be required to participate in non-patient activities as described by the term Directed Observation Athletic Training Student.
Professional Development	Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services, that allow for the continuation of eligibility for professional credentials.
Program Director	The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the ATEP.
Remote Education	See Distance education.
Service Work	Volunteer activities outside of the required clinical experiences (e.g., Special Olympics, State Games). If athletic training skills are part of this service work, then they must be supervised in those activities.
Sponsoring Institution	The college or university that awards the degree associated with the ATEP and offers the academic program in Athletic Training.
Sufficient	See: Adequate.
Team Physician	The physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he may also be the medical director; however, this is not required by the Standards.
Technical Standards	The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the ATEP. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

Messiah College
Athletic Training Education Program
Technical Standards for Admission

The Athletic Training Education Program at Messiah is a rigorous and demanding program that places specific requirements and demands on the students enrolled in the program. One goal of the program is to prepare graduates to enter a variety of employment settings and to render care to a wide variety of individuals who are physically active. The technical standards identified are designed to develop essential qualities necessary for athletic training students to achieve the knowledge, skills, competencies, and proficiencies characteristic of an entry level athletic trainer. In addition, these standards assure that students can meet the requirements of the program's accrediting agency (Commission on Accreditation of Athletic Training Education Programs [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Education Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the athletic training student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Athletic Training Education Program must demonstrate:

1. the mental capacity to organize, analyze, synthesize, and apply concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.

2. sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.

3. the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively.

4. the ability to record the physical examination results and a treatment plan clearly and accurately.

5. the capacity to maintain composure and continue to function well during periods of high stress.

6. the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.

7. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.

8. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training education program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

Messiah College's technical standards support personnel will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

9. I, _____ (printed name), have read and understand the above technical standards as described. I also believe that I can meet these technical standards without accommodations. (I am not aware of any learning disabilities, physical disabilities, etc.).

_____,(Student Signature) _____(Month/Day/Yr)

10. I, _____,(printed name), have read and understand the above technical standards as described. I believe I can meet these technical standards with accommodation or assistance. (I am aware that I may have a disability, and may need accommodation(s) to meet the program's technical standards).

_____,(Student Signature) _____(Month/Day/Yr)

11. If the student completes number 10 above indicating the need for accommodation or assistance, was follow up referral accomplished?

_____ Yes _____ No Date_____

Program Director's Signature: _____ Date_____

Program Advertisement and Information Sources

Advertisement and information sources include the following:

1) College Catalog (Annual Publication)

2) College Web Site (Access Academics, Health and Natural Science Dept., Health and Human Performance Dept., Athletic Training)

3) Admissions Brochures (H.H.P. Dept./Athletic Training)

4) Athletic Training Office Forms and Materials

MESSIAH COLLEGE

Athletic Training Education Program

SECTION: II
Policies and Procedures

Athletic Training Education Program Design

The Athletic Training Education Program at Messiah College received initial accreditation by C.A.A.H.E.P. in October 1996 and has met the CAATE **Standards and Guidelines for an Accredited Educational Program for the Athletic Trainer.** The Messiah ATEP program incorporates the NATA Athletic Training Educational Competencies.

The Athletic Training Education Program is organized into two major areas called the Academic and Clinical Programs. Completion of the ATEP, and eligibility for graduation in the Athletic Training major requires completion of both programs.

Academic Program

Students completing the Academic Program are required to complete the Bachelor of Arts degree in Athletic Training of at least 123 credits. Requirements for the ATEP program and Messiah College's State/Regional Accreditation can be found in the current college catalog.

A majority of students complete the requirement for the Bachelor of Arts Degree in Athletic Training. All accreditation required courses are integrated into the major and meet the requirements for certification by the BOC (see Appendix II: Bachelor of Arts in Athletic Training).

Athletic training students make application into the formal major at the end of three semesters. The following athletic training core courses are prescribed for students during the first 3 semesters: Intro to Athletic Training (1st yr/Fall); First Aid/E. Care, Prevention & Risk Management & Lab (1st yr Spg); Injury Assessment I & Injury Assessment III (2nd yr/Fall).

After formal application and successful selection into the Athletic Training Education Program , the student will complete **Introductory** (sophomore); **Intermediate** (junior); and **Advanced** (senior) level courses including:

Sophomore Yr./Spring:
- Injury Assessment II
- Medical Terms/Topics in AT
- Therapeutic Modalities
- Practicum I

Junior Yr./Fall:
- Therapeutic Ex.
- Practicum II
- Kinesiology

Junior Yr./Spring:
- Exercise Physiology
- Practicum III
- Administration of AT (alt/odd yrs)

Senior Yr./Fall:
- Collision Sport in AT
- Collision Sport Experience
- Exercise Test & Prescription

Senior Yr./Spring:
- Clinic in Athletic Training
- Clinical in Athletic Training
- Senior Seminar
-Pharmacology (alt/even yrs)

Clinical Program Overview

The Clinical Program utilizes aa 4 level/year system which describes the competencies/experiences of a student who completes a 4 year program. Requirements for Transfer Students to complete the Athletic Training Education Program are described under *Transfer Policy*.

Students must meet all competencies to progress to the next level.

Level I Description (semester 1,2,3)

Level I students are introduced to basic/introductory techniques/skills used in athletic training. No clinical hours are required. The first year consists primarily of directed observation activities, to determine interest in the profession, basic roles of athletic trainers, time commitment/planning, and the application of basic first aid and emergency care skills. Semester three helps prepare students for entrance/application into the formal athletic training major/education program.

Level I Requirements

Students must acquire no more than 125 directed observation hours for semester three.

All clinic hours are documented daily on standard clinical hours record sheets (see Appendix III). Date/times must be in agreement with the staff's schedule/records.

Competencies

1. Introductory knowledge of athletic training room and emergency personnel, first aid/emergency care equipment, etc.
2. Emergency Response certification/emergency care of athletic injuries (CPR, bleeding, fractures, etc.)
3. OSHA regulations (universal health precautions, etc.)
4. Contest/practice coverage, preparation and awareness of profession's time commitment
5. Introductory knowledge of expendable athletic training room products (tape, wraps, first aid, hydration devices, cleaning materials, etc.)
6. Knowledge of professional relationships (athlete/athletic trainer, etc.)
7. Understands expected personal/professional attributes
8. Understands student manual policies and procedures
9. Additional competencies listed on the prospective student evaluation form (Appendix III)

Students must complete these competencies, and all academic requirements as determined by the athletic training staff/program director, to be eligible for application/acceptance into the formal athletic training major, and to Progress to Clinical Level II. Only students accepted into the formal major after application/screening can progress to Clinical Level II.

Level II Description (semester four, sophomore year/spring)

Level II is designed to prepare students for the intermediate level competencies, team experiences, needed professional qualities, etc. Level II students are introduced to additional basic/introductory athletic training competencies/skills and some intermediate competencies/skills in preparation for the next clinical level, III.

Level II Requirements

Students in Level II will not work more than 125 hours during the semester and will assist upper level students/staff via sport and athletic training room rotations and are assigned to cover a sport for at least one week at the end of the semester when juniors visit their off-campus practicum IV, football clinical sites.

Competencies:
Below is a list of competencies that must be completed/passed before students can pass Practicum I-Level II, and go onto Practicum III, Level III-fall semester. **In addition**, students must **complete/pass** at a C rating or higher, all clinical skills/attributes/competencies identified on the ATED 246 Practicum I Student Clinical Skills/Attributes Evaluation (see Appendix III).

All clinic hours are documented daily on standard clinical hours record sheets (see Appendix III). Dates/times must be in agreement with the staff's schedule/records.

- First Aid/Emergency Care Skills (emergency response cert.)
- First Aid/E. Care/H.O.P.S.S. form documentation
- Basic SOAP note documentation on standard forms
- Basic & intermediate taping, wrapping, padding skills
- Basic evaluation skills (initial injury & reassessment)
- Introductory and basic rehab. skills
- Introductory and basic therapeutic modality skills including: hydrotherapy, cryotherapy, superficial thermal therapy (hydrocollators, cold packs, paraffin, etc.) Basic set-up of Ultra Sound and EMS.
- Introductory knowledge/use of non-expendable athletic training room equipment (biodex, rehab., jobst, etc.)
- Stocking first aid and athletic training field kits
- Understanding/compliance of athletic trainer/athlete confidentiality
- Understand/follow standard athletic training room/program operating procedures, rules, procedures for the sophomore level
- Standard set-up for Games/Practices (ice, hydration fluids, kits, equipment, radios, etc.)

The Athletic Training Clinical Instructors and Practicum Supervisor are responsible for assuring that Level II students' clinical skills/attributes/competencies are evaluated (complete the practicum student evaluation form, etc.)

Level III Description (semester 5 & 6, junior year/fall & spring)

Students are now in their second and third semester (of the formal athletic training major) to complete the athletic training education program requirements and requirements for BOC certification. In addition to enrolling in intermediate/advanced program courses, the level III student is assigned specifically to one or more teams as the "head student." This experience covers the entire sport season. Level III students also supervise, mentor, evaluate level I or II students. To ensure continuity of the program and transition to intermediate and advanced athletic training techniques, level III students may not work than 275 clinical hours each semester. Level II students are supervised by ATC's and level IV students.

Level III Requirement

Each student will be assigned a team sport, and individual sport involving responsibilities for the complete season. To ensure diversity, students are assigned contact, non-contact, and opposite gender sport experiences. All students are assigned a limited number of hours in the athletic training room when their sport experience ends, to assist the staff in daily rehab., care, administration of medical services in the athletic training room and to practice clinical skills/competencies. These students will spend one week during the spring semester at the high school or college where they will be assigned for their level IV clinical football experience (during the fall senior year).

All clinical hours are documented daily in standard clinical hours record sheets (see Appendix III). Dates/times must be in agreement with the staff's schedule/records.

Level III Competencies

Below is a list of competencies that must be completed/passed before students can pass Practicum II & III (level III) and go onto Practicum IV-fall semester. **In addition**, students must complete/pass at a C level or higher, all clinical skills/attributes/competencies identified on the ATED 346 Practicum II Student Clinical Skills/Attributes Evaluation and the ATED 348 Practicum II Student Clinical Skills/Attributes Evaluation (see Appendix III).

- SOAP note and injury/illness documentation of all athletes
- weekly athlete injury reports, NCAA injury reports, end of year injury reports
- coordination/planning for athlete transport to hospital/specialist
- completion of level I and II student evaluations
- orientation of level I and II students to athletic training room procedures
- orientation of level II students to basic therapeutic/clinical skills (level II competencies)
- intermediate evaluation skills
- intermediate rehab skills
- intermediate modality skills
- advanced administration skills (MD notes, supervise maintenance list, etc.)
- advanced understanding/determination of safe environmental conditions (lightening, heat index, etc.)

Level IV Description

Level IV students are completing their final year as an athletic training education student. This year is primarily designed to provide for advanced clinical experiences (off-campus football, and off-campus Athletic Training clinic) and application of knowledge and skills learned in previous classes and practica in off-campus practicum experiences, and in Messiah's athletic training room. Seniors also provide supervision and leadership to lower level students in the traditional clinical settings (football sites and Messiah's Athletic Training Room).

Level IV Requirements

Students may not work more than 20 hours per week during the fall/football practicum. Students must acquire 75 clinical hours in the clinical practicum off-campus, and another 40 hours to Messiah's athletic training room during their last (spring) semester. When scheduled, students will be assigned to out-of-season games and tournaments. During assigned times in Messiah's ATR, in addition to assisting the staff in providing care, and supervising lower level students; level IV students will practice/complete identified clinical competencies and practice skills for the certification exam.

Level IV Competencies

Below is the list of competencies to be completed/passed before students can pass Practicum IV, the Clinical Practicum, and be eligible to graduate at the end of their last semester. **In addition**, students must **complete/pass** at a C rating or higher, all clinical skills/attributes/competencies identified on the ATED 446 Practicum IV student skills/attributes/competencies evaluation, and ATED 447 Clinical Practicum student skills/attributes/competencies evaluation.

- Advanced coach/staff/athletic trainer relationships
- Advanced decision making concerning athlete playing status
- Comprehensive SOAP note and affiliation site injury methodology documentation
- Independent athletic training room and team management
- Knowledge/value of continued education experience (c.e.u.s., etc.)
- Develops appreciation for research and application of current clinical practices in athletic training
- Completes all preparations for the BOC examination
- Independence in all athletic training room procedures, operations, forms, etc.
- Advanced Evaluation Skills
- Advanced Rehab and Therapeutic Exercise skills
- Intermediate and Advanced Modality use including Infrared, Electrical, Manual (proficient with set-up, application, documentation of all modalities in Messiah and off-campus sites.
- Intermediate/Advanced Administrative skills
- Plans effectively for future entry level job or further education

The Athletic Training Clinical Instructors and Practicum Supervisors are responsible for assuring that Level IV students' clinical skills/attributes/competencies are evaluated (complete the practicum IV and clinical practicum evaluation forms, etc.)

General Procedures, Record Keeping & Documentation

Level I:

All level I forms required (clinical hours record, prospective athlete training student eval., application to formal major, etc.) will be completed, returned to the program director's office and filed in the student's permanent file by the end of each semester. Academic & Clinical Program Compliance will be documented on a semester/yearly **Clinical Competency Summary Sheet** and kept with the student's forms in the permanent file.

Level II:

All level II forms required (clinical hours record, ATED 246 evaluation form, health history, medical confidentiality, hepatitis B, etc) will be completed, returned to the program director's office and filed in the student's permanent file by the end of each semester. Academic & Clinical Program Compliance will be documented on a semester/yearly **Clinical Competency Summary Sheet** and kept with the student's forms in the permanent file. **Students must complete the requirements as listed on the CCSS to be eligible to go to the next Practicum level.** Individual skill checkoff/check list forms used in the practicum will be returned to students for their records.

Level III:

All level III forms required (clinical hours record, ATED 346 & 348 evaluation forms, returning health history, etc) will be completed, returned to the program director's office and filed in the student's permanent file by the end of each semester. Academic & Clinical Program Compliance will be documented on a semester/yearly **Clinical Competency Summary Sheet** and kept with the student's forms in the permanent file. **Students must complete the requirements as listed on the CCSS to be eligible to go to the next Practicum level.** Individual skill checkoff/check list forms used in the practicum will be returned to students for their records.

Level IV:

All level IV forms required (clinical hours record, ATED 446 & ATED 447 evaluation forms, returning health history, good moral character commitment, etc. will be completed/returned to the program director's office and filed in the student's permanent file by the end of each semester. Academic & Clinical Program Compliance will be documented on a semester/yearly **Clinical Competency Summary Sheet** and kept with the student's forms in the permanent file. **Students must complete the requirements as listed on the CCSS to be eligible to go to the next Practicum level.** Individual skill checkoff/check list forms used in the practicum will be returned to students for their records.

MESSIAH COLLEGE ATHLETIC TRAINING
CLINICAL REQUIREMENTS AND ASSIGNMENTS

Introduction:

Student graduating in Athletic Training will meet all requirements described below and will COMPLETE no more than 1200 clinical hours (under Messiah's ATC's or affiliated ATC's) by the end of their last semester to be eligible for graduation in Athletic Training.

Students will be limited to the hours per week maximum during each regular semester as listed below. Directed observation hours may be accepted for transfers pending approval by the Athletic Training Program Director.

Year/Level	Avg. Hours Per Week Fall	Avg. Hours Per Week J-Term & Spring
Fr./1	None	None
So./2	8.33 hrs/wk (125) (Athletic Training Room Observation)	10.45 hrs/wk (125) (Practicum I)
Jr./3	18.33 hrs/wk (275) (Practicum II) Pre-Season Excluded	18.33 hrs/wk (275) (Practicum III)
Sr./4	20 hrs/wk (9/1 - 11/1) (215) (Practicum IV) Pre-season excluded 4 hrs/wk Messiah ATR (11/7 - 12/7)	20 hrs/wk (80) Clinical Practicum (J-Term) 2.5 hrs/wk Messiah ATR (In Feb/Mar/Apr)

NOTE: There will be unique consideration for those considering teacher certification, etc.

Seniors will be assigned certain ATR times to practice and be evaluated on required skills and competencies, to complete work study hours and clinical experiences. Students finish football when the regular season is done. (i.e. by Nov. 1)

Juniors are assigned to the ATR during times when they are not assigned to a specific sport to assist staff, learn and practice/evaluate required skills and competencies. Students will have a week off from the ATR when a sport coverage experience ends.

Sophomores in the formal major will be assigned/scheduled specific times in the TR to assist with a variety of teams and to assure optimum learning experiences.

Sophomores who are not approved into the formal major (fall semester) will spend limited number of scheduled "directed observation" hours in the ATR and observing at practices and games.

Sports Participation:

Athletic Training Majors can participate in sports during the first four semesters as long as they meet minimum hours and requirements. During the senior, limited participation is allowed pending approval by the Program Director and if minimum program requirements are met.

MESSIAH COLLEGE

Athletic Training Education Program

SECTION: III

Athletic Training Student General Information

Student Roles
In the
Athletic Training Education Program

A. Procedures on the Practice and Game Fields

1. Act in a professional manner at all times.
2. Studying or falling asleep while in the clinical setting will not be tolerated.
3. Athletic training students assigned to team sports are required to communicate with your respective coaches, athletes, team physicians, and supervising certified athletic trainers as to: team practices and/or game times, travel schedules, weekly reports, player status and extent of injuries.
4. Maintain proper field management including ice, kits and water coolers, Emergency Care Radios and Equipment for all practices and games.
5. When covering home contests, athletic training students should introduce themselves to the visiting athletic trainer or coach and try to accommodate any needs that the visiting team may have.
6. Be in attendance at all practices and games to which you are assigned.

B. Athletic Training Room Management (see detailed checklist in Appendix III)

1. Hydrocollator Unit
   a. Clean with stainless steel cleanser
   b. Clean bimonthly
      1. drain hydrocollater and remove all parts
      2. put packs between terry cloth covers
      3. tabs shall extend above water level
   c. Check water level once a week and refill as needed
   d. Covers are to be laundered regularly. See Cleaning Instructions for towels.
2. Refrigerator
   a. Make ice cups as needed
   b. Defrost once per semester or as needed
   c. Clean inside and outside monthly
3. Ice Machine
   a. Keep top neat and orderly
   b. Clean outside with appropriate cleanser
   c. Keep supply of ice bags available
   d. Clean ice away from chute so it does not stop making ice
   e. DO NOT put ice bags in machine following a treatment
   f. Empty all used ice bags onto the stainless steel sink
   g. Ice scoop shall be left outside of machine
4. Coolers/Ice Chest
   a. Rinse with disinfectant/cleanser and hot water after each use
   b. Wipe and dry with towel after each use
   c. Do not store with top secured

5. Whirlpools
    a. Add disinfectant to water each time whirlpool is filled
    b. Clean at the end of each day and before or after someone with an open wound receives treatment
    c. Clean units in the following manner:
        1. Drain and remove large particles.
        2. Clean all surfaces with cleaning agent and/or bleach solution and rinse.
        3. Fill whirlpool with cleansing agent and/or bleach solution and water until intake of turbine is covered. Turn on turbine for 3-5 min. in order to clean the turbine.
        4. Drain and fill with clear water until turbine is covered. Turn on for 3-5 minutes.
        5. Drain whirlpool
6. Paraffin bath
    a. Check regularly to see if wax is clean
    b. Wipe outside
    c. Wax should be changed once per semester
    d. Return used wax to unit
7. Treatment tables
    a. Clean after each use and at the end of each day
    b. Clean with approved, appropriate cleaner as per OSHA guidelines.
    c. Keep tables neat and orderly with a pillow on each table.
    d. be careful of sharp instruments as they may puncture the covering.
8. Countertop
    a. Clean with approved, appropriate cleaner as per OSHA guidelines.
    b. Be sure counter is kept in neat order and restocked.
9. Rehabilitation Equipment
    a. Biodex clean daily
    b. Other Biodex rehab equipment
    c. Stair stepper and exercise cycle
    d. Cuff weights neat and orderly
        1. Top row-light weight
        2. Bottom row-heavy weights
    e. Traction table-clean daily
    f. Multi-axial ankle exercisers
        1. Clean
        2. Make sure straps are neatly placed
10. Taping Tables
    a. Clean with appropriate cleaner as per OSHA
    b. Re-Stock, keep tape items in order
11. Other Surfaces
    a. Clean all soft surfaces in offices with appropriate cleaner as per OSHA
    b. Clean all hand surfaces in offices with appropriate cleaner as per OSHA
    c. Clean all glass surfaces with appropriate cleaner as per OSHA
    d. Clean/dust cupboard tops and other surfaces (i.e., computer, TV, etc.)
    e. Clean/wipe chalkboard weekly.

12. Towels and Wraps
    a. Athletic Training Room
        1. Bring laundry bags to laundry room twice daily
        2. Place ace wraps in laundry bag
        3. Pick up towels daily
        4. Clothing saturated with blood must be washed separately. Place these in a red medical bag, secure bag and place in the laundry room.
    b. When towels and wraps are dry, fold and put away in its proper place.
13. Instrument Tray
    a. Instruments are stored in appropriate, approved germicide.
    b. After removal and prior to use, rinse with alcohol.
    c. Prior to reinserting into tray, rinse with alcohol.
14. Carpet and Floors
    a. Sweep at the end of each day or more often if heavily soiled.
    b. Floors shall be mopped daily with approved, appropriate cleaner as per OSHA Guidelines.
    c. Vacuum carpet daily.
15. Garbage/Non-Medical Waste
    a. The maintenance staff shall empty garbage receptacles daily. All large items shall be placed in the garbage receptacles outside of the athletic training room.
    b. Empty and replace bags in smaller receptacles as needed.
16. Medical Waste Receptacles
    a. Wearing latex gloves, remove red medical waste bag and tie off.
    b. Double bag waste with a second red medical waste bag and tie off.
    c. Inform Public Safety for bag removal to the designated area.
    d. Place a new red medical waste bag in receptacle.
    e. If Sharps Container is full, inform Public Safety for proper removal and replacement of container.
17. Storage Cabinets
    a. Keep supplies well stocked and in order.
    b. If supplies are low or not available, inform the ATC's immediately.
18. Phone
    a. Answer after 2 or 3 rings and take message professionally.
    b. Answer the phone by saying: "Athletic Training Room, This is _____, may I help you?"
    c. Place messages in appropriate places.
19. Taping Counter
    a. Be sure that taping counter is well stocked prior to use.
    b. Replace all items removed from the counter. Taping counter should be stocked and ready for the next team.
    c. If you cannot locate supplies, ask the Certified Athletic Training Staff.
    d. If supplies are running low or absent, tell the staff immediately.
    e. Keep the area and shelves neat and well-organized.
20. Electrical Modalities
    a. Electrical modalities shall be used in accordance with manufacturers suggested uses or as directed by the ATC's.
    b. Malfunctions of the equipment shall be reported to the ATC's immediately.
    c. All straps, electrodes, pads, and related equipment shall be kept neat and in an easily obtainable place near the modality.
21. See the daily work checklist for other duties to be completed daily.

C. Athletic Training Room Forms/Record Keeping

1. General Information
   a. All notes shall be written in acceptable SOAP Note format. (See Appendix IV*: SOAP Note Format*)
   b. Athletic training students may use accepted abbreviations only. (See Appendix IV: *SOAP Abbreviations)*
   c. All notes shall be written in black ink only.
2. Daily Injury/Treatment (Beige Card)
   a. This form is used whenever an athlete is injured on the road or at practice.
   b. Treatment Codes (See Appendix IV)
3. Medical Advisors Report
   a. This form is used whenever athletes are referred to/from the Health Center or seen by a Team Physician in the Athletic Training Room. (See Appendix IV)
4. Therapeutic Exercise Form (Pink Card)
   a. Used to give detailed record of individual therapeutic exercise programs. (See Appendix IV: *Therapeutic Exercise)* use with Beige form
   b. This form shall be completed in black ink only.
   c. Exercises shall be written under the exercise column. This shall be as detailed as necessary to communicate the exercise to peers in order that they can effectively treat the athlete.
   d. Parameters: The numerator shall indicate the weights utilized. The denominator shall indicate the repetitions or the repetitions times the sets. If there are no weights, indicate the repetitions, the repetitions times the sets or the length of time of the exercise.
5. Weekly Team Injury Summary Form (White Sheet)
   a. Each Monday, a designated athletic training student from each team must submit this complete form to their supervising certified athletic trainer by 9:00 a.m. (See Appendix IV: *Weekly Report Form)* Follow up discussions/updates between ATC/ATS will occur on Monday between 2:30 - 6:30 and inactive cards filed.
6. Athletic Training Equipment Checkout
   a. Used to record the distribution of crutches, braces and other non-expendable supplies signed out to an injured athlete by the team's athletic trainer.
   b. A box containing 3"x5" cards is located on the athletic training room desk.
   c. Athletic training students shall record the athlete's name, sport, social security number, local address, local phone number, date of checkout, date of return and the items checked out. This card shall be stored in the box provided.
   d. At the end of each season, athletic training students shall review cards to ensure return of athletic training room equipment.

D. Team Assignments

1. Junior and senior athletic training students are assigned to teams based upon the needs of the athletic training student, the Athletic Training staff and the specific needs of the individual intercollegiate athletic teams. Specific requirements include football, non-contact sport, opposite gender sport, and other factors as described by CAATE.

2. Sophomore athletic training students are given rotating assignments with all intercollegiate sports teams and administrative duties. During this time, their clinical should not differ from the clinical experience of the junior and senior ATEP student.

3. When not covering a team, all students will be limited certain times in the athletic training room (i.e., 8 hours per week)

E. Scheduling and Advisement

All Health and Human Performance students who are pursuing a Athletic Training major should be advised and scheduled by the ATED faculty of the HHP department. Scheduling times will be in accordance with college policy. However, the staff maintains an open door policy. Students needing advisement or counseling should plan to make an appointment with the staff or meet with him/her during office hours.

F. Dress Code

1. To promote and increase a professional atmosphere, the following dress code will be strictly enforced. Your attire should identify you as a member of the Messiah College Athletic Training Staff.
2. Students shall wear a collared, polo-type shirt. All shirts must be tucked inside of their pants. Shorts or slacks shall be of a solid color and preferably dark. This attire shall be worn in the athletic training room and for practice and competitions.
3. Athletic training students shall wear approved game shirts and shorts/pants for all home and away contests.
    a. Shirt: The shirt shall be a collared, polo-type shirt; turtleneck; plain crew neck shirt or blouse. All shirts shall be long enough to be tucked into the pant.
    b. Pants/Shorts: Plain pants or shorts preferably solid colors. Pants or shorts which draw attention, loud and/or obnoxious colors shall not be accepted.
    c. Shoes: Any shoe is acceptable except open-toed shoes (but must look professional).
4. The following are unacceptable:
    a. Jeans including designer types
    b. Sweat pants with drawstrings or sweat jerseys. Staff sweats are permissible.
    c. T-shirts
    d. Large or dangling earrings are prohibited for hygienic and safety reasons.

The general rule of thumb is to wear attire which would be appropriate in a clinic setting. The only time dress code is not enforced is during assigned athletic training room hours prior to 2:30 p.m. All student shall attempt to present themselves with neat attire during workstudy times (i.e., neat jeans, etc.).

The first time a student is found in violation of the dress code, he/she will be sent home to change. A subsequent violation will result in a one week suspension. Other violations of the dress code will be brought before the Certified Athletic Training Staff for disciplinary action.

Keys

Keys will be available to Level III or Level IV athletic training students who have direct team assignments. Keys remain College property at all times and are not to be duplicated in any manner. If misuse of the Athletic Training Room is discovered, key use will be forfeited. Lost keys will be returned to the Head Athletic Trainer.

G. Personal Qualities

Athletic training students need the following personal qualities in order to become successful in the field of Athletic Training..

1. Patience
2. Communication Skills
3. Self-discipline
4. Enthusiasm
5. Adaptability
6. Emotional Stability
7. Ability to take constructive criticism
8. Good manners
9. Self-confidence
10. Personal Hygiene
11. Cooperation
12. Humor
13. Open-mindedness
14. Critical Thinking Skills

I. Professional Organizations

Student membership in the National Athletic Trainers Association, Inc. (NATA), Eastern Athletic Trainers Association, Inc. (EATA) and the Pennsylvania Athletic Trainers Society, Inc. (PATS) is required in order to maintain status as an ATED Student. Current membership for these organizations can be obtained from the Program Director office. All memberships must be maintained during the Level III and Level IV years. Any students who are not paid members will be suspended from the program until membership requirements have been met. (See Appendix IV: *Membership Applications*)

J. Athletic training students Evaluation

Athletic training students shall evaluate the ATEP with six (6) primary instruments. To evaluate the strengths and weaknesses of the ATEP, athletic training students shall complete the:

1. Level I and II Student Program Evaluation Form yearly.
2. Level II and III Students Program Evaluation Form yearly.
3. Graduate Survey Program Evaluation Form yearly.
4. Student Evaluation of Supervising ATC after each sport/rotation/semester.
5. Off-campus Clinical Instructor/Facility Evaluation at the end of each semester Sr. year.
6. On-Campus Clinical Supervisor Evaluation at the end of a semester while taking a practica.

All evaluation instruments are located in Appendix III

K. Absences from Clinical Responsibilities

Athletic training students perform a vital role in the overall operation of the Athletic Training program. Therefore, absence during practices and games is frowned upon. Valid reasons for absence during practice and games include, <u>but are not limited to:</u>

1. illness
2. class requirements
3. death of immediate family member

Athletic training students should be aware that excessive excuses such as non-professional commitments are not valid and are extremely discouraged. Students are encouraged to contact the Certified Athletic Training Staff for prior approval of absences. Athletic training students that purposely miss practice and games may result in disciplinary action (See *Disciplinary Procedure*).

L. Sports Participation and Athletic Training

Athletic training students may participate in sports while enrolled at Messiah College. Student participation in a sport is limited. However, if participation interferes with the daily responsibilities of the academic requirements of the ATEP, the athletic training student may be subjected to disciplinary actions (See *Disciplinary Procedure*). Students can participate as a freshman, sophomore and during the spring of their Senior year with permission.

M. Employment and Athletic Training

The Certified Athletic Training staff feels the combination of an outside job with athletic training responsibilities is extremely difficult. Students must be available to perform clinical responsibilities as required. Holding down other jobs is acceptable providing that it does not interfere with the clinical portion and assignments as related to athletic training.

N. Drug and Alcohol Policy

Athletic training students who exhibit behavior consistent with the use of alcohol and/or the illegal use of drugs may face disciplinary action (See *Disciplinary Procedure*) and will be referred to Messiah's Counseling Services (See *Counseling Services*.)

O. Student Athletic Trainers Association

The Student Athletic Trainers Association is an organization designed to promote social and educational opportunities for students interested in the profession of athletic training. It is open to all students of Messiah College and provides opportunities to meet other athletic trainers and allied medical personnel and become involved in the decision making process as it pertains to the everyday functioning of the athletic training rooms at Messiah College. membership in this organization is not required, however, it is highly desirable.

P. Athletic Training Student Meetings

Meetings for athletic training students will be scheduled regularly throughout the semester. Meetings shall number minimally 1 per month. These meetings are required meetings and attendance is mandatory. Any athletic training student involved in any aspect of the program, unless otherwise noted, will be required to attend these meetings.

Q. OSHA Regulations and Blood Borne Pathogens

The Occupational Safety and Health Administration has developed federal regulations for employees whose jobs may put them at risk to blood-borne pathogens. messiah College has devised a policy and exposure control plan. These documents are found in (See *Blood Borne Pathogen Policy* and *Exposure Control Plan*). Students are directed to read these documents and follow directions

An OSHA regulations annual meeting will be scheduled in conjunction with a athletic training student meeting. This review of OSHA regulations is mandatory and required by all athletic training students in the ATEP.

R. Counseling/Support Services

Messiah College provides the following Counseling and Support Services to its students. Any athletic training student needing additional assistance should contact a member of the CATS.

- Personal Counseling
- Group Counseling
- ACOA - Adult Children of Alcoholics (and other interest groups)
- Academic Advising
- Learning Workshop
- New Student Support Groups
- Spiritual Counseling
- General Health Issues
- Services to Students with Individual Disabilities

Description of these services can be found in the Student Handbook. Copies of the Student Handbook can be obtained from the Student Affairs Office, 3rd Floor, Eisenhower.

S. Career Development Services

- Job Line/Listings
- Credential Files
- Counseling Services
- Career Search Program
- Career Testing
- Mock Interviews

T. Health Center/Services for Students

1. Athletic Training students are required to complete a detailed health history/questionnaire and pass a detailed physical examination in order to be admitted as a student. The intent is to assume students can participate safely in all programs/college activities and receive assistance if needed (Health Forms are located in Appendix VI).

2. In addition, students must complete a yearly health history questionnaire/update (See Appendix VI) to determine new health care concerns.

3. Health Center Services/Care are the same for all students.

MESSIAH COLLEGE
Athletic Training Education Program

Sport Assignments During Vacation Periods

Any athletic training student (Level II, III, or IV) assigned a sport experience during a vacation period shall be required to return to their assignments during any of these periods. The return time and date shall be agreed upon with the certified athletic trainer assigned to the respective sport.

Vacation periods include (but are not limited to (Pre-season-Fall Sports Season. Fall Break Thanksgiving Break, Mid-semester Break, Spring Break, J-Term Break, and Post-Season Spring Sports Season.

If a athletic training student cannot fulfill their respective assignment, it is the responsibility of the ATS to find a qualified replacement, and notify in a timely fashion, the practicum supervisor, clinical instructor assigned to the sport, the head athletic trainer/program director and the sport head coach. The substitute must be approved by the head athletic trainer/program director.

When students finish a sport assignment, they will be scheduled out of the athletic training room for a significant break, before resuming athletic training room hours.

MESSIAH COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM

SCHOLARSHIPS

If anyone is interested in PATS, NATA, or EATA Scholarships, please see the Program Director for information and applications.

MESSIAH COLLEGE

Athletic Training Education Program

HEPATITIS B IMMUNIZATION
Informed Consent/Refusal

Hepatitis is inflammation of the liver which may be caused by several viruses, one of which is Hepatitis B. The Hepatitis B virus has been detected in almost all body fluids and secretions including blood, saliva, semen, vaginal fluid, breast milk, tears and urine of someone infected with Hepatitis B. Although contact with infected blood is the most common way in which the virus is transmitted, it can also pass through cuts, scrapes or breaks in the skin or mucous membrane.

A carrier of viral Hepatitis B is someone who may or may not show signs of liver disease, but who continues to carry the Hepatitis B virus in the body and, therefore, can transmit to others.

A Hepatitis B virus infection may be mild or more severe. Death is uncommon in the early stages of infection. Chronic infection develops in 6-10 percent of patients who become carriers. This chronic infection may last for years, possibly for life, and it may lead to cirrhosis and liver cancer.

There is not treatment or drug available that can kill the Hepatitis B virus. In most cases, the body's own defense mechanism will eliminate the infection. In health care workers, the risk of acquiring Hepatitis B is determined mainly by their degree of exposure to blood.

Hepatitis B vaccine is recommended for persons at high risk on contracting Hepatitis B. It will not prevent Hepatitis caused by other agents such as Hepatitis A virus or Hepatitis non A, non B virus.

Hepatitis B immunization should be withheld in the presence of:

1. Any serious active infection except when a physician believes withholding the vaccine entails a greater risk.
2. Hypersensitivity (allergy) to yeast or any components of the vaccine (alum, thermasola mercury derivative, aluminum hydroxide, formaldehyde).
3. Pregnancy or breast feeding.
4. Severe heart/lung problems.

Hepatitis B vaccine is generally well-tolerated. As with any vaccine, there is a possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials. There may be a local reaction at the injection site such as soreness, pain, tenderness, itchiness, redness, black/blue mark, swelling, warmth, nodule formation. Other reactions may include low grade fever, fever over 120 degrees (uncommon), general malaise, fatigue, headache, nausea, vomiting, dizziness, muscle pain, joint pain, arthralgia, rash, neurological disorders.

The vaccine consists of three injections. The first dose is an elected time, second dose one month later, third dose six months after the first dose. Full immunization requires three doses of the vaccine over a six month period to confer immunity. However, the duration of protective effect of Hepatitis B vaccine is unknown at present, and the need of boosters is not yet defined.

Athletic training students enrolled in the ATEP are required to obtain their own immunizations prior to the start of the first assignment Level II year. The cost shall be incurred by the athletic training student. If a athletic training student so desires, he/she may decline by signing the appropriate form and submitting it to the Program Director's office by the start of his/her sport assignment or the start of the academic year (whichever occurs first). Level I athletic training students are encouraged to obtain these injections prior to entering the program.

MESSIAH COLLEGE

Athletic Training Education Program

HEPATITIS B IMMUNIZATION
Informed Consent/Refusal

I have read the information on this form about the Hepatitis B vaccine, and I have had the chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of Hepatitis B vaccine and choose to accept the immunization against Hepatitis B. To the best of my knowledge, I do not have any active infection, nor am I pregnant or nursing an infant. Vaccination for Hepatitis B is at the expense of the Athletic training student.

_____ _____
Signed Date

_____
Social Security Number

	Date	Site	Lot#	Immunized by
1st dose				
2nd dose				
3rd dose				

HbsAB Screening ordered: _____

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at my own expense. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and want to be vaccinated with the Hepatitis B vaccine, I can receive, at my own expense, the vaccination series.

_____ _____
Signed Date

_____
Social Security Number

MESSIAH COLLEGE
Athletic Training Education Program

Blood-Borne Pathogen Policy

New policies have been developed to protect health care workers from blood-borne pathogens (BBP). The blood-borne pathogens of main concern to athletic trainers are HIV and Hepatitis B. Athletic Trainers can be exposed in a variety of ways; including open bloody wounds, vomitus, saliva from spitting, and blister serum. So it is imperative to practice preventative measures to protect ourselves.

OSHA REGULATIONS:

OSHA (Occupational Safety and Health Administration) has developed federal regulations for employees whose jobs may put them at risk to blood-borne pathogens. Also, the NCAA has developed a ruling for basketball if an athlete is bleeding. In addition, the MAC has released policies and procedures for the handling and treatment of blood. These are all guidelines that need to be followed.

OSHA requires each work place to develop and keep on hand an exposure control plan. Copies of the exposure control plan and federal regulations are kept in each athletic training room and in the office of the head athletic trainer. The exposure control plan lists and defines training of staff, staff duties, documentation of exposure, personal protective equipment and various other items.

OSHA also regulates that all employees who are at risk of exposure to a BBP must be offered the Hepatitis B vaccinations. If the employee declines, a written statement must be signed, however, if the employee changes their mind, they may still receive the vaccination.

Special containers should be available for bio-hazard waste only. These containers should have a labeled red bio-hazard bag within for proper waster removal. The container must also have a proper red bio-hazard label. Bio-hazard materials include bloodied gauze, band-Aids, and latex gloves. Each facility should also have a red plastic container for sharp equipment. Sharp equipment includes, scalpel blades, razors, uncapped syringes, and needles.

If you are exposed to a blood-borne pathogen, it is advised to take proper precautions. Wear latex gloves when exposed to any body fluids. This offers some protection between you and the wound or fluid. if a glove should tear, replace it immediately. Also, change gloves if worn more than ten (10) minutes. Some gloves may be slightly permeable; so two layers may be worn. After use, carefully remove the gloves and discard in a bio-hazard waste container or bag. Hands should also be washed thoroughly after wearing latex gloves and handling blood products.

The contaminated area (treatment table, counter top, floor or court) should be cleaned thoroughly to help decontaminate surfaces. Some sources recommend using a 1:10 to 1:100 bleach-water solution, but this needs to be made daily to be effective. Messiah College Athletic Training Staff will purchase appropriate cleansing solutions to treat infected areas. In addition, tables and counters will be cleaned with the solution every day.

When cleaning an area, it is advised to wear latex gloves, and absorb the fluids with paper towels - not terry cloth towels. Discard the towels in the bio-hazards waste container bags. Saturate the area with the appropriate cleansing solution, allowing this solution to soak ten to twenty minutes if possible. Clean up the area with another proper towel utilizing rubber gloves. These should also go in the bio-hazard bags for disposal. Again, wash hands thoroughly.

These are the main precautionary preventative guidelines set by OSHA. If followed, the risk of exposure to blood-borne pathogens is decreased.

NCAA REGULATIONS:

Guidelines and precautions in the treatment of bleeding injuries and the transmission of blood-borne diseases can be found in the NCAA Athletic Training Handbook.

The NCAA has made a statement for the basketball season concerning blood-borne pathogen diseases. Please note the following situations that game officials and an institution's medical personnel must be prepared to administer.

1. When a player incurs a wound that causes bleeding, the official must stop the game at the earliest possible time and make the player leave the game for treatment.

2. When a player's uniform has blood on it (whether it is the player's own blood or someone else's blood), the official must stop the game at the earliest possible time and make the player leave the game to have the uniform evaluated by medical personnel. If the team's medical personnel determine that blood has saturated the uniform, the player must change the bloodied part of the uniform. if saturation has not occurred, the player may continue to wear the uniform.

   This evaluation is done by a team's medical personnel and not by the game official. Once the player is ready to re-enter the game, the official may assume that proper attention has been given to the situation.

When traveling with a team, keep an extra uniform with you at all times. If somebody does bleed during the game, first control the bleeding, and cover properly. If there is any blood on the uniform, change it, even if it isn't "saturated." When at home, the staff athletic trainer will decide if the game jersey is "saturated" or not, however, at away contests, the jersey shall be considered "saturated." After the uniform has been removed, place it in a bio-hazard bag so it can be washed separately from the other uniforms.

MAC REGULATIONS:

The Pennsylvania Mid-Atlantic Corporation has developed policies and procedures for handling the cleaning and treatment of facilities and athletes exposed to blood and body fluids.

The following recommended policies and procedures concerning facilities and equipment should be made available to all athletes and medical staffs who engage in contact and collision sports in the MAC, whether it be conference or non-conference competitions.

- It shall be the responsibility of the medical staffs of each university to treat student athletes with bleeding injuries. Guidelines and precautions in the treatment of bleeding injuries and the transmission of blood-borne diseases can be found in the NCAA Sports Medicine Handbook.

The following information is a summary of information available at this time:

- It shall be the responsibility of the host's school medical staff to adhere to the following procedures and to provide the following equipment and facilities:

- Prepare and dispense the appropriate disinfectant needed to deactivate blood-borne pathogens on mats and playing surfaces, i.e., the proper diluted Clorox solution or other cleaning solutions that will kill HIV.

- The host school shall, at the earliest possible time, be responsible for disposing of blood on the mat or playing surface. Towels or other items used to accomplish this shall be correctly disposed of or at least not reused until properly treated and cleaned.

- Properly labeled and designated bio-hazardous waste receptacles shall be available at each bench.

- Bleeding injuries shall be reason for halting competition for treatment. Athletes shall not return to the mat or playing surface until bleeding has ceased and surrounding skin area, mat or playing surface has been cleansed of all blood residue. Furthermore, the opponents (especially wrestlers) should be examined should be examined by their respective medical staff personnel, and properly treated and cleaned if blood is found on his or her skin.

- Proper disinfection solution and procedure shall be used to clean wounds, i.e., alcohol, betadine, bactine, etc., and covered with a sterile dressing. Also, surrounding skin areas with blood spillage present shall be cleaned with proper solution both on bleeding and non-bleeding athletes.

MESSIAH COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM
ATHLETIC TRAINING ROOM/FIRST AID ROOM

EXPOSURE CONTROL PLAN

Blood-Borne Pathogens Exposure Control Plan:

Purpose of the Plan

This plan is designed to promote safe working conditions for athletic training staff employees and athletic training students. These guidelines were set by the Occupational Safety and Health Administration (OSHA) standard, 29 CFR 1910.1030. The purpose of the blood-borne pathogens standard is to "reduce occupational exposure to Hepatitis B virus (HBO), Human Immunodeficiency Virus (HIV) and other blood-borne pathogens that employees may encounter at their workplace.

It is our intent to provide appropriate treatment to the athletes of the institution and visiting institutions without exposing the athletes or ourselves to any blood-borne pathogens. We would also provide any follow-up care and counseling should an employee be contaminated by any blood-borne pathogen.

We believe that if one acts prudently when working with a blood-borne pathogen the risk of contamination is lessened. The risk of exposure to a blood-borne pathogen would never be underestimated.

Program Management

The certified athletic trainers are responsible for overseeing the management or the blood-borne exposure plan. They are responsible for supervising for supervising proper cleaning and disinfecting of BBP's, record keeping, and working with other employees of the institution with the management and related policies. They should also be looking for ways to improve the exposure control plan and revise or update as needed. The certified athletic trainers will also act as a liaison during OSHA inspections, if needed.

Employees need to have an annual training seminar on blood-borne pathogens. The college will be responsible for providing information and training meetings to the employees. Other responsibilities include maintaining a list of employees needing training, employees who have had training and the dates they attended meetings.

The employee, and student athletic trainers, are the most important aspects to the exposure plan, because they need to execute the plan and act in a reasonable and prudent manner when exposed to a BBP. They need to know how to perform required tasks and to use personal protective equipment to protect themselves from any BBP. They also are required to attend the training sessions so they are completely aware of the risks involved with BBP and to know what a BBP is. They are also responsible for proper cleaning and disinfecting all areas that may have been exposed to a BBP.

Detailed College BBP Exposure Control Plan

The College's detailed plan and documentation form(s) are located in Appendix IV. All staff and students are responsible for reading this document and being knowledgeable of its contents.

They should develop good personal hygiene habits, such as wearing latex gloves due to exposure to a BBP.

The exposure plan is available in the Athletic Training Room. This allows the policy to be available to the workers at all times. It is advised that it be revived often to be sure all workers understand and follow proper procedures. The exposure control plan will be reviewed and updated annually by an ATC. The review and update will occur June 1 of each year, unless there are needed changes due to OSHA.

Exposure Determination

In the athletic training room one may be exposed to a blood-borne pathogen at any time. So any certified or student athletic trainer may become infected. Listed below are possible work activities one may encounter for potential exposure to a blood-borne pathogen.

Performing CPR
Resuscitation with mouth to mouth
Taking care of blisters
Managing an ill athlete (vomitus)
Management of compound fracture
Dressing and wound care
Suture removal
Assisting physicians with knee aspiration of Cauliflower ear.
Proper disposal of soiled uniforms or towels.
Cleaning tables and infected areas
Proper disposal of biohazard waste

Method of Compliance

There are many ways to minimize and prevent exposure to a blood-borne pathogen. They are to implement work practice controls, such as having rules and regulations in the work place. Another method is providing and using personal protective equipment, and appropriate housecleaning procedures.

In the work practice controls it is necessary to have proper containers for biohazard waste. The containers should be well labeled and contain a red leak proof plastic bag for blood saturated pads. Another type of container is for sharp instruments such as needles, scalpels or razors. These containers should be leak proof, color-coded and labeled as biohazard. When full, containers should be disposed of properly in biohazardous waste areas. Another work practice control is providing adequate hand washing facilities with antiseptic cleansers and hand towels. The staff should wash their hands immediately after removing latex gloves and exposure to blood borne pathogen. It is recommended that food and drink be eliminated from the workplace due to possible exposure to a blood-borne pathogen.

Personal protective equipment is used to separate the employees from the exposed blood-borne pathogen. Equipment consists of latex gloves, goggles, face shields, CPR masks and gowns. It is recommended that the personal protective equipment should be inspected periodically for any defects and maintain its effectiveness. Any reusable equipment should be cleaned thoroughly and decontaminated. Single use equipment should be disposed of in red biohazard bags and their appropriate containers.

Housekeeping is the third area of compliance. This means maintaining the equipment and athletic training rooms in a clean and sanitary condition. In order to follow this, it is necessary to follow a specific daily schedule. All tables should be cleaned with an approved disinfectant after a blood-borne pathogen has been exposed to it. The tables and whirlpools should be cleaned with the solution after each work shift. It is necessary to empty all trash containers on a daily basis, as well as check bio-hazardous waste containers for proper disposal. It is also the responsibility of the staff to make sure that all bio-hazard waste is disposed of in its proper container.

Hepatitis B Vaccinations

Hepatitis B Vaccinations are available to all certified athletic training staff at no cost. The vaccination consists of a series of three shots or inoculations over a six month period. If an employee declines to have a vaccination, they must sign a vaccine declination form (available at the Health Center). However, if the employee changes their mind, they may still receive the vaccine at no cost. All vaccinations will be given at the Health Center by their staff.

The following staff members have received vaccines for Hepatitis B:

Sandy Bush
Ken Heck
Retta Murray
Wendy Cheesman
Melissa Kilgore
Suzy Robinson-Hodge

If an employee is involved in an incident that exposes them to a blood-borne pathogen, they may receive medical consultation and treatment as soon as possible. This follow-up care is available at the Health Center. All reports will be completed through the Health Center as well.

Training and Information Sessions

The student athletic trainers and staff have received typed information about blood-borne pathogens and the dangers of the athletic training rooms. Included in this packet are policies written by the MAC and NCAA to be carried out by the athletic training staff. The policies are to protect the athletic trainers as well as the athletes.

It is also a mandatory regulation from OSHA that all staff members have annual training seminars on blood-borne pathogens. These training sessions will be provided by the certified athletic trainers and the College.

MESSIAH COLLEGE
Accredited Athletic Training Education Program
Formal Athletic Training Major Application Form

Full Name_____ Date/Year_____
College/Local Address_____

Home Address_____

_____

Home Phone( )_____ College Phone_____ E-mail _____
Date of Birth _____ Age_____ S.S.#_____ I.D.#_____
Major or Minor (other than Athletic Training)_____
Semesters completed at Messiah _____ Semesters completed elsewhere_____

Clinical hours completed at Messiah_____ Clinical hours completed elsewhere_____

Cumulative Grade Point Average at Messiah_____ C.G.P.A. elsewhere _____

Place an **x** beside the courses below already taken. Place an **o** beside the courses below that you are presently taking:

_____	ATED 102 Introduction to Athletic Training	_____
_____	ATED 198 First Aid/Emergency Care	_____
_____	BIO 185 Human Anatomy & Physiology I	_____
_____	BIO 186 Human Anatomy & Physiology II	_____
_____	ATED 236 Prevention & Risk Management	_____
_____	ATED 237 Prevention & Risk Management Lab	_____
_____	ATED 231 Injury Assessment I	_____
_____	ATED 201 Applied Biophysics	_____

Transfer students are to submit a transcript of all grades from any other colleges attended to the Program Director as part of the application process.

All students will provide two recommendations (standard forms provided) from adults you have known for at least 2 years (recommendations cannot come from Messiah Athletic Trainers or parents).

All students will provide a **Written Assignment** with the application form. The assignment is a professionally prepared/typed three-written-page paper describing in detail the following:

a) why you want to be an athletic trainer; b) what does an athletic trainer do; c) what significant impact will you and your service have on Messiah's program and the profession of athletic training; and, d) how being a Christian influences your practice as an athletic training student and a certified athletic trainer.

The written assignment will help to determine your effectiveness to communicate via writing and your interest in, and knowledge of, the athletic training profession.

The deadline for all application materials will be the **2nd Wednesday in January.** All application materials will be returned to Sandy Bush, office E-8.

During the J-Term, each student will also be interviewed by one or more of the Athletic Training Faculty/Staff.

In choosing students for the **formal athletic training major**, the athletic training faculty/staff take into consideration how well each student does on the 1) written assignment, 2) recommendation, 3) interview and the following criteria:

_____Technical Standards,
_____Academic Achievement,
_____Maturity,
_____Responsibility,
_____Integrity,
_____Willingness to learn,
_____Cooperation,
_____Servant/Leadership,
_____Interpersonal Relationships,
_____Discipline,
_____Ability to organize/plan

After the application process is completed, the faculty/staff athletic trainers formally recommend qualified athletic training students to the H.H.P. department for selection into the formal athletic training major.

ATHLETIC TRAINING EDUCATION PROGRAM
~GENERAL REQUIREMENTS~

Students formally accepted into the program must maintain/comply with the following general requirements. Failure to do so may lead to probation, suspension, or dismissal from the program.

1) Obtain specific immunizations as identified in the College Catalogue (Hepatitis B, etc.)
2) Maintain current First Aid, CPR and related AED, and BBP qualifications.
3) Provide own transportation to clinical sites off-campus.
4) Maintain professional membership in the NATA/D-II/PATS.
5) Attend one professional convention or meeting each year.
6) Earn a C or above in each ATED course.
7) Maintain a 2.50 cumulative G.P.A.
8) Obtain a criminal background check before senior year clinical experiences off-campus.
9) Compliance with described Technical Standards (mental/emotional capacity, physical capacity, communication and rapport with patients/personnel, writing/recording skills, composure under stress, commitment/perseverance, flexibility, and professional demeanor).
10) Meet moral, ethical and academic integrity standards as described in the student handbook, community covenant and professional standards.
11) Complete, but not exceed, the maximum number of clinical hours and experiences described each semester (i.e. weekly averages and totals described in the Clinical Requirements and Assignments Sheet).
12) Comply with the signed Student Field Experience/Athletic Injury First Aider Protocol.
13) Understand that clinical hours and experiences will occur on normal week days and Saturdays during the semester, but may also occur during vacation times or during Athletics "Pre-seasons". In some cases, practices may occur in the early A.M., or later P.M. instead of the usual 3-6:30 P.M. Monday through Friday.

I, _____, (printed name) understand and agree to comply with the above general requirements.

Signature_____ **Month/Date/Year**_____

DO NOT WRITE BELOW THIS LINE (administrative information)

Technical Standards_____ Obs. Hrs._____ Interview Score_____ 1st Recom._____ 2nd Recom._____

Messiah CGPA_____ Core C. GPA_____ Transfer CGPA_____ Paper:_____

Committee Recommendations:_____

HHP Department Approval _____YES _____NO _____"Conditional Approval". Comments:

_____

_____

Approval/Confirmation letter sent to ATS: _____YES Approval/confirmation letter filed: _____YES

RECOMMENDATION FORM FOR ATED STUDENT
CONFIDENTIAL EVALUATION OF APPLICANT

APPLICANT'S NAME_____ **DATE**_____

The above is an applicant for admission to the Messiah College Athletic Training Program. Please place an (X) in the column which best describes this applicant, and make comments concerning strengths and weaknesses below.

	Excellent	Very Good	Good	Fair	Poor	Not Observed
1. Enthusiasm						
2. Maturity						
3. Responsibility						
4. Willingness to Learn						
5. Willingness to work						
6. Cooperativeness						
7. Capacity for development						
8. Leadership ability						
9. Friendliness						
10. Interpersonal relationships						
11. Integrity & dependability						
12. Emotional stability						
13. Self-Discipline						
14. Ability to communicate						
15. Professional Commitment/ Priorities						

How long have you known this applicant?_____

In what capacity have you been associated with this applicant?_____

COMMENTS REGARDING STUDENT'S:
STRENGTHS:

WEAKNESSES:

EVALUATOR'S NAME (PLEASE PRINT) _____

OCCUPATION OR TITLE_____

EVALUATOR'S MAILING ADDRESS_____

EVALUATOR'S SIGNATURE_____

Please return this form to: **Sandy Bush, Program Director**
Messiah College, Box 4501
Grantham, PA 17027

Please return this form by:_____

MESSIAH COLLEGE

Athletic Training Education Program

Selection of Program Students

Selection of students to the Athletic Training Education Program is a process, which includes various steps. Selection of students is made through the Selection Committee, which is composed of the following individuals: Certified Athletic Trainers with release time for athletic training duties in the Athletic Training Education Program. Final approval is endorsed by the members of the HHP Department.

Selection of students is based on data obtained from transcriipts, application materials, student evaluations, written examination scores, oral/practical examination scorees (if needed), and an interview with the Selection Committee. Each student must complete each step prior to proceeding to the next stage.

Candidates for entrance to the Athletic Training Education Program must complete at least one semester of clinical experiences at Messiah College (Level II year). This year of experience must be concurrent with the year of application tot the program. This year of experience is under directed observation by the Athletic Training Staff. Each student must complete all assignments and their performance will be evaluated (if needed) by Level III and IV students assigned to specific clinical rotations.

The Application Process:

Candidates for entrance to the Athletic Training Education Program must complete all requirements as listed in the enclosed application form. Each candidate must complete the appropriate form, submit two letters of recommendation and submit transcripts of all colleges attended. Completed applications must be returned to the program director's office by the designated date.

All candidates must have a 2.50 overall GPA and 2.50 GPA in seven designated core courses:

ATED 102	Intro to Athletic Training
BIO 185	Human Anatomy & Physiology I
BIO 186	Human Anatomy & Physiology II
ATED 196	First Aid & Emergency Care
ATED 236	Prevention & Care of Athletic Injuries
ATED 237	Prevention & Care of Athletic Injuries Lab
ATED 201	Applied Biophysics

Students must obtain a minimum of a C grade in each of these required core courses.

Students may be concurrently completing only one of the six required courses during the application process. This course will not be used to calculate the required 2.50 core , however, the required 2.50 core GPA must be maintained upon completion of the course. After review, eligible candidates will be notified and proceed to the next phase of selection.

Eligible candidates will then be notified of written and oral/practical examination dates. level III and IV athletic training students will submit an evaluation of each candidate prior to final selection into the program. Finally, the Selection Committee will interview all candidates.

The Selection Process:

1. The Selection Committee will meet at a mutually convenient time, and all members will have a chance to review all materials from each candidate.
2. Each member will provide impact/support for candidates they believe should be accepted into the Athletic Training Education Program.
3. After review/discussion, Selection Committee members will decide which students should be accepted into the formal major, or should be denied.
4. Students chosen by the Selection Committee will be recommended to, and formally approved by the HHP faculty.
5. Upon approval by the Selection Committee and department faculty, students will receive notification of approval by the Program Director.
6. Any students will be given an initial opportunity to review final approval/denial decisions with the Program Director.
7. Students not approved can make re-application for acceptance after requirements are met and numbers permit.

MESSIAH COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM

TRANSFER STUDENTS POLICY

Students transferring to Messiah College from another institution must submit detailed syllabi and transcripts of grades to the Messiah Registrar's Office. The registrar determines which non-required major courses are accepted to meet the College's requirements. The Program Director and the HHP Department Chair determine which major related courses/credits will transfer. Appeals of these decisions are to be made directly to the registrar. In cases where the appeal involves required courses, the Program Director and the HHP Department Chair will be consulted.

A student transferring to messiah can become eligible as a candidate for the ATEP after completion of the required academic courses and clinic experience/hours requirements (See Selection Process).

A transfer student who has not successfully completed at least three of the required courses prior to the start of the Fall semester, is not eligible for selection into the ATEP that year. transfer students are eligible to complete the selection process/screen while concurrently enrolled in one or more of the six required academic courses; however, selection/approval\val into the program will depend upon successful academic completion of the course(s), required overall GPA and required core courses GPA.

A transfer student must meet the required pre-program approval clinical hours/experience requirement(s) before being eligible for admission, and must complete at least one full semester of practical work at Messiah before being eligible for admission into the program.

MESSIAH COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM

DISCIPLINARY & PROBATIONARY PROCEDURES

Minor Offenses:

Student offenses of the policies, procedures, and rules will be analyzed and considered on a case by case basis. Disciplinary action will be determined by the Program Director, for minor offenses, after input is sought from the Athletic Training Education staff, the involved student, and other related personnel. Students can appeal decisions in a timely fashion to the Department Chair. A record of minor disciplinary action(s) will be recorded in the student's file. Students involved with fellow students over minor offenses, are strongly encouraged to settle differences, problems, and minor offenses by themselves before the Program Director and staff becomes involved.

Major Offenses:

Students falling below minimum requirements in the Academic or Clinical Programs will meet formally with the Program Director to determine the facts. Official action to be taken will be recommended to the Department Chair/Department, by the Program Director, with input from the athletic training staff. Actions that can be taken are described in the College catalogue and application materials for formal major. Documentation of action taken will be recorded in the student's file. When appropriate, students will be given a plan for correction/improvement by the Program Director and/or student's advisor.

Disciplinary action for non-academic offenses will be determined by the Program Director and Department Chair with input/advice from Athletic Training Staff, input from involved student(s) and other involved personnel. In cases where department precedent has been set, the HHP Department may be consulted. Appeals may be considered by the Academic Dean. All records related to action for Major Offenses will be kept in the student's file.

HHP DEPARTMENT
GOOD MORAL CHARACTER COMMITMENT
FOR OFF-CAMPUS PRACTICA, INTERNSHIPS AND CLINICALS

The following paragraphs summarize Messiah's ***Community Covenant****. The HHP Department is requesting that every student who participates in off-campus learning experiences must submit the following form to the department chair along with the practicum, clinical or internship application. After reading the summary paragraphs below, please sign your name to signify your intent to continue to follow the Community Covenant.*

> *We affirm that all life draws meaning from submission to Christ and service to others. Because of the importance of knowing God and His Word, we commit ourselves to individual and corporate spiritual disciplines. As His stewards on earth, we strive to put Biblical teaching into practice in the way we relate to others and the world around us.*
>
> *In order to secure the benefits of college life for the entire College community, Messiah prohibits indulgence in harmful or highly questionable practices on and off campus. Such practices include, but are not limited to, drug abuse, the use of tobacco or alcoholic beverages, sexually exploitive or abusive behavior, gambling, dishonesty or stealing.*
>
> *Finally, as a Christian liberal arts college, Messiah encourages students to grow in all areas of their lives, developing to their fullest potential. By finding themselves– in the lives of others, the classroom insights, in group activities, and in the call of Christ to commitment and service–students take long strides toward discovering the meaning of the College motto, "Christ Preeminent."*
> *(Messiah College Catalog, 1996-98 p. 15-18)*

I affirm that I will abide by the Community Covenant during my off-campus experience, and I understand that there are consequences to violating the Covenant which may affect my progress in this experience and possibly my graduation from college.

SIGNED _____ ***DATE*** _____

Please comment on ***any*** *concerns or questions you may have about this HHP Department Good Moral Character commitment.*

_____
_____
_____
_____
_____
_____
_____

MESSIAH COLLEGE ATHLETIC TRAINING
GATOR USAGE RULES

1. The gator is to be returned every evening! If there is a problem with the gator, Sandy or another ATC is to notified IMMEDIATELY! If it is after 6:30 and no ATC is around, you must leave a note on Sandy's door AND notify Public Safety as to why the gator is still parked in a reserved space or can't be returned to the nightly parking spot. **Juniors are ultimately responsible for assuring that this is done.**

2. The gator is to be parked in a "reserved" space. If one is not available, Campus Events or a 15 minute space may be used. Do not block off the entrance to the sidewalk.

3. NO ONE is to ride on the back of the gator unless they are an injured athlete requiring transport. Furthermore, if an injured athlete is being transported on the back, gator speed should be adjusted accordingly.

4. The following sign-out system will be in effect for the gator:
    1. Every day the gator will be signed out. When you get to the gator, you must take the clipboard with you and have a maintenance person initial the form. This is to prevent ATS's from driving off with the gator before maintenance has completed repairs, etc. Whoever (ATS) signs out the gator must sign the appropriate spot.
    2. Whoever returns the gator must sign the appropriate spot and indicate any difficulties/problems (i.e., flat tires, etc.) AND what was done to remedy (contact maintenance or public safety if no ATC is available).

Please remember that use of the gator is a privilege granted for the sake of everyone's convenience. Following these guidelines will insure the continued convenience for the entire athletic training staff.

EMERGENCY RADIOS

- All emergency radios will use Channel 1 (subject to change). This channel is monitored and is to be used for strict athletic training room business (requesting ATC assistance, ambulance, gator use, etc.).

- All conversation is to be professional!! College administrators are listening. No joke telling, chit-chat, use of derogatory names or nicknames. Remember, these are "**emergency radios**" and are here to allow quicker access to emergency services. They are not here for amusement when someone is bored while standing at practice.

- If you need to discuss non-emergency "shop-talk", request that the other party switch to Channel 2. This channel is also monitored, but is not strictly used for emergencies.

- **ALL RADIOS ARE TO BE RETURNED DAILY TO CHARGERS**. Anyone who is found to have left a radio in their team kit overnight will find extra cleaning duties made available to them the following day! The radios are to be kept locked in the cabinet under the sink. Report missing/stolen radios to Sandy immediately!

MESSIAH COLLEGE ATHLETIC TRAINING
WORK STUDY HANDBOOK

1. Introduction

Welcome to athletic training work study! You have been awarded a work study position as a athletic training student. This work study assignment is directly supervised by Sandy Bush and Wendy Cheesman. This assignment, however, also falls under the jurisdiction of the athletic department and is subject to the same rules/regulations as other athletic department workstudy.

This handbook is meant to provide additional, more specific guidelines for your work study assignment. It does not supercede institutional or departmental guidelines. In the event that you feel there is a conflict between various guidelines, please discuss this with Sandy or Wendy.

2. Assignments

Athletic Training assignments are generally given during the junior and senior years. Specific job descriptions will be provided later in this handbook. Please be aware that work study employment is "at the pleasure of the College" i.e., is a privilege, not a right, even if part of a financial aid package. As such, a work study job should be treated/performed to the same expectations as off-campus, regular employment. Please review pages 4-7 of the Messiah College Student Employment Handbook (MCSEH) with special attention in regards to "student responsibilities" and "supervisor responsibilities."

3. Work Study Policies

A. Attendance

As noted in the MCSEH, timely, scheduled attendance is an expectation of your employment. If you cannot work your scheduled time on a given day, you must notify your supervisor in advance–preferably 24 hours notice. The following policy will be in effect for unexcused absences.

First offense: Meeting with Sandy and Wendy and written notification (a letter in your permanent file and to Jerry Stonge and the Financial Aid Office).

Second offense: Written notification and one week suspension from work study.

Third offense: Written notification and suspension for the rest of the semester (at least three weeks). This suspension will include loss of hours during this time period with no opportunity to make them up. That income will be lost to the student.

Fourth offense: Dismissal from or transfer of work study (cafeteria, early morning weight room monitor, etc.)

Please note that it is understandable that occasional conflicts may arise and you can expect a degree of flexibility from your supervisors. This flexibility increases with the time in advance with which notification is given and you find/arrange a replacement to cover your hours yourself.

If at any time your work study schedule becomes difficult to maintain, due to excessive academic or clinical work, discuss this with your supervisor **BEFORE** you feel overwhelmed. Temporary arrangements for flexible/off hour jobs can be arranged.

B. On the Job Behavior

The same code of conduct that is expected of you as a athletic training student is expected of you as a work study employee. You are expect to act in a manner of accordance with the Athletic training student Handbook and the MCSEH. This includes, but is not limited to, confidentiality of records, ethical treatment of athletes/patients, equipment, supplies, reporting of hours, etc. Poor work study performance does not necessarily impact practicum grades, but will impact recommendations and may impact clinical assignments if it is felt a higher level of supervision is needed for a student with a less than desirable on-campus clinical performance.

C. Time Sheets

Time sheets are kept in the Athletic Training Room in a notebook labeled "Work Study Hours." You are responsible for keeping track of the hours you have worked. **All time sheets must be completed, hours totaled and signed by the first day of the new month** (i.e., November's hours must be recorded and signed by December 1st). **This may differ from what is stated on the sheet, but is still required. This will be strictly enforced this year** (i.e., you will not receive monthly reminders). Work study sheets **MUST** be signed and the hours totaled for the sheet to be considered complete. Incomplete forms will not be submitted by the supervisor. Therefore, if you do not sign and total your hours, you will not get paid.

D. Pay Periods

Students are paid on a monthly schedule with a total of eight (8) pays per academic year. The first pay period begins September 1st and ends September 30th with your first paycheck issued during the third week of October. This format continues through the school year. The complete schedule will be published at the beginning of the school year with updates as needed. If you do not complete your time sheet on time, you will have to wait an extra month to receive your paycheck. Any paperwork not completed by June 1st will be considered not done, and you will not be compensated.

E. General Guidelines

Studying while on duty may occur in a very limited fashion. Studying may be done when all of the following conditions have been met:

1) All assigned duties are complete
2) All items in the work study bin, clip board, and notebook have been completed
3) A supervisor has been checked with to determine if additional job tasks are available. Generally speaking, studying, working on resumes, etc. will be an exception, not a rule and will be done in rare instances.

Take initiative to perform duties which need to be done (cleaning, laundry, etc.). These are not "sophomore" jobs, they are everyone's jobs (certified on down). The Athletic Training room is a medical facility which we should take a personal level of pride in. No one should consider themselves above a given task.

EATING WILL NO LONGER BE ALLOWED IN THE ATHLETIC TRAINING ROOM. Eating meals should not be done on work study time. Food will no longer be allowed in the training room **or the athletic training room office**. Please note this change in policy. We realize this may be an inconvenience to some of you, but recent/previous abuses have required this change.

No napping, sleeping, inappropriate loitering on tables.

No "playing" on the computer. This includes solitaire, etc. but also irrelevant surfing the net, checking your email, etc. Computers in Frey and throughout Eisenhower are available and appropriate for general student use. The athletic training room computer is to be used for injury tracking, inventory, anatomy and BOC exam review during non-work or previously specified times. Net searches and other activities may be performed when assigned by ATC's.

F. Work Study Evaluations

Included in the manual you will find a "Work Study Evaluation Form." This form will be used to evaluate your performance ONLY as it relates to work study. It will not be used for practicum grading. It will be placed in your file, however, and the information may be used when writing recommendations, decisions on rehiring, etc.

This form will be completed at the end of the junior year and at the end of the fall semester, senior year. At both times it will be reviewed with the student before being placed in your permanent file.

4. Job Descriptions

The following job descriptions are guidelines for athletic training work study. They are not meant to be all inclusive, or exclusive of other duties required by ATS's as part of practicums, etc. For clarifications or questions, please feel free to talk to you supervisor.

A. Junior

Please note that the Financial Aid Office does not allow you to get paid for hours which are required as part of a practicum. This means that you may not get paid for hours you are counting as practicum/clinical hours.

These (work study) hours include activities during which do not require direct supervision by an ATC and are beyond the minimum practicum requirement. Specific examples of such hours include:

– cleaning/maintenance tasks
– injury recording/data entry/injury tracking
– doing athletic training room work list
– operating gator/emergency car

Junior level ATS's should have no difficulty fulfilling a seven to ten hour/week allotment for work study. If you have any questions, discuss them with your supervisor.

B. Seniors

Seniors are a valued commodity which are relied upon to assist in a supervisory capacity. this role recognizes the leadership and experience of the seniors. It also allows seniors to assume greater responsibility as they prepare to become Certified Athletic Trainers. Therefore, seniors take part in the following roles:

1) Keeping current inventory and documenting items in short supply.

2) Assisting with out-of-season or off-peak time rehabilitation of athletes.

4) Cleaning/maintaining the Athletic Training Room.

INVENTORY:

All seniors will be assigned a section in the inventory. This inventory is to completed MONTHLY. Inventory reports are due to Wendy on the 20th of each month or before you leave in December and May. If there is a conflict, heavy assignment load which prevents you from completing the inventory by these times, talk to Wendy AHEAD of time. If you do not complete inventory, your time sheet will not be submitted.

MESSIAH COLLEGE

Athletic Training Education Program

SECTION: IV

Appendix I

MESSIAH COLLEGE

Athletic Training Education Program

Study Sources and Reference List

The following is a reference list completed by the National Athletic Trainers' Association's Board of Certification for use in preparing for the certification examination as documentation for correct answers. This is not to be considered all inclusive. The most current edition is used as the reference.

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MESSIAH COLLEGE

Athletic Training Education Program

SECTION: V

Appendix II

Required Athletic Training Course Descriptions

HPED 170 Concepts in Conditioning (1)
Introduction to the basic foundations of physical fitness and wellness concepts. Particular emphasis is placed on the fitness components of cardiovascular endurance, body composition, muscle strength and endurance, and labs emphasizing flexibility. Students design and implement individualized exercise programs, and significant class time is devoted to vigorous sport and exercise sessions.

One of the following:

HPED 189 Emergency Water Safety (1)

HPED 192 Water Safety Instructor (2)

HPED 193 Lifeguarding/First Aid/CPR (2) or Lifeguarding Competency (as defined by the Red Cross)

ATED 102 Introduction to Athletic Training (1)
Overview of the athletic training profession; introduction to career opportunities; history of and requirements of national and state certifying organization (BOC, PATS, etc.) and the educational objectives of the athletic training program.

ATED 136 Prevention and Risk Management (3)
The study of injury and illness risk factors encountered by athletes and physically active in order to plan and implement prevention and risk management programs.

ATED 137 Prevention and Risk Management Lab (1)
The application of injury and illness prevention and risk management psychomotor skills and competencies.

ATED 180 First Aid and Emergency Care (3)
Study and practical application of appropriate first aid and emergency care for acute athletic injuries/illnesses. Class meets requirements for American Red Cross Emergency Responder course. Prerequisite: Athletic Training Major status

ATED 201 Applied Biophysics in Athletic Training (4)
The course content includes physics and biomechanics (an introduction to applicable concepts, principles, laws, etc.), including motion, Newton's Laws, energy/momentum, harmonic motion, waves, light and electricity, and specific biomechanical and biophysical applications related to tissues, joint motions, operation and design of rehabilitation/exercise equipment, protective equipment, and therapeutic modalities. Three lecture periods and three hours of laboratory per week. Prerequisites: BIOL 185, 186.

ATED 220 Technology in Athletic Training (2)
This course will prepare students to use computers and other forms of technology to organize information, to develop presentations, to design publishable quality materials, to assess students/clients, and to complete research. These objectives will be met through the use of graphics, spreadsheets, database management, graphics integrated with word processing, Internet web page construction, PDAs, and statistical analysis software.

ATED 231 Injury Assessment I - Lower Extremities (2)
Study and practice of athlete and physically active injury/illness assessment techniques for the lower extremity and trunk. Includes 1.5 laboratory hours per week.

ATED 232 Injury Assessment II - Upper Extremities (2)
Study and practice of athlete and physically active injury/illness assessment techniques for the upper extremity, head and spine. Includes 1.5 laboratory hours per week.

ATED 246 Practicum in Athletic Training I (2)
This course requires 125 clinical hours in the training room assisting upper-level athletic training students with a variety of sports. Includes classroom lecture, practical application, and seminar. Prerequisite: Formal acceptance into Athletic Training Major.

ATED 330 Pharmacology for Athletic Training(2)
Study of pharmacologic applications for injury/illness to athletes and the physically active. Includes indications, contradictions, interactions of medications and relevant governing regulations.

ATED 335 Therapeutic Exercise (4)
Study of theoretical and practical applications of exercise, rehabilitation and reconditioning programs for the injured athlete. Involves three hours of lecture and three hours of lab per week.

ATED 337 Therapeutic Modalities and Treatment Techniques (4)
Study of the underlying theories, uses and clinical applications for physical therapy modalities, agents, and treatment techniques. Involves three hours of lecture and three hours of lab per week.

ATED 346 Practicum in Athletic Training II (2)
Specialized clinical education experience for first semester junior ATED majors. The course requires 275 clinical hours in the athletic train room and covering an on-campus sport. Includes classroom lecture, practical application, and seminar. Prerequisite: ATED 246.

ATED 348 Practicum in Athletic Training III (2)
Specialized clinical education experience for second semester junior ATED majors. The course requires 275 clinical hours in the athletic training room and covering an on-campus sport. Includes classroom lecture, practical application, and seminar activities.

ATED 442 Organization and Administration of Athletic Training (3)
Principles and strategies for organization, supervision, and implementation of all the administrative components of traditional athletic training programs, i.e., high school, college, pro and non-traditional programs, sports medicine clinics, hospitals, industrial settings.

ATED 446 Practicum in Athletic Training IV (3)
Specialized clinical education experience for first semester senior ATED majors. The course requires 200 clinical hours in off campus athletic training in an affiliated college or high school setting. Each student works directly under a certified athletic trainer to gain specific football-related clinical experience (mid-August until November). Class includes lecture, practical application, and seminar.

ATED 447 Clinic in Athletic Training (2)
Classroom lecture, seminar, and lab applications related to clinical athletic training (i.e., care of the physically active, licensure, 3rd party reimbursement, employment, professional issues, etc.).

ATED 449 Clinical in Athletic Training (1)
Minimum of 100 hours practical experience (care of physically active) in an off-campus allied health or medical facility, or industrial setting. Learning activities include surgical observation(s), a patient case study, and a special topic presentation.

ATED 480 Senior Seminar in Athletic Training (4)
Special medical topics, pathology-related topics, and preparation for the BOC certification examination. Three hours of lecture and three hours of lab per week.

HPED 305 Contemporary Issues in Health (3)
An in-depth study of selective, contemporary health issues. An emphasis on exploring Healthy People 2000 Objectives is included.
Prerequisites: HPED 223 and 224

HPED 321 Kinesiology (3)
Detailed study of human balance and motion, including the application of physical laws to action of bones, muscles, and their articulations. Practical application to physical education activities. Prerequisite: BIOL 185

HPED 322 Exercise Physiology (3)
Physiological adjustments of major organs and systems to exercise, including theories and principles for improving performance. Examination of current literature and research. An analysis of ethical and physiological implications of using scientific technology to enhance performance.

HPED 360 Exercise Testing & Prescription (3)
Practical experience in using physiological laboratory instrumentation. Emphasis on appropriate application of test results to the planning of individual fitness programs. Populations discussed include adults, elderly, cardiac patients, and athletes. Particular emphasis on data collection using bicycle ergometers and treadmills. Includes two hours per week lab component. Prerequisite: HPED 322.

BIOL 185 186 Human Anatomy and Physiology I and II (4,4)
Structure and function of the human body from both a cellular and systematic perspective. Three lecture periods and three hours of laboratory per week.

CHEM 110 Chemical Science (3)
Principles of chemistry for allied health majors needing one semester of general chemistry. Topics include stoichiometry, the periodic table, chemical bonding, molecular structure, and chemical equilibria. Two lectures and three hours of laboratory per week.

NUTR 222 Nutrition Theory (3)
Introduction to the science of nutrition, to the nutrient needs of the body and the foods that meet these needs. Tools and techniques for assessing personal nutrition status are reviewed. Prerequisite: CHEM 105 or CHEM 110.

PSYC 101 Introduction to Psychology (3)
Introduction to modern psychology including its major theorists and methodologies and an overview of developmental, social, and abnormal psychology.

STAT 269 Introductory Statistics (3)
Survey of one and two sample statistical methods; descriptive measures, hypothesis testing, estimation, correlation, analysis of variance.

Athletic Training Major Curriculum

Suggested four-year program of study.

FIRST SEMESTER			SECOND SEMESTER		
FRESHMAN YEAR					
BIBL 20X	Encountering the Bible OT/NT	3	ATED 136	Prev. & Risk Man.	3
BIOL 185	Human Anatomy & Phys. I	4	ATED 137	Prev.& R.M. Lab	1
IDFY101	First Year Seminar	3	XXX	Language Req. #1	3
CHEM 110	Chemical Science	3	IDCR 151	Created&Called for Comm.	3
PSYC 111	Intro. to Psychology	3	ATED 180	First Aid/Emergency Care	3
ATED 102	Intro to Ath. Training	1	BIOL 186	Human A&P II	4
		17			17
SOPHOMORE YEAR					
NUTR 222	Nutrition Theory	3	ATED 232	Injury Assessment II	2
ATED 231	Injury Assessment I	2	ATED 246	Practicum I in AT	2
XXX	Language Req. #2	3	ATED 337	Therapeutic Modalities	4
ATED 201	Applied BioPhysics in AT	4	COMM XXX	Oral Communications	3
HISXXX	Europe or US Hist	3	ATED 220	Tech in Athletic Training	2
HPEDXXX	Skill Elective	1	STAT 269	Intro. To Statistics	3
HPED 170	Concepts of Cond.	1			16
		17			
JUNIOR YEAR					
ATED 335	Therapeutic Exer.	4	XXX	Language Req.#3 or	
ATED 346	Practicum II in AT	2		J-Term Cross-Cultural	3
HPED 321	Kinesiology	3	HPED	EWS/WSI/LG	1
HPED 305	Cont. Issues in Health	3	HPED 322	Exercise Phys..	3
XXX	Non-Western	2	HPED 360	Exer. Test&Prescription	3
		14	ATED 348	Practicum III in AT	2
			ATED 442	Administration in AT	3
					15
SENIOR YEAR					
ATED 446	Practicum IV in AT	3	ATED 480	Senior Seminar	4
XXX	Philosophy or Religion	3	ATED 447	Clinic in AT	2
	World Views or Ethics		ATED 449	Clinical Practicum	1
	Mod. World or Pluralism		XXX	Literature Req.	3
	In America	3	ATED 330	Pharmacology(Alt. Yr.)	2
THEO 3XX	Christian Beliefs	3	XXX	Elective	3
XXX	Art Requirement	3			15
		15			

rev. 4/07

Total Credits: 123

MESSIAH COLLEGE

Athletic Training Education Program

SECTION: VI

Appendix III

__ Directed Observation Hours______________________

Messiah College
Student Clinical Hours Record
Form F-2
Rev. 2007

Clinical Instructor Sig.________________________

Practicum Supervisor Sig.________________________

__ Practicum/Clinical Hrs.______________________________

Program Director Sig.__________________________

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
IN OUT TOT								Sig. Sig. Total
IN OUT TOT								Sig. Sig. Total
IN OUT TOT								Sig. Sig. Total
IN OUT TOT								Sig. Sig. Total
IN OUT TOT								Sig. Sig. Total

Full Name__________________________ **Year/Month**________________ **Monthly Total**______________

ATHLETIC TRAINING EDUCATION PROGRAM
MESSIAH COLLEGE

SEMESTER STUDENT EVALUATION OF SUPERVISING ATHLETIC TRAINER

Name of supervising Athletic Trainer _____

Student Level/Yr._____ Today's Date/Yr._____

The following evaluation is to be used to evaluate the ATED Program Clinical Aspects (specifically, your supervising certified athletic trainer). Please be honest. This is one important method to help evaluate the Athletic Training Program and improve its overall effectiveness.

Evaluation Guidelines/Code:

Please use the following scale as a guide and CIRCLE the appropriate response (number) for each statement to the right of each statement.

1 - Very Good; Always performs optimally
2 - Good; Most of the time performs optimally
3 - Average/Acceptable; Frequently performs optimally (but not most of the time)
4 - Below Average/ Improvement Needed; Occasionally performs optimally
5 - Not Effective; Never performs optimally
6 - No basis to Judge/Not Applicable

* Provide specific comments as appropriate at the end of each sectioon whenever 4's (Improvement Needed) or 5's (Not Effective are circled.

I. GENERAL/ROLE MODELING

A.	Serves as effective Professional Role Model (dress, attitude,, practice, etc.)	1	2	3	4	5	6
B.	Serves as an effective Christian Role Model (exhibits Christian character, integrates faith in practice, facilitates student integration).	1	2	3	4	5	6
C.	Serves as an effective Physical Role Model (demonstrates knowledge, attitudes, practices consistent with a lifetime commitment to fitness/wellness).	1	2	3	4	5	6
D.	Shows an interest in and concern for students and willingness to give help.	1	2	3	4	5	6
E.	Servees as a Mentor/Advisor (facilitates my professional growth and development, etc.)	1	2	3	4	5	6
F.	Other: Explain/Describe	1	2	3	4	5	6

Comments:_____

_____

_____

II. CLINICAL INSTRUCTION/ SUPERVISION

A.	Remains up-to-date with current evaluation skills, techniques, and knowledge	1	2	3	4	5	6
B.	Communicates knowledge of subject matter effectively to the students.	1	2	3	4	5	6
C.	Provides constructive criticism appropriately.	1	2	3	4	5	6
D.	Avoids responding to student questions in a vague or confusing manner.	1	2	3	4	5	6
E.	Avoids favoritism toward certain student athletic trainers.	1	2	3	4	5	6
F.	Avoids an "I am always right" attitude.	1	2	3	4	5	6
G.	Avoids unfair criticism and embarrassment of students.	1	2	3	4	5	6
H.	Allows students to perform evaluations and treatments and instructs students regarding their effectiveness.	1	2	3	4	5	6
I.	Provides accurate critique/evaluation of required student clinical competencies.	1	2	3	4	5	6
J.	Other: Explain/Describe.	1	2	3	4	5	6

Comments:_____

_____

_____

1 - Very Good; Always performs optimally
2 - Good; Most of the time performs optimally
3 - Average/Acceptable; Frequently performs optimally (but not most of the time)
4 - Below Average/ Improvement Needed; Occasionally performs optimally
5 - Not Effective; Never performs optimally
6 - No basis to Judge/Not Applicable

III. PERSONAL QUALITIES

A.	Develops positive rapport with students and puts them at ease.	1	2	3	4	5	6
B.	Treats students with respect and dignity	1	2	3	4	5	6
C.	Is approachable by students and athletes	1	2	3	4	5	6
D.	Demonstrates emotional stability and self-control.	1	2	3	4	5	6
E.	Is honest in dealing with students and athletes	1	2	3	4	5	6
F.	Handles problems/frustrations in a positive manner.	1	2	3	4	5	6
G.	Communicates readily with coaches, physicians and other members of the ATED Team.	1	2	3	4	5	6
H.	Continues to develop interpersonal and communication skills	1	2	3	4	5	6
I.	Other: Explain/Describe:	1	2	3	4	5	6

Comments:_____

_____

_____

IV. ORGANIZATION/ADMINISTRATION

A.	Demonstrates effective overall organization/planning.	1	2	3	4	5	6
B.	Is accessible during posted office hours and appointments.	1	2	3	4	5	6
C.	Is on-site and available during scheduled athletic training room times to provide clinical instruction/supervision.	1	2	3	4	5	6
D.	Is on-site (in TRoom) and available on game days, when student athletic trainers open up, to provide clinical instruction/supervision.	1	2	3	4	5	6
E.	Communicates location and method of reaching student athletic trainers when leaving the athletic training room, practice or games sites temporarily.	1	2	3	4	5	6
F.	Makes purposes/objectives of assigned duties clear.	1	2	3	4	5	6
G.	Plans and meets daily with sport head athletic training students to evaluate athlete health status, to plan rx/care, and to refer to MD or discharge.	1	2	3	4	5	6
H.	Plans and meets regularly with ATS and athlete to determine changes in status, rx/care, referral, discharge, limits in participation, etc.	1	2	3	4	5	6
I.	Discusses regularly with ATSs current athlete status and information to be communicated to team physicians, coaches, and ATED team members.	1	2	3	4	5	6
J.	Other: Explain/Describe.						

Comments:_____

_____

_____

V. Summary

A.	Overall effectiveness as a clinical instructor/supervisor.	1	2	3	4	5	6
B.	Overall professional athletic training ability.	1	2	3	4	5	6
C.	Overall influence on student athletic trainers.	1	2	3	4	5	6
D.	Overall impact/influence on athletic student athletes.	1	2	3	4	5	6
E.	Positive influence for Messiah College academics (Department and Athletic Training Program).	1	2	3	4	5	6
F.	Positive influence on Messiah College athletes. (Athletic Training Services and Care).	1	2	3	4	5	6
G.	Other: Explain/Describe.	1	2	3	4	5	6

Comments:

ATHLETIC TRAINER CLINICAL EVALUATION

COMMENT SHEET SUMMARY

Please indicate appropriate directives:

[ ] Student chooses to remain anonymous.

[ ] Comment/review sheet can be viewed by designated trainer.

[ ] Comment/review sheet can only be viewed by Athletic Training Program Administrators. (Program Director and Department Chair)

[ ] Other: please explain:

_____

_____

I. GENERAL:

_____

_____

_____

II. CLINICAL INSTRUCTION/SUPERVISION:

_____

_____

_____

III. PERSONAL QUALITIES:

_____

_____

_____

IV. ORGANIZATION/ADMINISTRATION:

_____

_____

_____

V. SUMMARY:

_____

_____

_____

Messiah College Athletic Training Education Program
Prospective Athletic Training Student Evaluation/Rating Form

The following form will be completed by an upper level athletic training student. It will be used to help determine **acceptance into the formal athletic training education program, and to identify student strengths and weaknesses.**

STUDENT BEING EVALUATED _____ DATE/YR EVALUATED _____
END OF SEMESTER _____ INSTRUMENT/EVAL # _____

SKILLS AND ABILITIES	**Excellent**	**Average**	**Average**	**Average**	**Observed**	**TOTALS**
1) Prevention Techniques (tape, wrap, etc.)	----------	----------	----------	----------	----------	----------
2) Knowledge/Use of TR Supplies & Equipment	----------	----------	----------	----------	----------	----------
3) Training Room Attitude	----------	----------	----------	----------	----------	----------
4) Gets Along with Students, Athletes & Staff	----------	----------	----------	----------	----------	----------
5) Follows Training Room Rules, Policies & Procedures	----------	----------	----------	----------	----------	----------
6) Quantity/Quality of Work in T Room (completes work list, assists staff, etc.)	----------	----------	----------	----------	----------	----------
7) Quantity/Quality of Work at Practices & Games	----------	----------	----------	----------	----------	----------
PERSONAL ATTRIBUTES						
8) Organization & Punctuality	----------	----------	----------	----------	----------	----------
9) Initiative	----------	----------	----------	----------	----------	----------
10) Dependability	----------	----------	----------	----------	----------	----------
11) Adaptability	----------	----------	----------	----------	----------	----------
12) Cooperation	----------	----------	----------	----------	----------	----------
13) Self Confidence	----------	----------	----------	----------	----------	----------
14) Overall Commitment & Priorities	----------	----------	----------	----------	----------	----------
15) Professional & Mature	----------	----------	----------	----------	----------	----------
16) Responsible	----------	----------	----------	----------	----------	----------
17) Knowledgeable	----------	----------	----------	----------	----------	----------
18) Performance under Stress/Pressure	----------	----------	----------	----------	----------	----------
19) Professional Dress & Appearance	----------	----------	----------	----------	----------	----------
20) Overall Suitability for the Major	----------	----------	----------	----------	----------	----------
TOTALS	----------	----------	----------	----------	----------	----------

(OVER PLEASE)

DIRECTIONS: **1) Please check one of the following below (A-D) indicating your recommendation for the student being evaluated. You may provide comments right after for further support/clarification.**
2) Please include student Strengths, Weaknesses, and Suggestions for Improvement in the spaces provided.

I.

________ **A. Strongly recommended for consideration/approval into the athletic training major.**

________ **B. Recommended for consideration/approval into the athletic training major.**

________ **C. Recommend (With Reservations) for consideration/approval into the athletic training major.**

________ **D. Do Not Recommend for consideration/approval into the athletic training program.**

Comments: ____

____

____

____

II.

STUDENT STRENGTHS: ____

____

____

____

____

STUDENT WEAKNESSES: ____

____

____

____

____

SUGGESTIONS FOR IMPROVEMENT: ____

____

____

____

____

EVALUATORS NAME (print) ______________________ **EVALUATORS SIGNATURE** ______________________
Upper level athletic training student **Upper level athletic training student**

SIGNATURE OF STUDENT BEING EVALUATED ______________________ **DATE SIGNED** ______________

~~~~~~

DON'T WRITE HERE, RESERVED FOR OFFICE USE

RECOMMENDATION SUMMARY:

TOTAL SCORE: ____________

~~~~~~

Athletic Training Student's Name______________________________ **Date Completed**________________

Messiah College Athletic Training Practicum
Coaches Evaluation of Student Athletic Trainer

Student Name_____ Class Level_____

Sport_____ Date/Year Eval. Completed_____

Grading Policy:

This evaluation does not affect the students' LETTER GRADE system. It is designed to help the student grow professionally and provide information regarding overall progress. All competencies are evaluated on a five (5) point scale.

Cognitive Skills, Psychomotor Skills, and Affective Characterizations are evaluated according to the criteria/rating scale below.

Criteria/Rating Scale:

A = (5 pts) Excellent Skill/Behavior	Performance is exceptional and requires no Instruction/correction.
B = (4 pts) Very Good Skill/Behavior	Performance is above average and requires rare Instruction/correction.
C = (3 pts) Average/Acceptable Skill/Behavior	Performance meets minimal competence and requires Occasional instruction/correction.
D = (2 pts or below) Unacceptable Skill/Behavior	Student must repeat/improve the skill or behavior.
NO - Not Observed	In cases where skill is not observed, give the student a Task/skill to perform in a Hypothetical setting/situation and evaluate the performance/response.

Please make comments to clarify ratings, indicate areas of improvement, or indicate improvements that have been made.

Directions:

Evaluate and review the student's performance during the clinical experience. You may find it useful to have the student rate him/herself in the spaces provided.

Please return this form to the Program Director within a week of the student's completion of the Practicum experience.

Grade %: Please indicate the student's total points when indicated.

A...93 A-...90 B+...87 B...83 B-...80 C+...77 C...74 (Below 70 failing)

Coach's Evaluation of Messiah Athletic Training Student

Directions: Please complete the following assessment and make comments as appropriate. The coaches assessment is not used to determine a grade. The assessment helps students in the area of professional development.

I. Personal/Professional Attributes	**Evaluation Scale**								**ST**	**CI**	**Skill/Attribute Comments**
	A		**B**		**C**		**D**	**Not Observed**			
	5		**4**		**3**		**2**	**NO**			
In each P/P Attribute, the A.T.S.:											
1. Communication/Interpersonal Skills (Develops rapport, uses tact, speaks/instructs effectively w/ coaches)	5	4.5	4	3.5	3		2	NO			
2. Initiative (Is self-motivated, performs duties/assists without being told)	5	4.5	4	3.5	3		2	NO			
3. Dependability (Is punctual, completes all duties & responsibilities)	5	4.5	4	3.5	3		2	NO			
4. Enthusiasm (Displays excitement/eagerness to work, provide care, and learn)	5	4.5	4	3.5	3		2	NO			
5. Develops appropriate relations/rapport with players.	5	4.5	4	3.5	3		2	NO			
6. Self-Confidence (Works w/ self-assurance & independence)	5	4.5	4	3.5	3		2	NO			
7. Accepts Authority/Constructive Criticism (Interacts positively & cooperatively, attempts suggestions, follows instructions)	5	4.5	4	3.5	3		2	NO			
8. Organization/Commitment (Demonstrates effective planning, time management, etc.)	5	4.5	4	3.5	3		2	NO			
9. Adaptation (Demonstrates effective coping skills to stress/problems & challenges)	5	4.5	4	3.5	3		2	NO			
10. Establishes a working relationship as a team member.	5	4.5	4	3.5	3		2	NO			

Comments: _____

_____

_____

-over-

In each of the following skill/competency areas, the A.T.S.:								**ST**	**CI**	
11. Communicates effectively with coaches before & after games/practices regarding athletes injury status and/or readiness for participation**.**	5	4.5	4	3.5	3	2	NO			
12. Comprehends the role of medical staff, coaches, Officials, and para-medical personnel during games/ practices & plans effectively to implement the institution's related medical plan/procedures.	5	4.5	4	3.5	3	2	NO			
13. Organizes effective pre-game/half-time/time-out breaks and end of the game for athletes.	5	4.5	4	3.5	3	2	NO			
14. Effectively prepares athletes for pre- & post game including warm-up, stretching, cool down, etc.	5	4.5	4	3.5	3	2	NO			
15. Reviews with each coach the institutionsations of a significant/life threatening nature (i.e. heat illness shock, head/cervical spine injury, fx/dislocation, etc.)	5	4.5	4	3.5	3	2	NO			

Comments:_____

Institution Name:_____

Coach's Name (print):_____

Coach's Signature:_____ **Date:**_____

Student's Name(print):_____

Student's Signature:_____

MESSIAH COLLEGE

Athletic Training Education Program

SECTION: VII

Appendix IV

MESSIAH COLLEGE
ATHLETIC TRAINING DEPARTMENT

History of Present Illness (HPI): Mechanism of injury, related/previous injury to same or contralateral part. Medications currently taking, etc.

S: The subjective findings-key quotes from the athlete

1. pain description, location, intensity (1-10 scale, etc.), nature (throb, burn, tinglem stab, etc.)
2. pain irritability - what makes it better or worse.
3. any other key information which comes from the subject (athlete)

O: the objective findings - anything that can be seen, measured by the evaluator.

Observation: posture, edema, deformity, discoloration, etc.
Palpation: point tenderness, tissue density, heat spasm, crepitation, etc.
ROM: joints above/below cleared?

a. AROM - what limits motion (pain, etc.)
b. PROM - gentle overpressure/endfeel

Strength: Muscles above/below cleared?
Gait deviations
Neurological: sensation, DTR's
Mental status
Special Tests
Other - boney abnormalities, girth measures, lengths, etc.
Treatment

A: Assessment - What do you think the problem is?
What is your impression/interpretation of objective findings?
What, if any, will limit a speedy recovery?

1. Are symptoms realistic?
2. What was the athlete's response to the treatment?
3. Rehab goals Short term/long term with time estimate to reach goals (Goals should directly correlate to objective findings)
4. Changes in status, disposition, progress

P: Plan of action (should correlate directly to goals in "A")

1. What modalities are you going to use
2. What treatments given with frequency, intensity, etc.?
3. Home treatment program, instructions given to athlete
4. How are you doing to progress the athlete?
5. Referral to ER or MD
6. Any plan to change treatment?

Board of Certification, Inc.

STANDARDS FOR ATHLETIC TRAINING

DIRECT SERVICE

Standard 1: DIRECTION

The athletic trainer renders service or treatment under the direction of a physician or dentist.

Standard 2: INJURY AND ON-GOING CARE SERVICES

All services should be documented in writing by the athletic trainer and shall become part of the athlete's permanent records.

Standard 3: DOCUMENTATION

The athletic trainer shall accept responsibility for recording details of the athlete's health status. Documentation shall include:

1. Athlete's name and any other identifying information.
2. Referral source (doctor, dentist).
3. Date, initial assessment, results and data base.
4. Program plan and estimated length.
5. Program methods, results and revisions.
6. Date of discontinuation and summary.
7. Athletic trainer's signature.

Standard 4: CONFIDENTIALITY

The athletic trainer shall maintain confidentiality as determined by law and shall accept responsibility for communicating assessment results, program plans, and progress with other persons involved in the athlete's program.

Standard 5: INITIAL ASSESSMENT

Prior to treatment, the athletic trainer shall assess the athlete's level of functioning. The athlete's input shall be considered an integral part of the initial assessment.

Standard 6: PROGRAM PLANNING

The athletic training program objectives, shall include long and short term goals and an appraisal of those which the athlete can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program shall be incorporated into the plan.

Standard 7: PROGRAM DISCONTINUATION

The athletic trainer, with collaboration of the physician or dentist, shall recommend discontinuation of the athletic training service when the athlete has received optimal benefit from the program. The athletic trainer, at the time of discontinuation, shall not the final assessment of the athlete's status.

Section 2

STANDARDS FOR ATHLETIC TRAINING

SERVICE PROGRAM

The following are minimal standards. Each one is essential to the practice of athleic training.

It is intended that these standards be used by administrators as well as by athletic training personnel in the development of their service program and to assess their effectiveness.

Standard 1: OBJECTIVES

Basic to the development of any program are its intended purposes. Objectives and applicable policies should be clearly outlined for each activity, such as: athletic treatment, education of personnel, supervision and their interdisciplinary relations. The objectives of the service program should implement those of the institution iteslf.

Standard 2: PLANNING

Each objective should be supported by detailed plans for its implementation.

Standard 3: EVALUATION

Objective methods of data collection and analysis should be used in relation to each component of the program to determine the need for service, assess its effectiveness and indicate a need for change.

Standard 4: TYPES OF SERVICES OFFERED

Athletic training is appropriately a health service offered under the direction of a physician or dentist for the prevention, immediate care, management/disposition and reconditioning of athletic injuries.

Standard 5: PERSONNEL

The service program should be directed by a BOC Certified Athletic Trainer who has met the qualifications established by the National Athletic Trainers Association Board of Certification, Inc. Education, qualifications and experience of all other personnel should meet existing standards and should be appropriate to their duties.

Standard 6: FACILITIES AND BUDGET

Space, equipment, supplies and a continuing budget should be provided by the institution and should be adequate in amount, variety and quality to facilitate the implementation of the service program.

Standard 7: RECORDS

Objective, permanent records of each aspect of the service program should (1) indicate date, name of physician or dentist referral; (2) initial evaluation and assessment; (3) treatment or services rendered, with date; (4) dates of subsequent follow-up care.

Standard 8: REPORTS

MESSIAH COLLEGE
EXPOSURE INCIDENT REPORT
BLOOD AND BODY FLUID CONTAMINATION

Date: _____

Time: _____

Patient Involved: _____

Employee Involved: _____

Route of Contamination: _____

Blood work drawn after incident:
Employee: _____

Patient: _____

Were proper precautions taken? _____

If not, why? _____

_____

Was incident due to equipment error? _____

If yes, what? _____

Brief summary of incident: _____

_____

_____

_____

_____

Signature: _____

Date: _____

Supervisor: _____

General Evaluation

Professor/Approved Clinical Instructor
Athletic Training Proficiency Completion Form
(Documentation for the ATS File)

Class Name________________________________ **Professor**____________________________________
Year/Semester______________________________

Directions: Each professor or ACI has identified required <u>Proficiencies</u> that will be <u>met</u> (presented/practiced, covered, mastered, etc.) in their class. The proficiencies should be listed in the course syllabus or easily accessible for review. Please indicate below (by initial/sign.) That the ATS (athletic training student) has: A) met all proficiencies listed/identified, <u>or</u> has: B) met all proficiencies except those listed/identified on the back of this form.

<u>Student Name:</u>		**<u>Prof/ACI Sig.In.</u>**
....		
	A) Completed all Proficiencies	______________
	B) Completed all Prof.s except those listed on the back.	______________
....		
	A) Completed all Proficiencies	______________
	B) Completed all Prof.s except those listed on the back.	______________
....		
	A) Completed all Proficiencies	______________
	B) Completed all Prof.s except those listed on the back.	______________
....		
	A) Completed all Proficiencies	______________
	B) Completed all Prof.s except those listed on the back.	______________
....		
	A) Completed all Proficiencies	______________
	B) Completed all Prof.s except those listed on the back.	______________
....		
	A) Completed all Proficiencies	______________
	B) Completed all Prof.s except those listed on the back.	______________
....		
	A) Completed all Proficiencies	______________
	B) Completed all Prof.s except those listed on the back.	______________

Over...

Student Name: Proficiencies listed that have not been met by the students:

.....

.....

.....

.....

.....

.....

.....

.....

Radio Use Policy Agreement
2006-2008

I _____ student name, have read/agree to abide by the College and Athletic Training Department's Radio Usage Policy.

In the event that I loose or damage a College radio, I understand that I may have to pay for the cost of a lost or damaged radio out of my personal means.

I will follow all procedures for picking up radios from the dispatch office and realize that I may not take any Athletic Training Staff Radios from the A.T. Room.

Student's Signature: _____

Date/Year: _____

Athletic Training
Policy for Use of Non-Licensed
Utility Vehicles

Utility vehicles refers to golf cart-type vehicles and gators used on campus for various business-related activities.

1) Non-licensed utility vehicles (NUV) should not travel on non-campus public roads. Under no circumstances should one travel on Lisburn Road to our Bowmansdale facility.

2) NUV should obey all traffic laws dictated for licensed vehicles while traveling on campus.

3) NUV should yield to licensed vehicles when appropriate. (i.e. pull to the side and allow other vehicles to pass when safe).

4) Parking: NUV should park in parking spaces when available and appropriate. If parking NUV in other types of areas, NUV should be parked in an inconspicuous spot and not block or be an obstacle to the normal use of the area. NUV should not be parked in such a way that a landscaped area will be damaged.

5) Keys to NUV should not be left in the ignition while the NUV is unattended.

6) Damage to an NUV needs to be reported to the Department of Safety immediately. An incident report will be filed and the Department of Safety will notify Building and Property Services. Costs to repair damage of NUV, resulting from inappropriate operation or use of NUV, may be assessed to the individual operating the NUV.

7) Use of NUV during rain or snow conditions should be done with great care, caution, and common sense.

8) Student use of NUV: Students are permitted to operate NUV, only under the direction of a staff person. The department should have a staff person assigned to train the student in the proper use of the vehicle. Students must also review and sign these guidelines before operating those vehicles. A sponsoring staff person and student must sign a copy of these guidelines and forward it to the Director of Building and Property Services at the Lenhert building before the student may operate a NUV.

9) NUV assigned to departments: It is the responsibility of the supervisor/director of a department who is assigned an NUV, to manage the use of the NUV according to these guidelines. Requests for use of an NUV by a different department should be cleared with the person supervisor/director of the assigned department.

10) Maintenance of NUV should be requested by work order to the Building and Property Services Department at extension 3510. Costs for repairs to damages will be charged to the department that owns the NUV.

Athletic Training Student Name (Print): _____Signature:_____
Staff Name (Print):_____Signature:_____

MESSIAH COLLEGE

Athletic Training Education Program

SECTION: VIII

Appendix V

ATHLETIC TRAINING EDUCATION PROGRAM
MESSIAH COLLEGE

SEMESTER STUDENT EVALUATION OF SUPERVISING ATHLETIC TRAINER

Name of Supervising Athletic Trainer _____

Student Level/Yr. _____ Today's Date/Yr. _____

The following evaluation is to be used to evaluate the ATED Program Clinical Aspects (specifically, your supervising certified athletic trainer). Please be honest. This is one important method to help evaluate the athletic training program and improve its overall effectiveness.

Evaluation Guidelines/Code:

Please use the following scale as a guide and CIRCLE the appropriate response (number) for each statement to the right of each statement.

1 - Very Good; Always performs optimally
2 - Good; Most of the time performs optimally
3 - Average/ Acceptable; Frequently performs optimally (but not most of the time)
4 - Below Average/Improvement Needed; Occasionally performs optimally
5 - Not Effective; Never performs optimally
6 - No Basis to Judge/Not applicable

*Provide specific comments as appropriate at the end of each section whenever 4's (Improvement Needed) or 5's (Not Effective) are circled.

I. GENERAL / ROLE MODELING

A.	Serves as effective Professional Role Model (dress, attitude, practice, etc.).	1 2 3 4 5 6
B.	Serves as an effective Christian Role Model (exhibits Christian character, integrates faith in practice, facilitates student integration.)	1 2 3 4 5 6
C.	Serves as an effective Physical Role Model (demonstrates knowledge, attitudes, practices consistent with a lifetime commitment to fitness/wellness).	1 2 3 4 5 6
D.	Shows an interest in and concern for students and willingness to give help.	1 2 3 4 5 6
E.	Serves as a Mentor/Advisor (facilitates my professional growth and development, etc.).	1 2 3 4 5 6
F.	Other: Explain/Describe.	1 2 3 4 5 6

COMMENTS: _____

_____

_____

II. CLINICAL INSTRUCTION / SUPERVISION

A.	Remains up-to-date with current evaluation skills, techniques, and knowledge.	1 2 3 4 5 6
B.	Communicates knowledge of subject matter effectively to the students.	1 2 3 4 5 6
C.	Provides constructive criticism appropriately.	1 2 3 4 5 6
D.	Avoids responding to student questions in a vague or confusing manner.	1 2 3 4 5 6
E.	Avoids favoritism toward certain student athletic trainers.	1 2 3 4 5 6
F.	Avoids an "I am always right attitude."	1 2 3 4 5 6
G.	Avoids unfair criticism and embarrassment of students.	1 2 3 4 5 6
H.	Allows students to perform evaluations and treatments and instructs students to regarding their effectiveness.	1 2 3 4 5 6
I.	Provides accurate critique/evaluation of required student clinical competencies.	1 2 3 4 5 6
J.	Other: Explain/Describe.	1 2 3 4 5 6

COMMENTS: _____

_____

_____

1 - Very Good; Always performs optimally
2 - Good; Most of the time performs optimally
3 - Average/ Acceptable; Frequently performs optimally (but not most of the time)
4 - Below Average/Improvement Needed; Occasionally performs optimally
5 - Not Effective; Never performs optimally
6 - No Basis to Judge/Not applicable

III. PERSONAL QUALITIES

A.	Develops positive rapport with students and puts them at ease.	1 2 3 4 5 6
B.	Treats students with respect and dignity.	1 2 3 4 5 6
C.	Is approachable by students and athletes.	1 2 3 4 5 6
D.	Demonstrates emotional stability and self-control.	1 2 3 4 5 6
E.	Is honest in dealing with students and athletes.	1 2 3 4 5 6
F.	Handles problems/frustrations in a positive manner.	1 2 3 4 5 6
G.	Communicates readily with coaches, physicians, and other members of the ATED team.	1 2 3 4 5 6
H.	Continues to develop interpersonal and communication skills.	1 2 3 4 5 6
I.	Other: Explain/Describe.	1 2 3 4 5 6

COMMENTS: _____

IV. ORGANIZATION/ADMINISTRATION

A.	Demonstrates effective overall organization/planning.	1 2 3 4 5 6
B.	Is accessible during posted office hours and appointments.	1 2 3 4 5 6
C.	Is on-line and available during scheduled athletic training room times to provide clinical instruction/supervision.	1 2 3 4 5 6
D.	Is on-site (at ATRoom) and available on game days, when student athletic trainers open up, to provide clinical instruction/supervision.	1 2 3 4 5 6
E.	Communicates location and method of reaching student athletic trainers when leaving the athletic training room, practice, or games sites temporarily.	1 2 3 4 5 6
F.	Makes purposes/objectives of assigned duties clear.	1 2 3 4 5 6
G.	Plans and meets daily with sport head student athletic trainers to evaluate athlete health status, to plan rx/care, and to refer to M.D. or discharge.	1 2 3 4 5 6
H.	Plans and meets regularly with ATS and athlete to determine changes in status, rx/care, referral, discharge, limits in participation, etc.	1 2 3 4 5 6
I.	Plans and meets regularly with ATSs current athlete status and information to be communicated to Team Physicians, Coaches, and ATED Team Members.	1 2 3 4 5 6
J.	Other: Explain/Describe.	1 2 3 4 5 6

COMMENTS: _____

V. SUMMARY

A.	Overall effectiveness as a clinical instructor/supervisor.	1 2 3 4 5 6
B.	Overall professional athletic training ability.	1 2 3 4 5 6
C.	Overall influence on student athletic trainers.	1 2 3 4 5 6
D.	Overall impact/influence on student athletes.	1 2 3 4 5 6
E.	Positive influence for Messiah College Academics (Department and Athletic Training Program).	1 2 3 4 5 6
F.	Positive influence on Messiah College Athletics (Athletic Training Services and Care).	1 2 3 4 5 6
G.	Other: Explain/Describe.	1 2 3 4 5 6

COMMENTS: _____

ATHLETIC TRAINER CLINICAL EVALUATION

COMMENT SHEET SUMMARY

Please indicate appropriate directives:

[ ] Student chooses to remain anonymous.

[ ] Comment / review sheet can be viewed by designated athletic trainer.

[ ] Comment / review sheet can only be viewed by Athletic Program Administrators (Program Director and Department Chair).

[ ] Other: please explain.

_____

_____

I. GENERAL:

_____

_____

_____

II. CLINICAL INSTRUCTION / SUPERVISION:

_____

_____

_____

III. PERSONAL QUALITIES:

_____

_____

_____

IV. ORGANIZATION / ADMINISTRATION:

_____

_____

_____

V. SUMMARY:

_____

_____

_____

Messiah College
Athletic Training Education Program Evaluation
(By Graduates)
Year of Graduation_____

Our undergraduate curriculum program is completing a Self-Study Review for CAATE accreditation. Please assist in the completion of the self-study and evaluation of our athletic training (AT) program by completing the following information. Your responses will be considered confidential.

I Background Information:

1. My major field of study was:
Athletic Training
Athletic Training and Physical Education Teaching
Other: Please specify:_____

2. My year of graduation from Messiah was _____.

3. My first entry level position (AT related, grad school, marriage, non-AT related, etc was_____.

4. Graduate school(s) I have attended or am attending (in reverse chronological order):

Institution	Degree/Cert.	Date/Yr Graduated/Graduating

5. I am a certified Athletic Trainer by _____ BOC, _____ Other (specify):_____

II. Program Evaluation:

Use the following scale/criteria and circle the best response for each question.
1) = Strongly Disagree 3) = Neutral 5) = Strongly Agree
2) = Disagree 4) = Agree 6) = Not Applicable

Feel free to make comments regarding any question/number on the back of the last page.

	SD	D	N	A	SA	NA
1) I was satisfied with my college major	1	2	3	4	5	6
2) I am/was satisfied with my entry level position/employment	1	2	3	4	5	6
3) I am satisfied with my current position/employment	1	2	3	4	5	6
4) I was satisfied with clinical instruction/supervision by my clinical instructors.	1	2	3	4	5	6
5) I was satisfied with my experiences with team physicians during my clinical experiences.	1	2	3	4	5	6

6) I was satisfied with the clinical experiences I received as an AT major at the following levels:

Sophomore	1	2	3	4	5	6
Junior	1	2	3	4	5	6
Senior	1	2	3	4	5	6

7) The AT program provided a variety of allied health and medical personnel (PT, MD, EMT, RN, AD, OT, PA, DPM, etc) as guest lecturers/clinicians during my educational experiences. 1 2 3 4 5 6

8) The following required courses prepared me adequately for a career/entry level position in athletic training (or graduate school).

ATED Intro to Athletic Training		1	2	3	4	5	6
ATED 136	Prevention and Risk Management	1	2	3	4	5	6
ATED 137	Prevention and Risk Management Lab	1	2	3	4	5	6
ATED 180	First Aid and Emergency Care	1	2	3	4	5	6
ATED 201	Applied Biophysics	1	2	3	4	5	6
ATED 220	Technology in Athletic Training	1	2	3	4	5	6
ATED 231	Assessment I	1	2	3	4	5	6
ATED 232	Assessment II	1	2	3	4	5	6
ATED 246	Practicum 1	1	2	3	4	5	6
ATED 330	Pharmacology	1	2	3	4	5	6
ATED 335	Therapeutic Exercise	1	2	3	4	5	6
ATED 346	Practicum II	1	2	3	4	5	6
ATED 337	Therapeutic Modalities	1	2	3	4	5	6
ATED 348	Practicum III	1	2	3	4	5	6
ATED 442	Administration of Athletic Training	1	2	3	4	5	6
ATED 446	Practicum IV	1	2	3	4	5	6
ATED 447	Clincal Athletic Training	1	2	3	4	5	6
ATED 449	Clincal in Athletic Training	1	2	3	4	5	6
ATED 480	Senior Seminar in Athletic Training	1	2	3	4	5	6
HPED 170	Concepts of Conditioning	1	2	3	4	5	6
HPED 305	Contemporary Issues in Health	1	2	3	4	5	6
HPED 321	Kinesiology	1	2	3	4	5	6
HPED 322	Exercise Physiology	1	2	3	4	5	6
HPED 360	Exercise Testing and Prescription	1	2	3	4	5	6
BIOL 185	Human Anatomy and Phys I	1	2	3	4	5	6
BIOL 186	Human Anatomy and Phys II	1	2	3	4	5	6
NUTR 222	Nutrition Theory	1	2	3	4	5	6
PSYC 101	Intro to Psychology	1	2	3	4	5	6
STAT 269	Intro to Statistics	1	2	3	4	5	6

9) The AT required clinical experiences prepared me adequately for a career/entry level position in AT. 1 2 3 4 5 6

10) Through the classroom and clinical portions of the AT program, I mastered/met the required competencies/proficiencies in the following AT content/domain areas:

A.	Risk Management & Injury Prevention	1	2	3	4	5	6
B.	Pathology of Injuries & Illnesses	1	2	3	4	5	6
C.	Orthopedic Clinical Exam & Diagnosis	1	2	3	4	5	6
D.	Medical Conditions & Disabilities	1	2	3	4	5	6
E.	Acute Care of Injuries & Illnesses	1	2	3	4	5	6
F.	Therapeutic Modalities	1	2	3	4	5	6
G.	Condition & Therapeutic Exercise	1	2	3	4	5	6
H.	Pharmacology	1	2	3	4	5	6
I.	Psychosocial Intervention & Referral	1	2	3	4	5	6
J.	Nutritional Aspects Injuries/Illnesses	1	2	3	4	5	6
K.	Health Care Administration	1	2	3	4	5	6
L.	Professional Development/Responsibilities	1	2	3	4	5	6

11) As a result of my preparation in the Messiah AT program:

I became a competent and confident AT.	1	2	3	4	5	6
I developed professional relationships with health-care professionals	1	2	3	4	5	6
I applied Christian values during my experiences	1	2	3	4	5	6

12) Overall, I consider the following as strengths of Messiah's AT Major/Program:

13) Overall, I consider the following as weaknesses of Messiah's AT Major/Program and recommend the following to improve the program:

OVERVIEW
MESSIAH ATHLETIC TRAINING LEVEL
CLINICAL EXPERIENCE SEQUENCE/PROGRESSION

First Year Clinical Introductory Level I

Freshman Fall
(No hours required)

Freshman Spring
(No hours required)

Second Year Clinical Basic Level II

Sophomore Fall 50-80 hours
(Directed Observation)

Sophomore Spring 80-100 hours
(Practicum I, ATC Supervision)

Third Year Clinical Intermediate Level III

Junior Fall 80-120 hours
(ATC Supervision/Practicum II)

Junior Spring 80-100 hours
(ATC Supervision/Practicum III)

Fourth Year Clinical Advanced Level IV

Senior Fall 120-200 hours

J-Term 60 hours

CLINICAL EXPERIENCE SEQUENCE/PROGRESS
ATHLETIC TRAINING LEVELS

SECOND YEAR CLINICAL BASIC LEVEL I
SOPHOMORE

Goals & Narrative	Student Year	Semester # Hours Required
	Sophomore	3rd Fall (50-80)

NARRATIVE:

1. During the 3rd semester/fall, students acquire directed observation clinical hours in the athletic training room.

GOALS:

A. Learn Introductory Skills/Competencies for clinical application and practice appropriate to the second year.

B. Learn Introductory Skills/Competencies and acquire clinical experience to prepare the student for the next semester and for the next level (III Junior Year).

C. Provide students with additional and new directed observation hours in the fall in order to help determine program interest and entry level competence for entry into the formal major.

CLINICAL EXPERIENCE SEQUENCE/PROGRESS
ATHLETIC TRAINING LEVELS

SECOND YEAR CLINICAL INTRODUCTORY LEVEL II
SOPHOMORE

Goals & Narrative	Student Year	Semester # Hours Required
	Sophomore	4th Spring (80-100)

NARRATIVE:

1. During the 4th semester/spring, students are now in the formal athletic training major and acquire structured clinical hours and experiences by being assigned 2 week rotations in the athletic training room and with each spring sport in assisting Level III students and staff. Students may be assigned to home off-season intercollegiate sports games. Students take Practicum I during this semester.

GOALS:

A. Learn Introductory Skills/Competencies (progression from Level I) for clinical application and practice appropriate to the second year.

B. Learn Introductory Skills/Competencies and acquire clinical experience to prepare the student for the next semester and for the next level (III Junior Year).

C. Provide students with ATC and ATS supervised clinical instruction experiences, and introductory skill/competencies (progression from Level I Fall) during the spring semester.

D. Provide students with a variety of sport experiences and athletic training room assisting upper level students and staff (two week rotations) and prepare students for Level III clinical experiences/requirements (Junior Year).

E. Provide students with evaluations of professional strengths and weaknesses and progress towards identified/required clinical competencies/skills.

CLINICAL EXPERIENCE SEQUENCE/PROGRESS
ATHLETIC TRAINING LEVELS

THIRD YEAR CLINICAL INTERMEDIATE LEVEL III
JUNIORS

Goals & Narrative	Student Year	Semester # Hours Required	Semester # Hours Required
	Junior	5th Fall (80-120)	6th Spring (80-100)

NARRATIVE:

1. During the 5th semester/fall, students acquire structured clinical hours and experiences under certified athletic trainers at Messiah and are assigned their own sport(s). They are also assigned to the Athletic Training Room when not assigned to a sport(s). Intermediate level students supervise lower level students during this semester/experience. Students take Practicum II this semester.

2. During the 6th semester/spring, students acquire structured clinical hours and experiences under certified athletic trainers at Messiah and are assigned their own sport(s) They are also assigned to the Athletic Training Room when not assigned to a sport(s). Intermediate level students supervise lower level students during this semester/experience. Students take Practicum III this semester.

GOALS:

1. Provide for learning of Introductory Skills/Competencies (progression from Level II) for clinical application and practice appropriate to the third year/level.

2. Provide for learning Introductory Skills/Competencies and acquire clinical experience to prepare the student for the next semester/ level (IV Senior Year).

3. Provide students with ATC supervised clinical instruction/supervision.

4. Provide students with a variety of sport and athletic training room experiences while assisting the Athletic Training staff, and supervising lower level students.

5. Provide students with evaluations of professional strengths and weaknesses and progress towards identified/required student goal and clinical competencies/skills.

CLINICAL EXPERIENCE SEQUENCE/PROGRESS
ATHLETIC TRAINING LEVELS

FOURTH YEAR CLINICAL ADVANCED LEVEL IV
SENIORS

Goals & Narrative	Student Year	Semester # Hours Required	Semester # Hours Required
	Senior	7th Fall (120-200)	J-Term (60)

NARRATIVE:

1. During the 7th semester/fall, students acquire structured clinical hours and experiences with an off-campus football program under the instruction/supervision of an affiliate site certified athletic trainer. The faculty ATC who is the practicum supervisor for Practicum IV provides off-campus observation/evaluation of each student periodically during the semester. Each student will be scheduled 20 hours in the Messiah Athletic Training Room after football is done to provide leadership to lower level students, practice and meet clinical requirements (competency requirements) and assist the Athletic Training Room staff.

2. During the 8th semester/spring, students acquire structured clinical hours and experiences in the clinical practicum in an Athletic Training related clinic under the instruction/supervision of a qualified health care professional (ATC, PT, ATC/PT). Periodic evaluation/observation is proved by the practicum instructor. During Feb./Mar./Apr., they will be scheduled 40 hours to provide leadership to lower level students, to practice and meet clinical competency requirements, and to assist the Athletic Training Room staff.

GOALS:

1. Provide for learning of Advanced Skills/Competencies (progression from Level III) for clinical application and practice appropriate to the fourth year/level.

2. Provide for learning and practice of Advanced Skills/Competencies to prepare students for the BOC Exam and as competent entry level athletic trainers.

3. Provide students with ATC supervised clinical instruction/supervision.

4. Provide students with opportunities to supervise lower level students and assist the Athletic Training Room staff in athletic training room care and operations.

5. Provide students with evaluations of professional strengths and weaknesses and progress towards identified/required student goal and clinical competencies/skills.

6. Provide students with advanced clinical experience in a non-traditional athletic training setting (i.e. sport medicine clinic, etc.)

MESSIAH COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM
ANNUAL STUDENT HEALTH QUESTIONNAIRE

Instructions: The accreditation organization requires that each student be screened to assure healthy and safe participation in the clinical and classroom phases of the program.

All returning student-athletes must complete and return this form in order to practice or play.

Name (please print):_____ Student level: Fr So Jr Sr
Date/yr.:_____ Age: _____
Height:_____ Weight:_____ % body fat:_____
Blood Pressure:_____ Heart Rate:_____
Date/yr. of INITIAL (Entrance) PHYSICAL and HEALTH SCREEN at Messiah:_____
Date/yr. of the latest "health status" review:_____
Since your last physical or "health status" review at Messiah have you:
Y = Yes N = No (give details for "yes" answers below or on the opposite side)

1. Had any surgery? _____
2. Had any serious illnesses or hospitalizations? _____
3. Started any new medications? _____
4. Had any major injuries _____
5. Had any changes in pre-existing health problems? _____
6. Developed any new health problems? _____
7. Seen a physician for anything besides a routine physical or minor illness (such as a cold)? _____
8. Are you currently taking any medications? _____
9. Do you have any incompletely healed/rehabilitated injury or illness? _____
10. Do you know of, or believe there is, any health/safety related reason why you cannot or should not participate in Messiah's Athletic Training Major? _____
11. Do you exercise and maintain your physical condition & fitness levels year around? _____
12. Do you need any additional support or consideration to allow you to continue in the ATED program? _____
13. Had a head injury or concussion? _____

I, a Messiah College Athletic Training Major:

A. Understand that the following medical information will be kept confidential and is to be used to assure my health/safety in the program.
B. Understand that I might have to refrain from program participation while ill or injured, until cleared by appropriate clinical practitioners (physicians and/or their designated representative(s) (nurses, etc.) whether receiving medical treatments or not.

C. Understand that having passed an entrance physical examination does not necessarily mean that I am physically qualified to participate in the major, but only that the evaluator did not find a medical reason for disqualification from participation.
D. Certify that the answers to the questions above are correct and true.

Date/yr.:_____ Signed:_____

Physician Comments:

Program Director Comments:

Parents/Guardian(s) Name(s):_____
Parents/Guardian(s) Phone #'s to contact in case of an emergency:

1. _____
2. _____
3. _____

Name of an additional relative/friend to contact in case Parents/Guardian(s) are not available:

_____

Phone #'s of significant others:

1. _____
2. _____
3. _____

MESSIAH COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM
Employer's Evaluation of Our Graduates

Our program is completing a Self-Study review for accreditation. As part of that review and accreditation process, we are required to document how well our graduates are prepared professionally for entry level positions. To assist us in this process, please complete and return the following form. Your responses will be kept confidential.

I. Background Information

1. Our organization, institution, employment agency, etc. hired, or accepted for further education, Messiah's athletic training major graduate(s) in the following capacity (please check the appropriate setting below indicating the type of position and number of students hired/accepted in each position):

Graduate Position	# of Graduates Hired/Accepted
_____ Clinic/Industrial/Corporate (C.I.C.) Setting	_____ Graduate(s)
_____ C.I.C. Setting & High School	_____ Graduate(s)
_____ High School Athletic Trainer	_____ Graduate(s)
_____ College/University Athletic Trainer	_____ Graduate(s)
_____ Graduate School in_____	_____ Graduate(s)
_____ Other, please describe:	

_____

_____

_____

_____

II. Graduate Evaluation:

Use the following scale/criteria and circle the best response for each question.

1 = Strongly Disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly Agree
6 = Not Applicable

1) Graduate(s) possess adequate Interpersonal Relations and Communication skills.
1 2 3 4 5 6 Comments:_____

_____

2) Graduate(s) is/are prepared as competent and confident professionals.
1 2 3 4 5 6 Comments:_____

_____

Graduate Eval. Cont.

1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree; 6 = Not Applicable

3) Graduate(s) demonstrate appropriate academic abilities including locating and managing information, analyzing critically, solving problems, making decisions and applying knowledge, etc.

1 2 3 4 5 6 Comments:_____

4) Graduate(s) demonstrate appropriate work-related abilities including: initiative, punctuality, cooperativeness, hard-working, organization, etc.

1 2 3 4 5 6 Comments:_____

5) Graduate(s) demonstrate appropriate comprehension/knowledge skills and abilities in athletic training or related areas.

1 2 3 4 5 6 Comments:_____

6) Graduate(s) demonstrate appropriate clinical/psychomotor skills and abilities:

1 2 3 4 5 6 Comments:_____

7) Graduate(s) value/model appropriate professional and Christian attitudes and practices including:

1 2 3 4 5 6 a) promotes athletic training
1 2 3 4 5 6 b) remains current with continuing education and professional development
1 2 3 4 5 6 c) shows respect for other professionals, co-workers, peers, etc.
1 2 3 4 5 6 d) maintains moral and ethical standards
1 2 3 4 5 6 e) maintains state credential (certification, registration, licensure, etc.)
Comments:_____

8) Describe/evaluate any other employment area not listed above that may be of importance:

1 2 3 4 5 6 Comments:

9) I/we would hire a Messiah graduate again. _____ yes ___ no Explain:

10) I/we would make the following changes/recommendations to strengthen the athletic training major graduates, curriculum or clinical preparation. Explain:

11) Feel free to make any other comments, clarifications, etc. regarding our program or students strengths and weaknesses, below:

Your assistance in returning this evaluation in a self-addresses envelope by_____ is greatly appreciated. Thank you for hiring or accepting a Messiah graduate.

Messiah College
Athletic Training Education Program

Athletic Training Clinical Proficiencies Manual

Introduction:

This Athletic Training Clinical Proficiencies Manual is a compilation of tasks required for Athletic Training Students to master during their 4 years of education in a CAATE accredited Athletic Training Education Program. Each student enrolled in the Athletic Training Education Program at Messiah College must show mastery of all tasks in this manual before graduating from Messiah College and to sit for the BOC exam.

It is important to understand that this manual contains all skills that Athletic Training Students will attain throughout their academic and clinical experiences while enrolled in the Athletic Training Education Program at Messiah College. Athletic Training Students will have ample opportunity during practicum and clinical experiences to practice and master these tasks.

This manual is intended to be completed throughout your four years at Messiah College. This assesses learning over time to occur over four years. A senior is expected to develop mastery in the tasks, as opposed to a freshman. This manual is expected to show long-term learning and mastery of tasks over the Student Athletic Trainer's four years of academic and clinical experiences.

The following scale will be used to assess the Athletic Training Student's ability to complete each skill in this manual. Your ACI will date, sign, and provide level of completion for each.

Criteria/Rating Scale:

A = (5 pts) Excellent Skill/Behavior Performance is exceptional and requires no instruction/correction.

B = (4 pts) Very Good Skill/Behavior Performance is complete or at a mastery level.

Any skill rating below a B must be repeated until the B level is achieved

Risk Management & Injury Prevention

Teaching Objective 1:
The student will demonstrate the ability to perform anthropometric measurement techniques and other appropriate examination/screening procedures on physically active participants.

	Inst	Pract	Prf1	Prf2	Mastery
1. The student will assess the following:					
A. Height	136	137	246	346/360	446/360
B. Weight	136	137	246	346/360	446/360
C. Blood Pressure	136	137	246	346/360	446/360
D. Pulse	136	137	246	346/360	446/360
E. Vision using a Snellen eye chart	136	137	246	346	446
F. Limb Girth	136	137	246	346	446
G. Limb Length	136	137	246	346	446
H. Body composition w/a manual skinfold caliper and appropriate formulas.	170	170	360	360	446

Teaching Objective 2:
The student will perform fitness tests and record and interpret the data using accepted procedures and equipment.

1. The student will demonstrate the ability to perform and evaluate the results of the following tests:					
A. Flexibility tests	170	170	335	335	360
B. Strength (repetition) testing	170	170	335	335	360
C. Agility tests	170	170	335	335	360
D. Speed tests	170	170	335	360	360

Teaching Objective 3:
The student will demonstrate the ability to: 1)obtain and interpret environmental data, 2) recognize potential hazardous conditions and situations in the activity setting, and 3) make the appropriate recommendation for activity.

1. The student will:					
A. Use a sling psychrometer	180	137	246	246	346/348
B. Use a wet bulb globe index	180	246	346	346	446
C. Interpret and present environmental data for the following conditions: heat; wind; humidity; potential For lightening strike; cold; poor air quality	180	246	346	346	446
D. Check an activity setting for physical and/or environmental hazards	246	246	346	346	446
E. Use and interpret weight charts	246	246	346	346	446

Teaching Objective 4:
The student will demonstrate the ability to select and fit standard protective equipment that provides safe and healthy participation in physical activity.

1. The student will select and fit the following protective equipment:					
A. Protective helmet and head gear	136	137	246	348	446
B. Protective shoulder pads	136	137	246	348	446
C. Footwear for physical activity	136	137	246	346	446
D. Mouth guard	136	137	246	346	446
E. Rib brace/guard	136	137	246	346	446
F. Prophylactic ankle brace	136	137	246	348	446

G. Prophylactic knee brace	136	137	246	346	446

Teaching Objective 5:
The student will operate and instruct the use of isometric, isotonic, and isokinetic weight training equipment.

1. The student will demonstrate the ability to establish repetition maximum test.	170	137	335	360	360
2. The student will demonstrate the ability to perform an isokinetic test for the:					
A. Knee	137	137	360	335	44
B. Shoulder	137	137	360	335	447
3. The student will demonstrate ability to interpret data from isokinetic testing and to use this information to	137 360	137	335	335	447
4. The student will perform isometric tests for the following parts of the body:					
A. Ankle	231/360/335	231/360/335	335	360	480
B. Knee	231/360/335	231/360/335	335	360	480
C. Hip	231/335	231/335	360	335	480
D. Shoulder	232	232	360	335	480
E. Elbow	232	232/335	360	335	480
F. Wrist	232/360/335	232/335	360	335	480
G. Hand/fingers	232/335	232/335	360	335	480
H. Foot/toes	231/335	231/335	360	335	480
I. Trunk and torso	231/335	231/335	360	335	480
5. The student will perform the following tests:					
A. Upper body strength test	232/335	232/335	335	360	360
B. Lower body strength test	231/335	231/335	335	360	360
C. Upper body power test	170	170	335	360	360
D. Lower body power test	170	170	335	360	360
E. Upper body endurance test	170	170	335	360	360
F. Lower body endurance test	170	170	335	360	360

Teaching Objective 6:
The students will instruct and demonstrate for the client specific flexibility exercises and activities.

1. The student will select range of motion exercises and activities for all major muscle groups and their					
A. Cervical region	170	232/335	335	335	480
B. Shoulder: joint and girdle	170	232/335	335	335	480
C. Elbow	170	232/335	335	335	480
D. Wrist	170	232/335	335	335	480
E. Hand and fingers	170	231/335	231/335	335	480
F. Lumbar region	170	231/335	231/335	335	480
G. Hip/pelvis	170	231/335	231/335	335	480
H. Knee	170	231/335	231/335	335	480
I. Leg	170	231/335	231/335	335	480
J. Ankle	170	231/335	231/335	335	480

K. Foot and toes	170	231/335	231/335	335	480

Teaching Objective 7:
The student will demonstrate the ability to instruct and establish a safe environment for the use of strength and conditioning equipment.

1. The student will be able to demonstrate the proper lifting technique for the following exercise:					
A. Parallel Squat	170	335	137	335	360
B. Heel raise	170	335	137	335	360
C. Power clean	170	335	137	335	360
D. Bench press	170	335	137	335	360
E. Shoulder press	170	335	137	335	360
F. Dead lift	170	335	137	335	360
G. Arm curl	170	335	137	335	360
H. Triceps extension	170	335	137	335	360
I. Knee curl (flexion)	170	335	137	335	360
J Knee extension	170	335	137	335	360
K. Leg press	170	335	137	335	360
2. The student will demonstrate the proper spotting techniques for the following exercises:					
A. Parallel squat	170	170	137	335	360
B. Shoulder press	170	170	137	335	360
C. Dead lift	170	170	137	335	360
D. Bench press	170	170	137	335	360
E. Power clean	170	170	137	335	360

Teaching Objective 8:
The student will demonstrate the ability to construct custom protective devices. These devices include, but are not limited to, those that protect contusion, sprains, strains, wounds, and fractures from further injury.

	Inst	Pract	Prf1	Prf2	Maste
1. The student will construct, apply, and remove the following protective devices:					
A. Bony prominence pad	137	137	246	346	446
B. Muscle contusion pad	137	137	246	346	446
C. Soft playing cast (e.g., silicone, thermofoam)	246	246	246	447	447
D. Hard, immobilization splint or cast (e.g., thermoplastic, plaster, finerglass)	246	246	246	447	447
E. Friction pad ("doughnut"pad)	137	137	246	246	446
F. Checkrein device	137	137	246	246	446

Teaching Objective 9:
The student will demonstrate the ability to select and apply preventative and protective taping, wrapping, splinting, bracing and rehabilitative devices in order to prevent further injuries.

	Inst	Pract	Prf1	Prf2	Maste
1. The student will demonstrate the ability to tape, splint, wrap, pad or brace the following joints to limit					
A. Cervical spine	180	137	246	348	446
B. Shoulder joint girdle	180	137	246	348	446
C. Elbow	180	137	246	348	446
D. Wrist	180	137	246	348	446
E. Hand and fingers	180	137	246	348	446
F. Lumbar spine	180	137	246	346	446
G. Hip and pelvis	180	137	246	346	446
H. Knee	180	137	246	346	446
I. Leg	180	137	246	346	446
J. Ankle	180	137	246	346	446
K. Foot and toes	180	137	246	346	446

Assessment and Physical Evaluation

Teaching Objective 1:
The student will conduct static and postural evaluation and screening procedures.

	Inst	Pra	Prf1	Prf2	Maste
1. The student will conduct static and postural evaluation and screening procedures.					
A. Kyphosis	137	231	231	446/335	447
B. Lordosis	137	231	231	446/335	447
C. Scoliosis	137	231	231	446/335	447
D. Pelvic obliquity	137	231	231	446/335	447
E. Tibial torsion	137	231	231	446/335	447
F. Hip anteversion and retroversion	137	231	231	446/335	447
G. Genu valgum	137	231	231	446/335	447
H. Rearfoot valugus and varus	137	231	231	446/335	447

I. Forefoot valgus and varus	137	231	231	446/335	447
J. Pes cavus and planus	137	231	231	446/335	447
K. Foot and toe posture	137	231	231	446/335	447
2. The student will perform and postural assessment of the following:					
A. Cervical spine and head	137	232	232	446/246	447
B. Shoulder	137	232	232	446/246	447
C. Lumbo-thoracic region	137	232	232	446/246	447
D. Hip and pelvis	137	232	232	446/246	447
E. Knee	137	232	232	346/246	447
F. Ankle, foot and toes	137	232	232	446/246	447
3. The student will identify and classify body types as:					
A. Endomorph	136	136	137	360	360
B. Ectomorph	136	136	137	360	360
C. Mesomorph	136	136	137	360	360

Teaching Objective 2:
The student will perform record keeping skills while maintaining patient confidentiality.

	Inst	Pract	Prf	Prf2	Mast
1. The student will:					
A. Use standardized record keeping methods (e.g., SOAP, HIPS, HOPS)	180	335	346	348/442	447
B. Select and use injury, rehabilitation, referral, and insurance documentation	246	335	346	348/442	447
C. Use progress notes	246	335	346	348/442	447

Injury Evaluation and Physical Examination Skills
Teaching Objective 3:
The student will demonstrate the ability to palpate anatomical structures.

	Inst	Pract	Prf	Prf2	Maste
1. The student will identify and palpate the following:					
A. Bony landmarks of the head, trunk, spine, scapula, and extremities	231/232/322	231/232/322	321	346/348	480
B. Soft tissue structures of the head, trunk, spine, and extremities	231/232/322	231/232/322	321	346/348	480
C. Abdominal and thoracic structures	231/322	231/322	321	346/348	480
D. Primary neurological and circulatory structures	231/232	231/232/322	321	346/348	480

Teaching Objective 4:
The student will assess neurological responses.

	Inst	Pract	Prf1	Prf2	Master
1. The student will identify and assess the following:					
A. Cranial nerves	232	232	348	446	480
B. Dermatomes	231/232	231/232	346	348	480
C. Myotomes	231/232	231/232	346	348	480
D. Deep tendon reflexes	231/232	231/232	346	348	480
E. Pathological reflexes	231/232	231/232	346	348	480

Teaching Objective 5:
The student will perform proper clinical evaluation techniques, including range-of-motion testing (active, passive, assisted).

	Inst	Pract	Prf1	Prf2	Maste
1. The student will qualitatively assess active, passive, resistive range of motion for the					
A. Temporomandibular joint	232	232	335	348	480
B. Cervical spine	232	232	335	348	480
C. Shoulder	360/232	360/232	335	348	480
D. Elbow	232	232	335	348	480
E. Wrist and hand	232	232	335	348	480
F. Thumb and fingers	232	232	335	348	480
G. Hip	360/231	360/231	335	346	480
H. Lumbar spine	2312	231	335	346	480
I. Thoracic spine	360/231	360/231	335	346	480
J. Knee	2312	231	335	346	480
K. Ankle	2312	231	335	346	480
L. Foot and toes	2312	231	335	346	480

Teaching Objective 6:
The student will perform clinical evaluations of major body areas to assess and interpret for injury and illness.
Head and Face Evaluation

	Inst	Pract	Prf1	Prf2	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active individual	180	232	232	346/rkm	446
2. Observe and identify the clinical signs and symptoms associated with head injury:					
A. Amnesia (retrograde or post-traumatic)	180	232	232	346/rkm	446
B. Levels of consciousness	180	232	232	346/rkm	446
C. Orientation (person, time, place orientation)	180	232	232	346/rkm	446
D. Intracranial hematoma	180	232	232	346/rkm	446

E. Balance and coordination	180	232	232	346/rkm	446
F. Pupil and eye movements	180	232	232	346/rkm	446
G. Pulse	180	232	232	346/rkm	360
H. Blood pressure	180	232	232	346/rkm	360
I. Facial postures	180	232	232	346/rkm	446
3. Observe and identify the clinical signs and symptoms associated with eye injuries and illnesses:					
A. Orbital blowout fracture	232	232	346		
			346 348	446	480
B. Corneal abrasion	232	232	346	446 8	480
C. Corneal laceration	232	232	346	446	480
D. Detached retina	232	232	346	446	480
E. Hyphema	232	232	346	446	480
F. Style	232	232	346	446	480
4. Observe and identify the clinical signs and symptoms associated with an ear injury or illness:					
A. Pinna hematoma (“cauliflower ear”)	232	232	346	446	480
B. Impacted cerumen	232	232	346	446	480
C. Otitis externa	232	232	346	446	480
D. Otitis media	232	232	346	446	480
5. Observe and identify the clinical signs and symptoms associated with nose injury:					
A. Deviated septum	232	232	346	446	480
B. Epistaxis	180/232	232	346	446	480
C. Nasal fracture	180/232	232	346	446	480
6. Observe and identify the clinical signs and symptoms assocaited with jaw, mouth, or tooth injury					
A. Gingivitis	232	232	346	446	480
B. Mandibular fracture	180/232	232	346	446	480
C. Maxilla fracture	232	232	346	446	480
D Periodontitis	232	232	346	446	480
E. Temporomandibular joint dislocation	232	232	346	446	480
F. Temporomandibular joint dysfunction	232	232	346	446	480
G. Tooth abscess	232	232	346	446	480
H. Tooth extrusion	232	232	346	446	480
I. Tooth fracture	232	232	346	446	480
J. Tooth intrustion	232	232	346	446	480
K. Tooth luxation	232	232	346	446	480
7. Administer appropriate sensory, neurological, and circulatory tests	232	232	346/348	348	480
8. Administer functional tests and activity-specific tests	232	232	346/348	348	480
9. Identify, palpate, and assess the integrity of bony landmarks	180	232	346/348	348	480
10. Identify, palpate, and assess the integrity of soft tissue	180	232	346/348	348	480
11. Administer commonly used special tests to make a differential assessment of the following:					

A. Cranial nerves (e.g., eye motion, facial muscles)	232	232	348/446	348	480
B. Cognitive tests (e.g., recall, serial 7's, digit span)	232	232	348/446	348	480
C. Cerebellar function (e.g., Romberg's test, finger-to-nose test, heel-toes walking, heel-to-knee)	232	232	348/446	348	480
D. Spinal nerve roots (e.g., upper quarter screen)	232	232	348/446	348	480

Cervical Spine Evaluation

	Inst	Pract	Prf1	Prf2	Maste
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active individual	180	232	232	348	446
2. Observe and identify the clinical signs and symptoms associated with common injuries, illness and predisposing conditions:					
A. Athropy	180	232	232	348	446
B. Dislocation of subluxation	180	232	232	348	446
C. Vertebral fracture	180	232	232	348	446
D. Head and neck posture	180	232	232	348	446
E. Intervertebral disc herniation	232	232	346	348	446
F. Nerve root compression or stretch	232	232	346	348	446
G. Ischemia	232	232	346	348	446
H. Torticollis	232	232	348	348	446
3. Administer active and passive range-of-motion tests using quantifiable techniques (e.g., tape measure, goniometer, and inclinometer)	232	232	335	348	446
4. Use manual muscle-testing techniques	232	232	335	348	480
5. Administer appropriate sensory, circulatory, and neurological tests	232	232	335	348	480
6. Administer functional tests and activity-specific tests	232	232	335	348	480
7. Identify, palpate, and asses the integrity of bony landmarks	232/180	232	335	348	480
8. Identify, palpate and assess the integiry of soft tissue	232/180	232	335	348	480
9. Administer commonly used special tests to make a differential assessment of the following:	232	232	335	348	480
A. Nerve root compression (e.g., distraction/compression test, Spurling's test, shoulder depression test)	232	232	335	348	480
B. Brachial plexus neuropothy (e.g., brachial tension test, Tinel's sign)	232	232	335	348	480
C. Cervical disc herniation (e.g., Valsalva's maneuver)	232	232	335	348	480
D. Neurovascular dysfunction (e.g., vertebral artery test)	232	232	335	348	480

Shoulder Evaluation

	Inst	Prac	Prf1	Prf2	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active individual	180	232	232	348	446
2. Observe and identify the clinical signs and symptoms associated with common injuries, illness and predisposing conditions:					
A. Athropy	232/	232	232	348	446
B. Bursitis	232/	232	232	348	446
C. Dislocation	180	232	232	348	446
D. Efficiency of movement	180	232	232	348	446
E. Fracture	180	232	232	348	446
F. Sprain	180	180	232	348	446
G. Nerve injury	180	180	232	348	446
H. Positioning (Sprengel's deformity)	180	232	232	348	446
I. Strain	180	180	232	348	446
J. Scapulohumeral rhythm	180	232	232	348	446
K. Scapular winging	180	232	232	348	446
L. Step deformity	180	232	232	348	446
M. Symmetry	180	232	232	348	446
N. Tenosynovitis and tendonitis	180	232	232	348	446
3. Administer active and passive range-of-motion tests using standard goniometric techniques	232	232	335	348	480
4. Use manual muscle-testing techniques	232	232	335	348	480
5. Administer appropriate sensory, circulatory, and neurological tests	232	232	335	348	480
6. Administer functional tests and activity-specific tests	180	232	335	348	480
7. Identify and palpate bony landmarks	180	232	322	348	480
8. Identify and palpate soft tissue landmarks	180	232	232	348	480
9. Administer commonly used special tests to make a differential assessment of the following:					
A. Glenohumeral instability (e.g., anterior drawer test, posterior drawer test, relocation test, apprehension test, clunk test, sulcus sign)	232	232	348	348	480
B. Acromioclavicular instability (e.g., shear test, compression test)	232	232	348	348	480
C Rotator cuff impingement/inflammation (e.g., Speed's test, drop arm test, empty can test, impingement test, Hawkins-Kennedy impingement test, Neer impingement test, pectoralis major contracture test	232	232	348	348	480
D. Biceps and biceps tendon pathology (e.g. Yergason's test, Ludington's test)	232	232	348	348	480
E. Thoracic outlet syndrome (e.g. Adson't manuever, Allen test, military brace position)	232	232	348	348	480

Elbow Evaluation

	Inst	Prac	Prf1	Prf2	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active individual	180	180	232	348	348
2. Observe and identify the clinical signs and symptoms associated with common injuries, illness and predisposing conditions:					
A. Symmetry	180	180	232	348	446
B. Carrying angle (cubital valgus and varus)	180	180	232	348	446
C. Dislocation or subluxation	180	180	232	348	446
D. Fracture	180	180	232	348	446
E. Atrophy	180	180	232	348	446
F. Efficiency of movement	180	180	232	348	446
G. Bursitis	180	180	232	348	446
H. Pepicondylitis	180	180	232	348	446
I. Tenosynovitis and tendonitis	180	180	232	348	446
J. Osteochrondritis dissecans	180	180	232	348	446
K. Sprain	180	180	232	348	446
L. Strain	180	180	232	348	446
M. Nerve injury	180	180	232	348	446
3. Administer active and passive range-of-motion tests using standard goniometer techniques.	335	335	346	348	449
4. Use manual muscle-testing techniques	232	232	335	348	480
5. Administer appropriate sensory, circulatory, and neurological tests	232	232	348	348	480
6. Administer functional tests and activity-specific tests	232	232	348	348	480
7. Identify, palpate, and interpret the integrity of bony landmarks	180	232	322	348	480
8. Identify, palpate and interpret the integiry of soft tissue	180	232	348	348	480
9. Administer commonly used special tests to make a differential assessment of the following:	232	232	348	348	480
A. Joint instability (e.g., valgus stress test, varus stress test)	232	232	348	348	480
B. Inflammatory conditions (e.g., tests for lateral epicondylitis, tests for medial epicondylitis)	232	232	348	348	480
C. Neuropothy (e.g., Tinel's sign, pronator teres syndrome, pinch grip test)	232	232	348	348	480

Forearm, Wrist, and Hand Evaluation

	Inst	Prac	Prf1	Prf2	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active individual	180	232	232	348	446
2. Observe and identify the clinical signs and symptoms associated with the following:					
A. Fracture (Colles' fracture, Bennett's fracture, carpal fracture {boxer's fracture}, metacarpal fracture, phalanges fracture.)	180	232	232	348	446
B. Dislocation or subluxation	180	232	232	348	446

C. Disease states (e.g., clubbed nails, spoon-shaped nails)	180	232	232	348	446
D. Soft tissue pathology (e.g., sprain, flexor tendon avulsion {jersey finger sign}, extensor tendon avulsion {mallet finger}, extensor tendon rupture {boutonniere deformity}, volar plate rupture {psuedo-boutonniere deformity}, Dupuytren's contracture, ganglion, swan neck deformity, trigger finger)	180	232	232	348	446
3. Administer active and passive range-of-motion tests using standard goniometer techniques.	232	335	346	348	480
4. Use manual muscle-testing techniques	232	232	335	348	480
5. Administer appropriate sensory, circulatory, and neurological tests	232	232	348	348	480
6. Administer functional tests and activity-specific tests	232	232	232	348	348
7. Identify, palpate, and interpret the integrity of bony landmarks	180	232	232	348	348
8. Identify, palpate and interpret the integiry of soft tissue	180	232	232	348	348
9. Administer commonly used special tests to make a differential assessment of the following:					
A. Inflammatory conditions (e.g., Finkelstein test)	232	232	348	348	480
B. Joint instability (e.g., valgus stress test, varus stress test, glide test)	232	232	348	348	480
C. Neurovascular pathology (e.g., Tinel's sign, Phalen's test)	232	232	348	348	480

Thoracic/Lumbar Spine Evaluation

	Inst	Prac	Prf	Prf	Maste
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active individual	180	231/	231	346	346
2. Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and predispoing conditions:					346
A. Café au lait macules (spots)	231	231	246	346	446
B. Dislocation or subluxation	231	231	246	346	446
C. Spina bifida occulta	231	231	246	346	446
D. Facet syndrome	231	231	246	346	446
E. Intervertebral	231	231	246	346	446
F. Spinal posture (kyphosis/lordosis)	231	231	246	346	446
G. Leg length discrepencies	231	231	246	346	446
H. Nerve root compression	231	231	246	346	446
I. Sacroiliac dysfunction	231	231	246	346	446
J. Scoliosis	231	231	246	346	446
K. Vertebral pathology (e.g., spondylitis, spondylolysis, spohdylolisthesis)	231	231	246	346	446
L. Sprain	231	231	246	346	446
M. Stenosis	231	231	246	346	446
N. Step deformity	231	231	246	346	446
O. Strain	231	231	246	346	446
3. Administer active and passive range-of-motion tests using standard qualitative & quantitative techniques.	231	231	335	480	480
4. Use manual muscle-testing techniques	231	231	335	480	480

5. Administer appropriate sensory and neurological tests	231	231	346	480	480
6. Administer functional tests and activity-specific tests	231	231	346	480	480
7. Identify, palpate, and interpret the integrity of bony landmarks	180	231	322	346	480
8. Identify, palpate and interpret the integrity of soft tissue	180	231	231	346	346
9. Administer commonly used special tests to make a differential assessment of the following:					
A. Intervertebral disc herniation (e.g., Valsalva's maneuver)	231	231	346	480	480
B. Neuropothy (e.g., straight leg raise test, weel straight leg test, Babinski's reflex test, Oppenheim's gait test, Kernig's sign, Brudzinski's sign test, bowstring test, Hoover sign test)	231	231	346	480	480
C. Vertebral defects (e.g., stork standing test/spondylolisthesis test)	231	231	346	480	480
D. Joint instability (e.g., spring test)	231	231	346	480	480

Hip/Pelvis Evaluation

	Inst	Prac	Prf1	Prf2	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active individual	180	231/	231	346	480
2. Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and predisposing conditions:	180	180	346	480	480
A. Leg length	231	231	346	446	480
B. Hip retroversion	231	231	346	446	480
C. Hip anteversion	231	231	346	446	480
D. Legg-Calv-Perthes disease	231	231	346	446	480
E. Apophysitis	231	231	346	446	480
F. Sliped capital femoral epiphysis	231	231	346	446	480
G. Dislocation or subluxation	180	231	231	446	480
H. Fracture	180	231	231	446	480
I. Stress fracture	231	231	346	446	480
J. Osteitis	231	231	346	446	480
K. Athletic publagia	231	231	346	446	480
L. Bursitis	231	231	346	446	480
M. Piriformis	231	231	346	446	480
N. Iliotibial band syndrome	231	231	346	446	480
O. Contusion	231	231	346	446	480
P. Sprain	180	231/	231	446	480
Q. Strain	180	231/	231	446	480
R. Tendonitis	231	231	346	446	480
3. Administer active and passive range-of-motion tests using standard goniometer techniques and/or a tape measure.	231	231	335	446	480
4. Use manual muscle-testing techniques	231	231	335	446	480

5. Administer appropriate sensory, neurological, and circulatory tests	231	231	346	446	480
6. Administer functional tests and activity-specific tests	231	231	346	446	480
7. Identify, palpate, and interpret the integrity of bony landmarks	180	231	322	446	480
8. Identify, palpate and interpret the integrity of soft tissue	180	231	231	446	480
9. Administer commonly used special tests to make a differential assessment of the following:					
A. Sacroiliac dysfunction (e.g., Patrick's/FABER, Gaenslen's test, pelvic compression/distraction test)	231	231	346	446	480
B. Neuropothy (e.g., Femoral nerve traction test)	231	231	346	446	480
C. Neuromuscular pathology (e.g., Trendelenburg test, Thomas test, rectus femoris contracture test, Ober test, Noble's test, piriformis test)	231	231	346	446	480

Knee Evaluation

	Inst	Pract	Prf1	Prf2	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active individual	180	231	346	446	480
2. Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and predisposing conditions:	231	231	346	446	480
A. Bursitis	231	231	346	446	480
B. Chindromalacia patella	231	231	346	446	480
C. Dislocation and subluxation	231	231	346	446	480
D. Fat pad contusion	231	231	346	446	480
E. Fracture	180	231	346	446	480
F. Leg length	231	231	346	446	480
G. Meniscal tear	231	231	346	446	480
H. Osteochondritis dissecans	231	231	346	446	480
I. Patellar alignment (e.g., patella alta, patelle baja, squinting patella, Q angle)	231	231	346	446	480
J. Patellar tendon rupture	231	231	346	446	480
K. Peroneal nerve contusion or palsy	231	231	346	446	480
L. Popliteal cyst	231	231	346	446	480
M. Sprain	180	231/180	346	446	480
N. Strain	180	231/180	346	446	480
O. Tendonitis	231	231	346	446	480
P. Tibial torsion	231	231	346	446	480
Q. Tibiofemoral alignment (e.g., genu recurvatus, genu valgum, genu varum)	231	231	346	446	480
3. Administer active and passive range-of-motion tests using standard goniometric techniques.	180	231	346	335	480
4. Use manual muscle-testing techniques	231	231	346	335	480
5. Administer appropriate sensory, neurological, and circulatory tests	231	231	346	446	480
6. Administer functional tests and activity-specific tests	231	231	346	446	480
7. Identify, palpate, and interpret the integrity of bony landmarks	180	231/180	231	446	480

8. Identify, palpate and interpret the integrity of soft tissue	180	231/180	231	446	480
9. Administer commonly used special tests to make a differential assessment of the following:	231	231	346	446	480
A. Uniplanar stress tests (e.g., valgus stress test, varus stress test, Lachman test, anterior drawer test, posterior drawer test, posterior sag sign)	231	231	346	446	480
B. Multiplanar (rotational) stress tests (e.g., Slocum test, Hughston's test, anterior shift maneuver)	231	231	346	446	480
c. Meniscal tears (e.g., McMurray's test, Apley's test)	231	231	346	446	480
D. Intra-extracapsular swelling (e.g., sweet test, ballottable patella)	231	231	346	446	480

Leg, Ankle and Foot Evaluation

	Inst	Pract	Prf1	Prf2	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active individual	180	231	246	346	446
2. Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and	231	231	246	346	446
A. Overuse injuries (e.g., bursitis, exostosis, fascilitis, stress fracture, tarsal tunnel syndrome, tendonitis	231	231	246	346	446
B. Achilles tendon rupture	231	231	246	346	446
C. Compartment syndromes	231	231	246	346	446
D. Apophysitis	231	231	246	346	446
E. Dislocation or subluxation	231/180	231/180	246	346	446
F. Foot type/structure (e.g., forefoot varus/valgus, equines deformity, pes cavus/planus, plantar flexed	231	231	246	346	446
G. Fracture	231/180	231/180	246	346	446
H. Deep vein thrombosis (Homans' sign)	231	231	246	346	446
I. Neuroma	231	231	246	346	446
J. Osteochronditis dissecans	231	231	246	346	446
K. Sprain	231/180	231	246	346	446
L. Strain	231/180	231	246	346	446
M. Toe structure/alignment (e.g., bunion, claw toes, hallux rigidus, hallux valgus, hammer toe, mallet	231	231	246	346	446
N. Weight-bearing versus non-weight bearing alignment	231	231	246	346	446
O. Gait	231	231	246	346	446
3. Aminister active and passive range-of-motion tests using standard goniometric techniques.	330	231	246	346	446
4. Use manual muscle-testing techniques	246	246	246/335	346	446
5. Administer appropriate sensory, neurological, and circulatory tests	246	246	246	346	446
6. Administer functional tests and activity-specific tests	246	246	246	346	446
7. Identify, palpate, and interpret the integrity of bony landmarks	180/246	180/246	246	346	446
8. Identify, palpate and interpret the integrity of soft tissue	180/246	180/246	246	346	446

9. Administer commonly used special tests to make a differential assessment of the following:	246	246	246	346	446
A. Compression test (e.g., Pott's fracture)	246	246	246	346	446
B. Percussion test	246	246	246	346	446
C. Anterior drawer test	246	246	246	346	446
D. Kleiger's test	231/246	246	246	346	446
E. Talar tilt test	231/246	246	246	346	446
F. Thompson test	231/246	246	246	346	446
G. Tinel's sign	231/246	246	246	346	446
H. Homan's sign	231/246	246	246	346	446

Acute Care of Injury and Illness

Teaching Objective 1:
The student will demonstrate the ability to implement and emergency plan (EAP).

	Inst	Prac	Prf1	Prf2	Mast
The student will:					
1. Demonstrate the ability to implement an EAP for an activity, setting or event.	136/180	137	348	442	446
2. The student will correctly triage emergency situations.	180	136	348	442	446

Teaching Objective 2:
The student will demonstrate the ability to apply first-aid techniques using universal precautions.

	Inst	Prac	Prf1	Prf2	Maste
1. The student will demonstrate the ability to::					
A. Manage open and closed wounds	180	137	246	346	446
B. Apply direct and indirect pressure to control bleeding	180	137	246	346	446
C. Clean, debride, and protect open wound	180	137	246	346	446
D. Apply superficial skin closures	180	137	246	346	446
E. Properly apply and remove gloves and other personal protective equipment	180	137	246	348	446
F. Properly dispose of biohazardous waste	180	137	246	348	446
G. Apply appropriate dressings	180	137	246	348	446
H. Apply ice, compression, and elevation to an acute sprain or contusion	180	137	246	348	446

Teaching Objective 3:
The student will demonstrate the ability to apply immobilization devices to applicable body parts.

	Inst	Pract	Prf1	Prf2	Maste
1. The student will demonstrate the ability to:					
A. Select and apply an appropriate splint to a sprain, strain, fracture, subluxation, and dislocation	180	180	346	348	446
B. Stabilize and spine board or body splint an adult or child with a suspected spinal injury	180	180	346	348	446

Teaching Objective 4:
The student will recognize and manage environmentally related injuries and illnesses and, when indicated, refer the patient to the proper medical professional.

	Inst	Pract	Prf1	Prf2	Maste
1. The student will evaluate and manage the following:					

A. Heat exhaustion	180	180	137	246	446
B. Heat syncope	180	180	137	246	446
C. Heat stroke	180	180	137	246	446
D. Hypothermia	180	180	137	246	446

Teaching Objective 5:
The student will demonstrate the ability to perform basic life-support techniques.

	Inst	Pract	Prf	Prf	Maste
1. The student will demonstrate the ability to:	180	180	346	348	446
A. Establish and manage an airway	180	180	346	348	446
B. Establish and manage an airway in an athlete wearing protective head gear	180	180	346	348	446
C. Perform CPR on an adult or child with or without a spinal injury	180	180	346	348	446
D. Use a bag-valve-mask- (BVM) on an adult or child for rescue breathing	180	180	346	348	446
E. Use protective pocket mask/shield on an adult or child for rescue breathing	180	180	346	348	446

Teaching Objective 6:
The student will demonstrate the ability to use various methods of stabilization and transportation to facilitate the movement or ambulation of the injured person.

	Ins	Prac	Prf1	Prf2	Maste
1. The student will demonstrate the ability to:					
A. Stabilize and transport an adult or child with a head and/or spinal injury	18	180	346	348	446
B. Stabilize and transport and adult or child with a fracture and/or dislocation	18	180	346	348	446
C. Select, fit, and instruct the patient in the use of crutches	18	180	137	348	446
D. Select, fit, and instruct the patient in the use of a cane	18	180	137	348	446
E. Transport an injured child or adult using a manual conveyance technique	18	180	137	348	446
F. Perform two-person CPR	18	180	137	348	446

Pharmacology

Teaching Objective 1:
The student will locate and utilize pharmaceutical products, storage, dispensing, and tracking information.

	Inst	Pract	Prf	Prf2	Maste
The student will:					
1. Use the PDR or another drug reference to search for information on the medications commonly prescribed to athletes and others involved in physical activity and to identify the following facts:	246	246	346	330	330
A. Generic and brand names	246	246	346	330	330
B. Indications for use	246	246	346	330	330
C. Contraindications	246	246	346	330	330
D. Warnings	246	246	346	330	330
E. Dosings	246	246	346	330	330

F. Other notes (e.g., banned substance)	246	246	346	330	330
G. Side (adverse) effects	246	246	346	330	330
2. Document or simulate the documentation of, the tracking of medications by recording the following information about the medication.					
A. Name	246	246	346	330	330
B. Manufacturer	246	246	346	330	330
C. Amount	246	246	346	330	330
D. Dosage	246	246	346	330	330
E. Lot number	246	246	346	330	330
F. Expiration date	246	246	346	330	330
3. Locate the policies-and-procedures manual, identify the section on medications, and replicate the procedures for administering medications to athletes and others involved in physical activity, which include the following:	246	246	346	330	330
A. Determine type of over-the-counter (OTC) medication to be used according to the physical ailment and established protocols	246	246	346	330	330
B. Identify the precautions, expiration date, lot number, and dosage for the medication as provided on the package and individual dose packets	246	246	346	330	330
C. Administer OTC medication by providing verbal and written instruction for its use to the patient and then recording and documenting the administration	246	246	346	330	330

Teaching Objective 2:
The student will activate a poison control service.

	Inst	Pract	Prf	Prf2	Maste
The student will:					
1. Locate the phone number and address of the nearest poison control center and replicate the reporting of a drug overdose or poisoning situation. The report should state the following information:	246	246	346	330	330
A. Name and location of person making the call	246	246	346	330	330
B. Name and age of person who has taken the medication	246	246	346	330	330
C. Name and dosage of the drug taken	246	246	346	330	330
D. Time the drug was taken	246	246	346	330	330
E. Signs and symptoms associated with overdose or poison situation, including vital signs	246	246	346	330	330

Teaching Objective 3:
The student will demonstrate the ability to instruct the use of and administer bronchodilators and epinephrine.

	Inst	Pra	Prf	Prf2	Maste
1. Replicate the following procedures for using an emergency epinephrine injection to prevent anaphlaxis:					

A. Identify indications for an epinephrine injection	180	180	137	330	330
B. Demonstrate proper use through verbal and nonverbal instruction	180	180	137	330	330
C. Identify signs and symptoms that might indicate an allergic reaction to or overdose of epinephrine	180	180	137	330	330
D. Demonstrate proper storage of epinephrine injectable	180	180	246	330	330
E. Demonstrate proper disposal of used injection system	180	180	246	330	330
2. Replicate the following procedures for using an emergency bronchodilator ((inhaler) to prevent asthma attacks.					
A. Identify indications for use of bronchodilator	180	180	246	330	330
B. Demonstrate proper use through verbal and nonverbal instruction	180	180	246	330	330
C. Identify signs and symptoms that might indicate an allergic reaction to or overdose of bronchodilator	180	180	246	330	330
D. Demonstrate proper storage of a bronchodilator	180	180	246	330	330

Therapeutic Modalities

Teaching Objective 1:
The student will reflect the findings of a physical examination to determine the appropriate course of treatment.

	Inst	Pract	Prf	Prf	Maste
1. The student will perform a physical examination to identify the current inflammatory stage	231	246	337	335	346
2. The student will perform a physical examination and interview to identify the indications, contraindications, and precautions to various treatment protocols.	231	246	337	335	346

Teaching Objective 2:
The student will demonstrate the ability to apply therapeutic modalities.

CRYOTHERAPY	Inst	Pra	Prf1	Prf2	Maste
1. The student will demonstrate the ability to select the appropriate parameters for and then prepare and apply the following:					
A. Cold whirlpool treatment	337	337	346	348	447
B. Controlled cold therapy unit	337	337	346	348	447
C. Contrast bath	337	337	346	348	447
D. Warm whirlpool treatment	337	337	346	348	447
THERMOTHERAPY					
1. The student will demonstrate the ability to select the appropriate parameters for and then prepare and apply the following:					
A. Moist heat pack	337	337	346	348	447
B. Paraffin treatment	337	337	346	348	447
C. Contrast bath	337	337	346	348	447
D. Warm whirlpool treatment	337	337	346	348	447
ELECTROTHERAPY					

1. The student will demonstrate the ability to select the appropriate parameters for and then prepare and apply the following:					
A. Sensory-level pain control treatment	337	337	346	348	447
B. Noxious-level pain control	337	337	346	348	447
C. Motor-level pain control treatment	337	337	346	348	447
D. Muscle re-education treatment	337	337	346	348	447
E. Muscle pumping treatment	337	337	346	348	447
F. Muscle atrophy retardation treatment	337	337	346	348	447
G. Acute adema treatment	337	337	346	348	447
H. Muscle splinting/spasm treatment	337	337	346	348	447
I. Iontophoresis treatment	337	337	346	348	447
2. The student will set-up and apply the following types of electrical stimulation units:					
A. Monophasic stimulator (e.g., high volt stimulation)	337	337	346	348	447
B. Biphasic stimulator (e.g., Transcutaneous Electrical Nerve Stimulation [TENS], Neuromuscular Electrical Stimulation [NMES]	337	337	346	348	447
C. Direct current (e.g., iontophoresis)	337	337	346	348	447
D. Alternating current (e.g., interferential, NMES)	337	337	346	348	447
E. Multifunction electrical stimulation devices	337	337	346	348	447
ULTRASOUND					
3. The student will demonstrate the ability to select the appropriate parameters for and then prepare and apply the following:					
A. Thermal ultrasound treatment	337	337	346	348	447
B. Non-thermal ultrasound treatment	337	337	346	348	447
C. Combination electrical-stimulation/ultrasound treatment	337	337	346	348	447
D. Phonophoresis treatment	337	337	346	348	447
E. Indirect application of ultrasound treatment (underwater, bladder)	337	337	346	348	447
TRACTION					
4. The student will demonstrate the ability to select the appropriate parameters for and then prepare and apply the following:					
A. Mechanical traction	337	337	447	480	480
B. Manual traction	337	337	335	447	480
C. Positional traction	337	337	335	447	480
INTERMITTENT COMPRESSION					
1. The student will demonstrate the ability to select the appropriate parameters for and then apply intermittent compression to the upper and lower extremities.	337	337	246	446	480
THERAPEUTIC MASSAGE					
1. The student will demonstrate the ability to prepare and apply a massage treatment.	337	337	346	348	480
2. The student will demonstrate the ability to properly perform the following therapeutic massage					

A. Effleurage	337	337	346	348	480
B. Petrissage	337	337	346	348	480
C. Friction (circular, transverse)	337	337	346	348	480
D. Tapotement	337	337	346	348	480
E. Vibration	337	337	346	348	480
F. Myofascial release techniques	337	337	346	348	480

Therapeutic Exercise

Teaching Objective 1:
The student will demonstrate the ability to perform therapeutic exercises.

1. Exercise to improve the range of motion of the upper extremity, lower extremity, trunk, and cervical spine.					
A. Passive range-of-motion exercises	335	335	346	360	480
B. Active range-of-motion exercises	335	335	346	360	480
C. Active-assisted range-of-motion exercises	335	335	346	360	480
D. Joint mobilization	335	335	346	wwc	480
E. Self-mobilization	335	335	346	wwc	480
2. Exercise to improve muscular strength	335	335	346	360	480
The student will demonstrate the ability to instruct exercises for the following parts of the body using isometric and progressive resistance techniques:					
A. Lower extremity	170	335	335	447	360
B. Upper extremity	170	335	335	447	360
C. Cervical spine	170	335	335	447	360
D. Trunk and torso	170	335	335	447	360
3. Exercise to improve muscular endurance	170	335	335	447	360
The student will demonstrate the ability to instruct the following exercise modalities:					
Upper Body					
A. Aquatic	170	201	335	447	447
B. UBE/Stationary	170	335	335	447	360
C. Physioballs	170	335	335	447	360
Lower Body					
A. Aquatic	335/170	201	335	447	447
B. Stationary bicycle	170	360/335	335	447	447
C. Stair	170	335	335	447	447
D. Physioballs	170	335	335	447	360
E. Treadmill	170	335	335	447	360
4. Exercise to improve muscular speed.	170	335	335	447	350
The student will demonstrate the ability to instruct the following activities:					
Upper Body					

A. Reaction drills	170	335	335	360	360
Lower Body					
A. Reaction drills	170	335	346	360	360
B. Sprint work	170	335	346	360	360
C. Fartlek training	170	170	335	360	360
5. Exercise to improve muscular power.	170	170	335	360	360
The student will demonstrate the ability to instruct plyometric exercises for the upper & lower extremities.	335	335	346	360	360
6. Exercise to improve neuromuscular control and coordination.	170/335	335	346	360	360
The student will demonstrate the ability to instruct the following activities:					
Upper Body					
A. PNF Patterns	246	335	335	346	480
B. Rhythmic stabilization	246	335	335	346	480
C. Double- and single-arm balancing	246	335	335	346	480
D. Wobble board or balance apparatus	246	335	335	346	480
E. Weighted-ball rebounding or toss	246	335	335	346	480
Lower Body					
A. PNF patterns	246	335	335	346	480
B. Proprioception board or balance apparatus	246	335	335	346	480
C. Incline board	246	335	335	346	480
D. Single-leg balancing	246	335	335	346	480
Neck					
A. Stabilization	170	170	335	446	480
B. Postural correction	170	170	335	446	480
Trunk					
A. Stabilization	170	170	335	446	480
B. Postural correction	170	170	335	446	480
7. Exercise to improve agility.	170	170	335	446	480
The student will demonstrate the ability to instruct the following activities:					
Upper Body					
A. Throwing	335	335	348	446	480
B. Catching	335	335	348	446	480
Lower Body					
A. Carioca	335	335	346	446	480
B. Cross-over	335	335	346	446	480
C. Figure Eight (8)	335	335	346	446	480
8. Exercise to improve cardiorespiratory endurance.	170	360	346	446	360

The student will demonstrate the ability to instruct the following activities:					
Upper Body					
A. Upper body ergometer	170	335	335	348	360
B. Stationary bicycle	170	335	335	348	360
C. Aquatic	170	335	335	348	360
D. Stair climber	170	335	335	348	360
Lower Body					
A. Bicycle ergometer	170	335	335	346	360
B. Treadmill	170	335	335	346	360
C. Stair climber	170	335	335	346	360
D. Aquatic	170	170	335	447	360
9. The student will demonstrate the ability to assess joint end point and to select and perform appropriate joint mobilization techniques for the appendicular and axial skeleton, including the following:					
A. Long-axis distraction	335	335	346	348	480
B. Appropriate glides (e.g., anterior/posterior, superior/inferior)	335	335	346	348	480
10. The student will demonstrate the ability to instruct and perform exercises to improve activity-specific skills	170	335	335	346	360

General Medical Conditions and Disabilities

The student will:					
1. Obtain a basic medical history that includes the following components:					
A. Previous medical history	180/360	180/360	137	447	449
B. Previous surgical history	180/360	180/360	137	447	449
C. Pertinent family medical history	180/360	180/360	137	447	449
D. Current medication history	231/232/198	180/360	137	447	449
E. Relevant social history	231/232/198	180	137	447	449
F. Chief medical complaint	231/232/198	180	137	447	449
2. Ascertain body temperature via the following:					
A. Oral temperature	180	180	137	480	480
B. Axillary temperature	180	180	137	480	480
C. tympanic temperature	180	180	137	480	346
3. Ascertain the following vital signs:					
A. Blood pressure	180	180	137	480	360
B. pulse (rate and quality)	180	180	137	480	360
C. respirations (rate and quality)	180	180	137	480	360
4. Palpate the four abdominal quadrants to assess for the following:					
A. Guarding and rigidity	180	180	137	231	446
B. Pain	180	180	137	231	446

5.	Use a stethoscope to identify the following:					
A.	Normal breath sounds	180	180	137	231	446
B.	Normal heart sounds	180	180	137	231	360
C.	Normal bowel sounds	180	180	137	231	446
6.	Identify pathological breathing patterns to make a differential assessment for the					
A.	Apnea	180	180	137	231	446
B.	Tachypnea	180	180	137	231	446
C.	Hyperventilation	180	180	137	231	446
D.	Bradypnea	180	180	137	231	446
E.	Dyspnea	180	180	137	231	446
F.	Obstructed airway	180	180	137	231	446
7.	Demonstrate proficiency in the use of an otoscope to examine the nose and the outer and	180	180	137	231	446
8.	Measure urine values with Chemstrips (disticks)	136	137	137	231	446
9.	Recognize the signs, symptoms and predisposing conditions associated with the following diseases and					
The Skin						
A.	Abscesses	232	232	246	346	446
B.	Acne vulgaris	232	232	246	346	446
C.	Carbuncle	232	232	246	346	446
D.	Cellulites	232	232	246	346	446
E.	Molluscum contagiosum	232	232	246	346	446
F.	Dermatitis	232	232	246	346	446
G.	Eczema	232	232	246	346	446
H.	Follicultis	232	232	246	346	446
I.	Frostbite	180	180	246	346	446
J.	Furunculosis	180	180	246	346	446
K.	Herpes simplex	180	180	246	346	446
L.	Tinea versicolor	180	180	246	346	446
M.	Pediculosis	180	180	246	346	446
N.	Herpes zoster	180	180	246	346	446
O.	Hives	180	180	246	346	446
P.	Impetigo	180	180	246	346	446
Q.	Psoriasis	180	180	246	346	446
R.	Ringworm	180	180	246	346	446
S.	Scabies	180	180	246	346	446
T.	Sebaceous cysts	180	180	246	346	446
U.	Tinea cruris	180	180	246	346	446
V.	Tinea pedis	180	180	246	346	446

W. Verruca plantaris	180	180	246	346	446
X. Verruca vulgaris	180	180	246	346	446
Y. Tinea capitis	180	180 180	246	346	446
The Eyes, Ears, Nose and Throat					
A. Common cold	180	180	246	348	446
B. Conjunctivitis	180	180	246	348	446
C. Laryngitis	180	180	246	348	446
D. Pharyngitis	180	180	246	348	446
E. Rhinitis	180	180	246	348	446
F. Sinusitis	180	180	246	348	446
G. Tetanus	180	180	246	348	446
H. Tonsillitis	180	180	246	348	446
Respiratory System					
A. Asthma	180	180	330	447	480
B. Bronchitis	180	180	246	447	480
C. Hyperventilation	180	180	246	447	480
D. Hay fever	180	180	246	447	480
E. Influenza	180	180	246	447	480
F. Pneumonia	180	180	246	447	480
G. Upper respiratory infection	180	180	246	447	480
Cardiovascular System					
A. Hypertension	180	180	447	360	480
B. Hypertrophic myocardiopathy	232	360		447	480
C. Hypotension	232	360	246	360	447
D. Migraine headache	232	246	246	360	447
E. Shock	180	180	246	360	447
F. Syncope	180	180	246	360	447
Endocrine System					
A. Diabetes	180	330	360	447	480
B. Hyperthyroidism	180	180	330	447	480
C. Hypothyroidism	180	180	330	447	480
D. Pancreatitis	180	180	330	447	480
Gastrointestinal Tract					
A. Appendicitis	180	180	246	447	480
B. Colitis	180	180	246	447	480
C. Constipation	180	180	246	447	480
D. Diarrhea	180	180	246	447	480
E. Esophageal reflux	180	180	246	447	480
F. Gastritis	180	180	246	447	480

G. Gastroenteritis	180	180	246	447	480
H. Indigestion	180	180	246	447	480
I. Ulcer	180	180	246	447	480
J. Irritable bowel syndrome	180	180	246	447	480
Eating Disorders					
A. Anorexia	136	170	322	305	446
B .Bulimia	136	170	322	305v	446
C. Obesity	136	170	322	305	446
Sexually Transmitted Diseases/Diseases Transmitted by Body Fluid					
A. HIV/AIDS	305	305	446	480	480
B. Hepatitis	305	305	446	480	480
C. Chlamydia	305	305	446	480	480
D. Genital warts	305	305	446	480	480
E. Gonorrhea	305	305	446	480	480
F. Syphilis	305	305	446	480	480
Genitourinary Tract and Organs					
A. Kidney stones	180	180	446	480	480
B. Spermatic cord tension	180	180	446	480	480
C. Candidiasis	180	180	446	480	480
D. Urethritis	180	180	446	480	480
E. Urinary tract infection	180	180	446	480	480
F. Hydrocele	231	231	446	480	480
G. Varicocele	231	231	446	480	480
Gynecological Disorders					
A. Amenorrhea	136	137	322	360	480
B. Dysmenorrhea	136	137	322	360	480
C. Oligomenorrhea	136	137	322	360	480
D. Pelvic inflammatory disease	136	137	305	480	480
E. Vaginitis	136	137	305	480	480
Viral Syndromes					
A. Infectious mononucleosis	180	180	305	447	480
B. Measles	180	180	305	447	480
C. Mumps	180	180	305	447	480
Neurological Disorders					
A. Epilepsy	180	180	246	447	480
B. Syncope	180	180	246	447	480
C. Reflex sympathetic dystrophy	232	246	447		480
D. Meningitis	180	180	246	447	480
Systemic Diseases					

A .Iron-deficiency anemia (systemic)	170	170	246	447	480
B. Sickle-cell anemia (systemic)	170	170	246	447	480
C. Lyme disease	180	180	246	447	480

Nutritional Aspects of Injury and Illness

Teaching Objective 1:
The student will demonstrate the ability to design general nutrition programs for athletes and others involved in physical activity.

	Inst	Prac	Prf1	Prf2	Mast
1. The student will demonstrate the ability to access and recommend nutritional guidelines for the following:					
A. Pre-participation meals	136	137	137	246	360
B. Weight loss	136	137	222	322	360
C. Wight gain	136	137	222	322	360
D. Fluid replacement	136	137	222	322	360
2. The student will demonstrate the ability to use the nutritional food pyramid.	136	137	322	346	222
3. The student will demonstrate the ability to access and assess the following nutritional intake values:					
A. RDA or equivalency	136	137	137	246	222
B. Protein intake	222	222	322	360	360
C. Fat intake	222	222	322	360	360
D. Carbohydrate intake	222	222	322	360	360
E. Vitamin intake	222	222	305	360	360
F. Mineral intake	222	222	305	360	360
G. Fluid intake	222	222	322	360	360
4. The student will demonstrate the ability to determine energy expenditure and caloric intake.	222	222	322	360	360
5. The student will demonstrate the ability to calculate the basal metabolic rate of energy expenditure.	360	170	322	360	360
6. Simulate intervention with an individual who has the signs and symptoms of disordered eating.	137	137	246	480	480
7. Idetify proper referral sources for disordered eating.	137	137	246	480	480

Psychosocial Intervention and Referral

Teaching Objective 1:
The student will demonstrate the ability to intervene and make the referral to appropriate medical or allied medical professional.

	Inst	Pract	Prf	Prf	Maste
The student will:					
1. Simulate intervention with an individual who has a substance abuse problem and recommend appropriate referral	136	137	137	246	446

2. Simulate a confidential conversation with a health care professional concerning suspected substance abuse by an athlete or other physically active individual.	136	137	137	246	446
3. Locate the available community-based resources for psychosocial intervention.	136	137	137	246	446

Teaching Objective 2:
The student will integrate motivational techniques into the rehabilitation program.

	Inst	Pract	Prf	Prf	Maste
The student will:					
1. Simulate the following motivational technique used during rehabiliation:	136	137	346	335	446
A. Verbal motivation	136	137	348	446	446
B. Visualization	136	137	348	446	446
C. Imagery	136	137	348	446	446
D. Desensitization	136	136	348	446	446

Health Care Administration

Teaching Objective 1:
The student will demonstrate appropriate communication skills.

	Inst	Pract	Prf1	Prf2	Maste
1) The student will:					
A. Calm, reassure, and explain a potentially catastrophic injury to an injured adult or child, athletic personnel, and/or family member.	246	246	346	348	442
B. Effectively communicate and work with physicians, emergency medical technicians (EMT's) and other members of the allied health care community and sports medicine team.	246	246	346	348	442
C. Appropriately communicate with athletic personnel and family members	246	246	346	348	442
D. Use ethnic and cultural sensitivity in all aspects of communication	180	180	346	348	442
E. Communicate with diverse comunity populations	180	180	346	348	442

Teaching Objective 2:
The student will use contemporary multimedia, computer hardware, and software as related to the practice of athletic training.

	Inst	Pract	Prf	Prf2	Mastery
1) The student will assess information and manage data using contemporary multimedia, computer equipment, and software. This should include, but not be limited to, use of the following:					
A. Word processing	220	220	346	348	442
B. File management systems	IDS101	IDS101	220	442	442

C. Spreadsheets	220	220	246	442	442
D. Budgeting software	220	220	246	442	442
E. Injury tracking software	220	220	246	442	220
F. The World Wide Web	220	220	330	442	220
G. Communication (email)	220	220	330	442	220
H. Presentation software	220	220	305	346	449

Teaching Objective 3:
The student will demonstrate the ability to perform record keeping skill with sensitivity to patient confidentiality.

	Inst	Pract	Prf1	Prf2	Mastery
1) The student will:					
A. Use standardized record keeping methods (e.g., SOAP, HIPS, HOPS)	180	180	348	446	447
B. Select and use injury, rehabilitation, referral, and insurance documentation	180	180	348	446	447
C. Use progress notes	180	180	348	446	447
D. Organize patient files to allow systematic storage and retrieval	180	180	348	446	447

Teaching Objective 4:
The student will demonstrate the ability to develop athletic training facilities and administrative plans.

	Inst	Pract	Prf1	Prf2	Maste
1) The student will demonstrate the ability to develop facility design plans that include, but are not limited to, the following components:					
A. Basic floor plan	220	220	246	446	442
B. Facility evacuation	220	220	246	446	442
C. Basic rehabilitation	220	220	246	446	442
2) The student will demonstrate the ability to develop administrative plans that include, but are not limited to, the following components:					
A. Risk management	136	136	246	442	442
B. Developing policies and procedures	136	136	246	442	442
C. Developing budget (expendable and capital)	136	136	246	442	442
D. Addressing facility hazards	136	136	246	442	442

Teaching Objective 5:
The student will demonstrate the ability to prepare and interpret sample design for scientific research.

	Inst	Pract	Prf1	Prf	Mastery
1) The student will interpret the following basic literature:					
A. Case study	346	348	335	446	449
B. Outcome measurement, including statistical interpretation	269	269	335	360	360/447
C. Literature review	IDS101	IDS101	321	322	480

Professional Development and Responsibilities

Teaching Objective 1:

The student will demonstrate the ability to disseminate injury prevention and health care information.

	Inst	Pract	Prf1	Prf2	Mastery
1) The student will develop a presentation outline for an athletic training topic. The outline may include,					
A. Peer athletic trainers	220	220	346	480	449
B. Physicians	220	220	346	480	449

Messiah College
Athletic Training Education Program

Athletic Training Clinical Proficiencies Manual

Introduction:

This Athletic Training Clinical Proficiencies Manual is a compilation of tasks that the NATA Education Council believes is important for Athletic Training Students to master during their 4 years of education in a CAAHEP accredited Athletic Training Education Program. Each student enrolled in the Athletic Training Education Program at Messiah College must show mastery of all tasks in this manual before graduating from Messiah College and to sit for the NATA-BOC exam.

It is important to understand that this manual contains all skills that Student Athletic Trainers will attain throughout their academic and clinical experiences while enrolled in the Athletic Training Education Program at Messiah College. Student Athletic Trainers will have ample opportunity during practicum and clinical experiences to practice and master these tasks.

This manual is intended to be completed throughout your four years at Messiah College. The NATA Education Council expects long term learning to occur over four years. A senior is expected to develop mastery in the tasks, opposed to a freshman. This manual is expected to show long-term learning and mastery of tasks over the Student Athletic Trainer's four years of academic and clinical experiences.

The following scale will be used to assess the Athletic Training Student's ability to complete each skill in this manual. Your ACI will date, sign, and provide level of completion for each.

0 = Unacceptable - needs to repeat skill.
1 = Unable to complete skill w/o direction.
2 = Completes skill with minimal direction.
3 = Completes skill satisfactorily w/no direction.

Risk Management & Injury Prevention

Teaching Objective 1:
The student will demonstrate the ability to perform anthropometric measurement techniques and other appropriate examination/screening procedures on physically active participants.

	Ins	Prac	Prf	Prf	Mast
1. The will assess the following:					
1. Height					
2. Weight					
3. Blood Pressure					
4. Pulse					
5. Vision using a Snellen eye chart					
6. Limb Girth					
– Limb Length					
H. Body composition w/a manual skinfold caliper and appropriate					

Teaching Objective 2:
The student will perform fitness tests and record and interpret the data using accepted procedures and equipment.

1. The student will demonstrate the ability to perform and evaluate the					
1. Flexibility tests					
2. Strength (repetition) testing					
3. Agility tests					
4. Speed tests					

Teaching Objective 3:
The student will demonstrate the ability to: 1)obtain and interpret environmental data, 2) recognize potential hazardous conditions and situations in the activity setting, and 3) make the appropriate recommendation for activity.

1. The student will:					
1. Use a sling psychrometer					
2. Use a wet bulb globe index					
3. Interpret and present environmental data for the following					
D. Check an activity setting for physical and/or environmental hazards					
5. Use and interpret weight charts					

Teaching Objective 4:
The student will demonstrate the ability to select and fit standard protective equipment that provides safe and healthy participation in physical activity.

1. The student will select and fit the following protective equipment:					
1. Protective helmet and head gear					
2. Protective shoulder pads					
3. Footwear for physical activity					
4. Mouth guard					
5. Rib brace/guard					
6. Prophylactic ankle brace					
7. Prophylactic knee brace					

Teaching Objective 5:
The student will operate and instruct the use of isometric, isotonic, and isokinetic weight training equipment.

1. The student will demonstrate the ability to establish repetition					
2. The student will demonstrate the ability to perform an isokinetic test for					
1. Knee					
2. Shoulder					
3. The student will demonstrate ability to interpret data from isokinetic					
4. The student will perform isometric tests for the following parts of the					
1. Ankle					
2. Knee					
3. Hip					
4. Shoulder					
5. Elbow					
6. Wrist					
7. Hand/fingers					
8. Foot/toes					
a. Trunk and torso					
5. The student will perform the following tests:					
1. Upper body strength test					
2. Lower body strength test					
3. Upper body power test					
D. Lower body power test					
5. Upper body endurance test					
F. Lower body endurance test					

Teaching Objective 6:
The students will instruct and demonstrate for the client specific flexibility exercises and activities.

1. The student will select range of motion exercises and activities for all					
1. Cervical region					
2. Shoulder: joint and girdle					
3. Elbow					
4. Wrist					
5. Hand and fingers					
6. Lumbar region					
7. Hip/pelvis					
8. Knee					
a. Leg					
J. Ankle					
11. Foot and toes					
Lower body strength test					

Teaching Objective 7:
The student will demonstrate the ability to instruct and establish a safe environment for the use of strength and conditioning equipment.

1. The student will be able to demonstrate the proper lifting technique for					
1. Parallel Squat					
2. Heel raise					
3. Power clean					
4. Bench press					
5. Shoulder press					
6. Dead lift					
7. Arm curl					
8. Triceps extension					
a. Knee curl (flexion)					
J. Knee extension					
11. Leg press					
2. The student will demonstrate the proper spotting techniques for the					
1. Parallel squat					
2. Shoulder press					
3. Dead lift					
4. Bench press					
5. Power clean					

Teaching Objective 8:
The student will demonstrate the ability to construct custom protective devices. These devices include, but are not limited to, those that protect contusion, sprains, strains, wounds, and fractures from further injury.

	In	Pra	Pr	Pr	Mast
1. The student will construct, apply, and remove the following protective					
1. Bony prominence pad					
2. Muscle contusion pad					
3. Soft playing cast (e.g., silicone, thermofoam)					
4. Hard, immobilization splint or cast (e.g., thermoplastic, plaster,					
5. Friction pad ("doughnut"pad)					
6. Checkrein device					

Teaching Objective 9:
The student will demonstrate the ability to select and apply preventative and protective taping, wrapping, splinting, bracing and rehabilitative devices in order to prevent further injuries.

	In	Pra	Pr	Pr	Mast
1. The student will demonstrate the ability to tape, splint, wrap, pad or					
1. Cervical spine					
2. Shoulder joint girdle					
3. Elbow					
4. Wrist					
5. Hand and fingers					
6. Lumbar spine					
7. Hip and pelvis					
8. Knee					
A. Leg					
10. Ankle					
XI. Foot and toes					

Assessment and Physical Evaluation

Teaching Objective 1:
The student will conduct static and postural evaluation and screening procedures.

	In	Pra	Prf	Pr	Mast
1. The student will conduct static and postural evaluation and screening procedures.					
1. Kyphosis					
2. Lordosis					
3. Scoliosis					
4. Pelvic obliquity					
5. Tibial torsion					
6. Hip anteversion and retroversion					
7. Genu valgum					
8. Rearfoot valugus and varus					
A. Forefoot valgus and varus					
10. Pes cavus and planus					
K. Foot and toe posture					
2. The student will perform and postural assessment of the following:					
1. Cervical spine and head					
2. Shoulder					
3. Lumbo-thoracic region					
4. Hip and pelvis					
5. Knee					
6. Ankle, foot and toes					
3. The student will identify and classify body types as:					
1. Endomorph					
2. Ectomorph					
3. Mesomorph					

Teaching Objective 2:
The student will perform record keeping skills while maintaining patient confidentiality.

	In	Pra	Prf	Pr	Mast
1. The student will:					
1. Use standardized record keeping methods (e.g., SOAP, HIPS, HOPS)					
2. Select and use injury, rehabilitation, referral, and insurance documentation					
3. Use progress notes					

Injury Evaluation and Physical Examination Skills
Teaching Objective 3:
The student will demonstrate the ability to palpate anatomical structures.

	In	Pra	Prf	Pr	Mast
1. The student will identify and palpate the following:					
1. Bony landmarks of the head, trunk, spine, scapula, and extremities					
2. Soft tissue structures of the head, trunk, spine, and extremities					
3. Abdominal and thoracic structures					
4. Primary neurological and circulatory structures					

Teaching Objective 4:
The student will assess neurological responses.

	In	Pra	Prf	Pr	Mast
1. The student will identify and assess the following:					
1. Cranial nerves					
2. Dermatomes					
3. Myotomes					
4. Deep tendon reflexes					
5. Pathological reflexes					

Teaching Objective 5:
The student will perform proper clinical evaluation techniques, including range-of-motion testing (active, passive, assisted).

	In	Pra	Prf	Pr	Mast
1. The student will qualitatively assess active, passive, resistive range of motion for the					
1. Temporomandibular joint					
2. Cervical spine					
3. Shoulder					
4. Elbow					
5. Wrist and hand					
6. Thumb and fingers					
7. Hip					
8. Lumbar spine					
A. Thoracic spine					
10. Knee					
K. Ankle					
12. Foot and toes					

Teaching Objective 6:
The student will perform clinical evaluations of major body areas to assess and interpret for injury and illness.
Head and Face Evaluation

	In	Pra	Prf	Pr	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active					
2. Observe and identify the clinical signs and symptoms associated with head injury:					
1. Amnesia (retrograde or post-traumatic)					
2. Levels of consciousness					
3. Orientation (person, time, place orientation)					
4. Intracranial hematoma					

5. Balance and coordination					
6. Pupil and eye movements					
7. Pulse					
8. Blood pressure					
I. Facial postures					
3. Observe and identify the clinical signs and symptoms assocaited with eye injuries					
1. Orbital blowout fracture					
2. Conjunctivitis					
3. Corneal abrasion					
4. Corneal laceration					
5. Detached retina					
6. Hyphema					
7. Style					
4. Observe and identify the clinical signs and symptoms associated with an ear injury					
1. Pinna hematoma (“cauliflower ear”)					
2. Impacted cerumen					
3. Otitis externa					
4. Otitis media					
5. Observe and identify the clinical signs and symptoms associated with nose injury:					
1. Deviated septum					
2. Epistaxis					
3. Nasal fracture					
6. Observe and identify the clinical signs and symptoms assocaited with jaw, mouth, or					
1. Gingivitis					
2. Mandibular fracture					
3. Maxilla fracture					
4. Periodontitis					
5. Temporomandibular joint dislocation					
6. Temporomandibular joint dysfunction					
7. Tooth abscess					
8. Tooth extrusion					
I. Tooth fracture					
10. Tooth intrustion					
11. Tooth luxation					
7. Administer appropriate sensory, neorological, and circulatory tests					
8. Administer functional tests and activity-specific tests					
9. Identify, palpate, and assess the integrity of bony landmarks					
10. Identify, palpate, and assess the integrity of soft tissue					
11. Administer commonly used special tests to make a differential assessment of the					

1. Cranial nerves (e.g., eye motion, facial muscles)					
2. Cognitive tests (e.g., recall, serial 7's, digit span)					
3. Cerebellar function (e.g., Romberg's test, finger-to-nose test, heel-toes walking,					
4. Spinal nerve roots (e.g., upper quarter screen)					

Cervical Spine Evaluation

	In	Pra	Prf	Pr	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active					
2. Observe and identify the clinical signs and symptoms associated with common injuries, illness and					
1. Athropy					
2. Dislocation of subluxation					
3. Vertebral fracture					
4. Head and neck posture					
5. Intervertebral disc herniation					
6. Nerve root compression or stretch					
7. Ischemia					
8. Torticollis					
3. Administer active and passive range-of-motion tests using quantifiable techniques (e.g., tape measure,					
4. Use manual muscle-testing techniques					
5. Administer appropriate sensory, circulatory, and neurological tests					
6. Administer functional tests and activity-specific tests					
7. Identify, palpate, and asses the integrity of bony landmarks					
8. Identify, palpate and assess the integiry of soft tissue					
9. Administer commonly used special tests to make a differential assessment of the					
1. Nerve root compression (e.g., distraction/compression test, Spurling's test,					
2. Brachial plexus neuropothy (e.g., brachial tension test, Tinel's sign)					
3. Cervical disc herniation (e.g., Valsalva's maneuver)					
4. Neurovascular dysfunction (e.g., vertebral artery test)					

Shoulder Evaluation

	In	Pra	Prf	Pr	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active					

2. Observe and identify the clinical signs and symptoms associated with common injuries, illness and					
1. Athropy					
2. Bursitis					
3. Dislocation					
4. Efficiency of movement					
5. Fracture					
6. Sprain					
7. Nerve injury					
8. Positioning (Sprengel's deformity)					
– Strain					
10. Scapulohumeral rhythm					
11. Scapular winging					
12. Step deformity					
13. Symmetry					
14. Tenosynovitis and tendonitis					
3. Administer active and passive range-of-motion tests using standard goniometric					
4. Use manual muscle-testing techniques					
5. Administer appropriate sensory, circulatory, and neurological tests					
6. Administer functional tests and activity-specific tests					
7. Identify and palpate bony landmarks					
8. Identify and palpate soft tissue landmarks					
9. Administer commonly used special tests to make a differential assessment of the					
1. Glenohumeral instability (e.g., anterior drawer test, posterior drawer test, relocation test,					
2. Acromioclavicular instability (e.g., shear test, compression test)					
3. Rotator cuff impingement/inflammation (e.g., Speed's test, drop arm test, empty can test, impingement test, Hawkins-Kennedy impingement test, Neer impingement test,					
4. Biceps and biceps tendon pathology (e.g. Yergason's test, Ludington's test)					
5. Thoracic outlet syndrome (e.g. Adson't manuever, Allen test, military brace					

Elbow Evaluation

	In	Pra	Prf	Pr	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active					

2. Observe and identify the clinical signs and symptoms associated with common injuries, illness and					
1. Symmetry					
2. Carrying angle (cubital valgus and varus)					
3. Dislocation or subluxation					
4. Fracture					
5. Atrophy					
6. Efficiency of movement					
7. Bursitis					
8. Pepicondylitis					
I. Tenosynovitis and tendonitis					
10. Osteochrondritis dissecans					
11. Sprain					
12. Strain					
13. Nerve injury					
3. Administer active and passive range-of-motion tests using standard goniometer techniques.					
4. Use manual muscle-testing techniques					
5. Administer appropriate sensory, circulatory, and neurological tests					
6. Administer functional tests and activity-specific tests					
7. Identify, palpate, and interpret the integrity of bony landmarks					
8. Identify, palpate and interpret the integiry of soft tissue					
9. Administer commonly used special tests to make a differential assessment of the					
1. Joint instability (e.g., valgus stress test, varus stress test)					
2. Inflammatory conditions (e.g., tests for lateral epicondylitis, tests for medial					
3. Neuropothy (e.g., Tinel's sign, pronator teres syndrome, pinch grip test)					

Forearm, Wrist, and Hand Evaluation

	In	Pra	Prf	Pr	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active					
2. Observe and identify the clinical signs and symptoms associated with the following:					
1. Fracture (Colles' fracture, Bennett's fracture, carpal fracture {boxer's fracture}, metacarpal fracture,					
2. Dislocation or subluxation					
3. Disease states (e.g., clubbed nails, spoon-shaped nails)					

4. Soft tissue pathology (e.g., sprain, flexor tendon avulsion {jersey finger sign}, extensor tendon avulsion {mallet finger}, extensor tendon rupture {boutonniere deformity}, volar plate rupture					
3. Administer active and passive range-of-motion tests using standard goniometer					
4. Use manual muscle-testing techniques					
5. Administer appropriate sensory, circulatory, and neurological tests					
6. Administer functional tests and activity-specific tests					
7. Identify, palpate, and interpret the integrity of bony landmarks					
8. Identify, palpate and interpret the integiry of soft tissue					
9. Administer commonly used special tests to make a differential assessment of the					
1. Inflammatory conditions (e.g., Finkelstein test)					
2. Joint instability (e.g., valgus stress test, varus stress test, glide test)					
3. Neurovascular pathology (e.g., Tinel's sign, Phalen's test)					

Thoracic/Lumbar Spine Evaluation

	In	Pra	Prf	Pr	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active					
2. Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and					
1. Café au lait macules (spots)					
2. Dislocation or subluxation					
3. Spina bifida occulta					
4. Facet syndrome					
5. Intervertebral					
6. Spinal posture (kyphosis/lordosis)					
7. Leg length discrepencies					
8. Nerve root compression					
I. Sacroiliac dysfunction					
10. Scoliosis					
11. Vertebral pathology (e.g., spondylitis, spondylolysis, spohdylolisthesis)					
12. Sprain					
13. Stenosis					
14. Step deformity					
15. Strain					
3. Administer active and passive range-of-motion tests using standard qualitative &					
4. Use manual muscle-testing techniques					

5. Administer appropriate sensory and neurological tests					
6. Administer functional tests and activity-specific tests					
7. Identify, palpate, and interpret the integrity of bony landmarks					
8. Identify, palpate and interpret the integrity of soft tissue					
9. Administer commonly used special tests to make a differential assessment of the					
1. Intervertebral disc herniation (e.g., Valsalva's maneuver)					
2. Neuropothy (e.g., straight leg raise test, weel straight leg test, Babinski's reflex test, Oppenheim's					
3. Vertebral defects (e.g., stork standing test/spondylolisthesis test)					
4. Joint instability (e.g., spring test)					

Hip/Pelvis Evaluation

	In	Pra	Prf	Pr	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active					
2. Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and					
1. Leg length					
2. Hip retroversion					
3. Hip anteversion					
4. Legg-Calv-Perthes disease					
5. Apophysitis					
6. Sliped capital femoral epiphysis					
7. Dislocation or subluxation					
8. Fracture					
I. Stress fracture					
10. Osteitis					
11. Athletic publagia					
12. Bursitis					
13. Piriformis					
14. Iliotibial band syndrome					
15. Contusion					
XVI. Sprain					
XVII. Strain					
XVIII. Tendonitis					
3. Administer active and passive range-of-motion tests using standard goniometer techniques and/or					

4. Use manual muscle-testing techniques					
5. Administer appropriate sensory, neurological, and circulatory tests					
6. Administer functional tests and activity-specific tests					
7. Identify, palpate, and interpret the integrity of bony landmarks					
8. Identify, palpate and interpret the integrity of soft tissue					
9. Administer commonly used special tests to make a differential assessment of the					
1. Sacroiliac dysfunction (e.g., Patrick's/FABER, Gaenslen's test, pelvic					
2. Neuropothy (e.g., Femoral nerve traction test)					
3. Neuromuscular pathology (e.g., Trendelenburg test, Thomas test, rectus femoris contracture test, Ober					

Knee Evaluation

	In	Pra	Prf	Pr	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active					
2. Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and					
1. Bursitis					
2. Chindromalacia patella					
3. Dislocation and subluxation					
4. Fat pad contusion					
5. Fracture					
6. Leg length					
7. Meniscal tear					
8. Osteochondritis dissecans					
I. Patellar alignment (e.g., patella alta, patelle baja, squinting patella, Q angle)					
10. Patellar tendon rupture					
11. Peroneal nerve contusion or palsy					
12. Popliteal cyst					
13. Sprain					
14. Strain					
15. Tendonitis					
16. Tibial torsion					
XVII. Tibiofemoral alignment (e.g., genu recurvatus, genu valgum, genu varum)					
3. Administer active and passive range-of-motion tests using standard goniometric					
4. Use manual muscle-testing techniques					
5. Administer appropriate sensory, neurological, and circulatory tests					

6. Administer functional tests and activity-specific tests					
7. Identify, palpate, and interpret the integrity of bony landmarks					
8. Identify, palpate and interpret the integrity of soft tissue					
9. Administer commonly used special tests to make a differential assessment of the					
1. Uniplanar stress tests (e.g., valgus stress test, varus stress test, Lachman test, anterior drawer test,					
2. Multiplanar (rotational) stress tests (e.g., Slocum test, Hughston's test, anterior					
3. Meniscal tears (e.g., McMurray's test, Apley's test)					
4. Intra-extracapsular swelling (e.g., sweet test, ballottable patella)					

Leg, Ankle and Foot Evaluation

	In	Pra	Prf	Pr	Mast
The student will:					
1. Obtain the medical history of an ill or injured athlete or other physically active					
2. Observe and identify the clinical signs and symptoms associated with common injuries, illnesses, and					
1. Overuse injuries (e.g., bursitis, exostosis, fascilitis, stress fracture, tarsal tunnel syndrome, tendonitis					
2. Achilles tendon rupture					
3. Compartment syndromes					
4. Apophysitis					
5. Dislocation or subluxation					
6. Foot type/structure (e.g., forefoot varus/valgus, equines deformity, pes cavus/planus, plantar flexed					
7. Fracture					
8. Deep vein thrombosis (Homans' sign)					
I. Neuroma					
10. Osteochronditis dissecans					
11. Sprain					
12. Strain					
13. Toe structure/alignment (e.g., bunion, claw toes, hallux rigidus, hallux valgus, hammer toe, mallet					
14. Weight-bearing versus non-weight bearing alignment					
15. Gait					
3. Administer active and passive range-of-motion tests using standard goniometric					
4. Use manual muscle-testing techniques					
5. Administer appropriate sensory, neurological, and circulatory tests					

6. Administer functional tests and activity-specific tests					
7. Identify, palpate, and interpret the integrity of bony landmarks					
8. Identify, palpate and interpret the integrity of soft tissue					
9. Administer commonly used special tests to make a differential assessment of the					
1. Compression test (e.g., Pott's fracture)					
2. Percussion test					
3. Anterior drawer test					
4. Kleiger's test					
5. Talar tilt test					
F. Thompson test					
G. Tinel's sign					
VIII. Homan's sign					

Acute Care of Injury and Illness

Teaching Objective 1:
The student will demonstrate the ability to implement and emergency plan (EAP).

	In	Pra	Prf	Pr	Mast
The student will:					
1. Demonstrate the ability to implement an EAP for an activity, setting or event.					
2. The student will correctly triage emergency situations.					

Teaching Objective 2:
The student will demonstrate the ability to apply first-aid techniques using universal precautions.

	In	Pra	Prf	Pr	Mast
1. The student will demonstrate the ability to::					
1. Manage open and closed wounds					
2. Apply direct and indirect pressure to control bleeding					
3. Clean, debride, and protect open wound					
4. Apply superficial skin closures					
5. Properly apply and remove gloves and other personal protective equipment					
6. Properly dispose of biohazardous waste					
7. Apply appropriate dressings					
8. Apply ice, compression, and elevation to an acute sprain or contusion					

Teaching Objective 3:
The student will demonstrate the ability to apply immobilization devices to applicable body parts.

	In	Pra	Prf	Pr	Mast
1. The student will demonstrate the ability to:					

1. Select and apply an appropriate splint to a sprain, strain, fracture, subluxation,					
2. Stabilize and spine board or body splint an adult or child with a suspected					

Teaching Objective 4:
The student will recognize and manage environmentally related injuries and illnesses and, when indicated, refer the patient to the proper medical professional.

	In	Pra	Prf	Pr	Mast
1. The student will evaluate and manage the following:					
1. Heat exhaustion					
2. Heat syncope					
3. Heat stroke					
4. Hypothermia					

Teaching Objective 5:
The student will demonstrate the ability to perform basic life-support techniques.

	In	Pra	Prf	Pr	Mast
1. The student will demonstrate the ability to:					
1. Establish and manage an airway					
2. Establish and manage an airway in an athlete wearing protective head gear					
3. Perform CPR on an dult or child with or without a spinal injury					
4. Use a bag-valve-mask- (BVM) on an adult or child for rescue breathing					
5. Use protective pocket mask/shield on an adult or child for rescue breathing					

Teaching Objective 6:
The student will demonstrate the ability to use various methods of stabilization and transportation to facilitate the movement or ambulation of the injured person.

	In	Pra	Prf	Pr	Mast
1. The student will demonstrate the ability to:					
1. Stabilize and transport an adult or child with a head and/or spinal injury					
2. Stabilize and transport and adult or child with a fracture and/or dislocation					
3. Select, fit, and instruct the patient in the use of crutches					
4. Select, fit, and instruct the patient in the use of a cane					
5. Transport an injured child or adult using a manual conveyance technique					
6. Perform two-person CPR					
7. Assist a drowning victim					

Pharmacology

Teaching Objective 1:
The student will locate and utilize pharmaceutical products, storage, dispensing, and tracking information.

	In	Pra	Prf	Pr	Mast
The student will:					
1. Use the PDR or another drug reference to search for information on the medications commonly prescribed					
1. Generic and brand names					
2. Indications for use					
3. Contraindications					
4. Warnings					
5. Dosings					
6. Other notes (e.g., banned substance)					
7. Side (adverse) effects					
II. Document or simulate the documentation of, the tracking of medications by recording the following					
I. Name					
II. Manufacturer					
III. Amount					
IV. Dosage					
V. Lot number					
VI. Expiration date					
III. Locate the policies-and-procedures manual, identify the section on medications, and replicate the procedures for administering medications to athletes and others involved in physical					

I. Determine type of over-the-counter (OTC) medication to be used according to the physical ailment					
II. Identify the precautions, expiration date, lot number, and dosage for the medication as provided on					
III. Administer OTC medication by providing verbal and written instruction for its use to the patient and then recording and documenting the administration					

Teaching Objective 2:
The student will activate a poison control service.

	In	Pra	Prf	Pr	Mast
The student will:					
1. Locate the phone number and address of the nearest poison control center and replicate the reporting of a					
1. Name and location of person making the call					
2. Name and age of person who has taken the medication					
3. Name and dosage of the drug taken					
4. Time the drug was taken					
5. Signs and symptoms associated with overdose or poison situation, including					

Teaching Objective 3:
The student will demonstrate the ability to instruct the use of and administer bronchodilators and epinephrine.

	In	Pra	Prf	Pr	Mast
1. Replicate the following procedures for using an emergency epinephrine injection to					
1. Identify indications for an epinephrine injection					
2. Demonstrate proper use through verbal and nonverbal instruction					
3. Identify signs and symptoms that might indicate an allergic reaction to or					
4. Demonstrate proper storage of epinephrine injectable					
5. Demonstrate proper disposal of used injection system					
2. Replicate the following procedures for using an emergency bronchodilator ((inhaler) to prevent asthma					
1. Identify indications for use of bronchodilator					
2. Demonstrate proper use through verbal and nonverbal instruction					
3. Identify signs and symptoms that might indicate an allergic reaction to or					
4. Demonstrate proper storage of a bronchodilator					

Therapeutic Modalities

Teaching Objective 1:
The student will reflect the findings of a physical examination to determine the appropriate course of treatment.

	In	Pra	Prf	Pr	Mast
1. The student will perform a physical examination to identify the current					
2. The student will perform a physical examination and interview to identify the indications, contraindications, and precautions to various treatment protocols.					

Teaching Objective 2:
The student will demonstrate the ability to apply therapeutic modalities.

CRYOTHERAPY	In	Pra	Prf	Pr	Mast
1. The student will demonstrate the ability to select the appropriate parameters for and then prepare and					
1. Cold whirlpool treatment					
2. Controlled cold therapy unit					
3. Contrast bath					
4. Warm whirlpool treatment					
THERMOTHERAPY					
1. The student will demonstrate the ability to select the appropriate parameters for and then prepare and					
1. Moist heat pack					
2. Paraffin treatment					
3. Contrast bath					
4. Warm whirlpool treatment					
ELECTROTHERAPY					
1. The student will demonstrate the ability to select the appropriate parameters for and then prepare and					
1. Sensory-level pain control treatment					
2. Noxious-level pain control					
3. Motor-level pain control treatment					
4. Muscle re-education treatment					
5. Muscle pumping treatment					
6. Muscle atrophy retardation treatment					
7. Acute adema treatment					
8. Muscle splinting/spasm treatment					
I. Iontophoresis treatment					
II. The student will set-up and apply the following types of electrical stimulation units:					
I. Monophasic stimulator (e.g., high volt stimulation)					

II. Biphasic stimulator (e.g., Transcutaneous Electrical Nerve Stimulation [TENS], Neuromuscular					
III. Direct current (e.g., iontophoresis)					
IV. Alternating current (e.g., interferential, NMES)					
V. Multifunction electrical stimulation devices					
ULTRASOUND					
I. The student will demonstrate the ability to select the appropriate parameters for and then prepare and					
I. Thermal ultrasound treatment					
II. Non-thermal ultrasound treatment					
III. Combination electrical-stimulation/ultrasound treatment					
IV. Phonophoresis treatment					
V. Indirect application of ultrasound treatment (underwater, bladder)					
TRACTION					
I. The student will demonstrate the ability to select the appropriate parameters for and then prepare and					
I. Mechanical traction					
II. Manual traction					
III. Positional traction					
INTERMITTENT COMPRESSION					
I. The student will demonstrate the ability to select the appropriate parameters for and then apply intermittent					
THERAPEUTIC MASSAGE					
I. The student will demonstrate the ability to prepare and apply a massage treatment.					
II. The student will demonstrate the ability to properly perform the following					
I. Effleurage					
II. Petrissage					
III. Friction (circular, transverse)					
IV. Tapotement					
V. Vibration					
VI. Myofascial release techniques					

Therapeutic Exercise

Teaching Objective 1:
The student will demonstrate the ability to perform therapeutic exercises.

I. Exercise to improve the range of motion of the upper extremity, lower extremity,					
I. Passive range-of-motion exercises					

II. Active range-of-motion exercises					
III. Active-assisted range-of-motion exercises					
IV. Joint mobilization					
V. Self-mobilization					
2. Exercise to improve muscular strength					
The student will demonstrate the ability to instruct exercises for the following parts of the body using isometric					
A. Lower extremity					
B. Upper extremity					
C. Cervical spine					
D. Trunk and torso					
3. Exercise to improve muscular endurance					
The student will demonstrate the ability to instruct the following exercise modalities:					
Upper Body					
A. Aquatic					
B. UBE/Stationary					
C. Physioballs					
Lower Body					
A. Aquatic					
B. Stationary bicycle					
C. Stair					
D. Physioballs					
E. Treadmill					
4. Exercise to improve muscular speed.					
The student will demonstrate the ability to instruct the following activities:					
Upper Body					
A. Reaction drills					
Lower Body					
A. Reaction drills					
B. Sprint work					
C. Fartlek training					
5. Exercise to improve muscular power.					
The student will demonstrate the ability to instruct plyometric exercises for the upper &					
6. Exercise to improve neuromuscular control and coordination.					
The student will demonstrate the ability to instruct the following activities:					
Upper Body					
A. PNF Patterns					
B. Rhythmic stabilization					

C. Double- and single-arm balancing					
D. Wobble board or balance apparatus					
E. Weighted-ball rebounding or toss					
Lower Body					
A. PNF patterns					
B. Proprioception board or balance apparatus					
C. Incline board					
D. Single-leg balancing					
Neck					
A. Stabilization					
B. Postural correction					
Trunk					
A. Stabilization					
B. Postural correction					
7. Exercise to improve agility.					
The student will demonstrate the ability to instruct the following activities:					
Upper Body					
A. Throwing					
B. Catching					
Lower Body					
A. Carioca					
B. Cross-over					
C. Figure Eight (8)					
8. Exercise to improve cardiorespiratory endurance.					
The student will demonstrate the ability to instruct the following activities:					
Upper Body					
A. Upper body ergometer					
B. Stationary bicycle					
C. Aquatic					
D. Stair climber					
Lower Body					
A. Bicycle ergometer					
B. Treadmill					
C. Stair climber					
D. Aquatic					

9. The student will demonstrate the ability to assess joint end point and to select and perform appropriate joint					
A. Long-axis distraction					
B. Appropriate glides (e.g., anterior/posterior, superior/inferior)					
10. The student will demonstrate the ability to instruct and perform exercises to improve activity-specific skills					

General Medical Conditions and Disabilities

The student will:					
1. Obtain a basic medical history that includes the following components:					
A. Previous medical history					
B. Previous surgical history					
C. Pertinent family medical history					
D. Current medication history					
E. Relevant social history					
F. Chief medical complaint					
2. Ascertain body temperature via the following:					
A. Oral temperature					
B. Axillary temperature					
C. tympanic temperature					
3. Ascertain the following vital signs:					
A. Blood pressure					
B. pulse (rate and quality)					
C. respirations (rate and quality)					
4. Palpate the four abdominal quadrants to assess for the following:					
A. Guarding and rigidity					
B. Pain					
5. Use a stethoscope to identify the following:					
A. Normal breath sounds					
B. Normal heart sounds					
C. Normal bowel sounds					
6. Identify pathological breathing patterns to make a differential assessment for the					
A. Apnea					
B. Tachypnea					
C. Hyperventilation					
D. Bradypnea					
E. Dyspnea					
F. Obstructed airway					

7. Demonstrate proficiency in the use of an otoscope to examine the nose and the outer					
8. Measure urine values with Chemstrips (disticks)					
9. Recognize the signs, symptoms and predisposing conditions associated with the following diseases and					
The Skin					
A. Abscesses					
B. Acne vulgaris					
C. Carbuncle					
D. Cellulites					
E. Molluscum contagiosum					
F. Dermatitis					
G. Eczema					
H. Follicultis					
I. Frostbite					
J. Furunculosis					
K. Herpes simplex					
L. Tinea versicolor					
M. Pediculosis					
N. Herpes zoster					
O. Hives					
P. Impetigo					
Q. Psoriasis					
R. Ringworm					
S. Scabies					
T. Sebaceous cysts					
U. Tinea cruris					
V. Tinea pedis					
W. Verruca plantaris					
X. Verruca vulgaris					
XXV. Tinea capitis					
The Eyes, Ears, Nose and Throat					
I. Common cold					
II. Conjunctivitis					
III. Laryngitis					
IV. Pharyngitis					
V. Rhinitis					
VI. Sinusitis					
VII. Tetanus					

VIII. Tonsillitis					
Respiratory System					
I. Asthma					
2. Bronchitis					
III. Hyperventilation					
4. Hay fever					
5. Influenza					
VI. Pneumonia					
7. Upper respiratory infection					
Cardiovascular System					
1. Hypertension					
2. Hypertrophic myocardiopathy					
3. Hypotension					
4. Migraine headache					
5. Shock					
6. Syncope					
Endocrine System					
1. Diabetes					
2. Hyperthyroidism					
3. Hypothyroidism					
IV. Pancreatitis					
Gastrointestinal Tract					
I. Appendicitis					
II. Colitis					
III. Constipation					
IV. Diarrhea					
V. Esophageal reflux					
VI. Gastritis					
VII. Gastroenteritis					
VIII. Indigestion					
I. Ulcer					
10. Irritable bowel syndrome					
Eating Disorders					
1. Anorexia					
2. Bulimia					
3. Obesity					
Sexually Transmitted Diseases/Diseases Transmitted by Body Fluid					
1. HIV/AIDS					
2. Hepatitis					

C. Chlamydia					
D. Genital warts					
♀ Gonorrhea					
↓ Syphilis					
Genitourinary Tract and Organs					
↓ Kidney stones					
↓ Spermatic cord tension					
↓ Candidiasis					
↓ Urethritis					
↓ Urinary tract infection					
↓ Hydrocele					
↓ Varicocele					
Gynecological Disorders					
★ Amenorrhea					
★ Dysmenorrhea					
★ Oligomenorrhea					
– Pelvic inflammatory disease					
E. Vaginitis					
Viral Syndromes					
A. Infectious mononucleosis					
B. Measles					
C. Mumps					
Neurological Disorders					
1. Epilepsy					
B. Syncope					
3. Reflex sympathetic dystrophy					
(D) Meningitis					
Systemic Diseases					
(A) Iron-deficiency anemia (systemic)					
(B) Sickle-cell anemia (systemic)					
(C) Lyme disease					

Nutritional Aspects of Injury and Illness

Teaching Objective 1:
The student will demonstrate the ability to design general nutrition programs for athletes and others involved in physical activity.

	In	Pra	Prf	Pr	Mast
1. The student will demonstrate the ability to access and recommend nutritional					

A. Pre-participation meals					
B. Weight loss					
C. Wight gain					
D. Fluid replacement					
★ The student will demonstrate the ability to use the nutritional food pyramid.					
★ The student will demonstrate the ability to access and assess the following					
★ RDA or equivalency					
★ Protein intake					
★ Fat intake					
★ Carbohydrate intake					
★ Vitamin intake					
★ Mineral intake					
★ Fluid intake					
★ The student will demonstrate the ability to determine energy expenditure and caloric					
★ The student will demonstrate the ability to calculate the basal metabolic rate of					
★ Simulate intervention with an individual who has the signs and symptoms of					
★ Idetify proper referral sources for disordered eating.					

Psychosocial Intervention and Referral

Teaching Objective 1:
The student will demonstrate the ability to intervene and make the referral to appropriate medical or allied medical professional.

	In	Pra	Prf	Pr	Mast
The student will:					
1. Simulate intervention with an individual who has a substance abuse problem and recommend appropriate					
★ Simulate a confidential conversation with a health care professional concerning suspected substance abuse					
★ Locate the available community-based resources for psychosocial intervention.					

Teaching Objective 2:
The student will integrate motivational techniques into the rehabilitation program.

	In	Pra	Prf	Pr	Mast
The student will:					
1. Simulate the following motivational technique used during rehabiliation:					
★ Verbal motivation					
★ Visualization					
★ Imagery					

★ Desensitization					

Health Care Administration

Teaching Objective 1:
The student will demonstrate appropriate communication skills.

	In	Pra	Prf	Pr	Mast
1) The student will:					
1) Calm, reassure, and explain a potentially catastrophic injury to an injured adult or child, athletic					
B. Effectively communicate and work with physicians, emergency medical technicians (EMT's) and other members of the allied health care community					
C. Appropriately communicate with athletic personnel and family members					
IV. Use ethnic and cultural sensitivity in all aspects of communication					
V. Communicate with diverse comunity populations					

Teaching Objective 2:
The student will use contemporary multimedia, computer hardware, and software as related to the practice of athletic training.

	In	Pra	Prf	Pr	Mast
1) The student will assess information and manage data using contemporary multimedia, computer equipment, and software. This should include, but not be					
1) Word processing					
B. File management systems					
C. Spreadsheets					
IV. Budgeting software					
V. Injury tracking software					
VI. The World Wide Web					
VII. Communication (email)					
VIII. Presentation software					

Teaching Objective 3:
The student will demonstrate the ability to perform record keeping skill with sensitivity to patient confidentiality.

	In	Pra	Prf	Pr	Mast
1) The student will:					
1) Use standardized record keeping methods (e.g., SOAP, HIPS, HOPS)					
B. Select and use injury, rehabilitation, referral, and insurance documentation					
C. Use progress notes					

IV. Organize patient files to allow systematic storage and retrieval					

Teaching Objective 4:
The student will demonstrate the ability to develop athletic training facilities and administrative plans.

	In	Pra	Prf	Pr	Mast
1) The student will demonstrate the ability to develop facility design plans that include, but are not limited to, the following components:					
1) Basic floor plan					
B. Facility evacuation					
C. Basic rehabilitation					
II. The student will demonstrate the ability to develop administrative plans that include, but are not limited to, the following components:					
I. Risk management					
II. Developing policies and procedures					
C. Developing budget (expendable and capital)					
D) Addressing facility hazards					

Teaching Objective 5:
The student will demonstrate the ability to prepare and interpret sample design for scientific research.

	In	Pra	Prf	Pr	Mast
1) The student will interpret the following basic literature:					
1) Case study					
B. Outcome measurement, including statistical interpretation					
C. Literature review					

Professional Development and Responsibilities

Teaching Objective 1:
The student will demonstrate the ability to disseminate injury prevention and health care information.

	In	Pra	Prf	Pr	Mast
1) The student will develop a presentation outline for an athletic training topic. The outline may include, but is not limited to, the following:					
1) Peer athletic trainers					
B. Physicians					

NATA Competency Matrix by Course(s)

ATED 102 Intro. To Athletic Training

GENERAL MEDICAL CONDITIONS AND DISABILITIES

Affective Domain

1 - Supports the moral and ethical behavior of athletic trainers in issues dealing with diseases of athletics and physical activity.

PSYCHOSOCIAL INTERVENTION AND REFERRAL

Cognitive Domain

5 - Provides health care information to patients, parents/guardians, athletic personnel, and others regarding the psychological and emotional well being of athletes and others involved in physical activity.

Affective Domain

1 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in providing health care information, intervention, and referral.

2 - Accepts the responsibility to provide health care information, intervention, and referral consistent with the certified athletic trainer's professional training.

3 - Recognizes the certified athletic trainer's role as a liaison between the physically active, athletic personnel, health care professionals, parents/guardians, and the public.

6 - Accepts the moral and ethical responsibility to intervene in situations of mental, emotional, and/or personal/social conflict.

7 - Recognizes athletes and other physically individuals as deserving of quality professional health care.

8 - Accepts the individual's physical complaint(s) without personal bias or prejudice.

9 - Respects the various social and cultural attitudes, beliefs, and values regarding health care practices when caring for patients.

HEALTH CARE ADMINISTRATION

Cognitive Domain

42 - Understands the NATA Code of Professional Practice and the NATABOC Standards of Professional Practice.

ATED 136 Prevention and Risk Management

RISK MANAGEMENT AND INJURY PREVENTION

Cognitive Domain

1 - Identifies the physical and environmental risk factors associated with specific activities the physically active person may engage in.

3 - Implements the recommended or required components of a pre-participation examination based on governing authorities' rules, guidelines, and recommendations.

5 - Identifies areas that athletic personnel or supervisors must be familiar with in order to avoid or reduce the possibility of injury or illness occurring to athletes and others engaged in physical activity (e.g., CPR and first aid).

6 - Describes the principles of effective heat loss and heat illness prevention programs. These principles include, but are not limited to knowledge of the body's thermoregulatory mechanisms for acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss.

7 - Evaluates the accepted guidelines, recommendations, and policy and position statements of applicable governing agencies relating to practice during extreme weather conditions (e.g., heat, cold, and lightning).

10 - Describes the body's anatomical and physiological adaptation to cardiovascular and muscular conditioning programs.

11 - Identifies the components of a physical conditioning program (pre-season, in-season, post-season, off-season).

12 - Compares and contrasts the use of various types of flexibility and stretching programs, considering the results athletes and others involved in physical activity would expect if they followed a recommended routine.

14 - Lists the safety precautions, hazards, and contraindications of various stretching, strengthening, or flexibility routines and/or equipment.

15 - Identifies the precautions and risks associated with exercise in adolescents.

18 - Describes the basic principles regarding protective equipment , including standards for design, construction, maintenance, and reconditioning of protective sports equipment (e.g., football, hockey, and lacrosse pads and headgear).

19 - Identifies basic legal concepts and considerations associated with protective equipment, including product and personal liability.

20 - Accesses and interprets the rules and regulations established by the associations that govern the use of protective equipment .

21 - Describes the principles and concepts relating to prophylactic taping, wrapping, and bracing and protective pad fabrication.

22 - Explains the basic principles and concepts of protective equipment and material composition (e.g., tensile strength, maximum tolerances, heat dissipation).

Affective Domain

1 - Accepts the moral, professional, and legal responsibilities to conduct safe programs to minimize injury and illness risk factors for individuals involved in physical activity.

2 - Acknowledges the importance of developing and implementing a thorough, comprehensive injury and illness prevention program.

3 - Understands the need for cooperation among administrators, athletic personnel, certified athletic trainers, parents/guardians, other health care professionals, and athletes and others engaged in physical activity in the implementation of effective injury and illness prevention programs.

4 - Appreciates and respects the role of athletic personnel and supervisors in injury and illness prevention programs.

5 - Accepts moral, professional, and legal responsibility of conducting appropriate pre-participation examinations.

6 - Accepts and respects the established guidelines for scheduling physical activity to prevent exposure to unsafe environmental conditions.

7 - Appreciates the importance of the body's thermoregulatory mechanisms for acclimation and conditioning, fluid and electrolyte replacements, proper practice and competition attire, and weight loss.

8 - Values the importance of collecting data on temperature, humidity, and other environmental conditions that can affect the human body when exercising in adverse weather conditions.

9 - Appreciates and respects the concepts and theories pertaining to strength, flexibility, and endurance programs or routines.

10 - Understands the values and benefits of correctly selecting and using prophylactic taping and wrapping or prophylactic padding.

11 - Appreciates and respects the importance of correct and appropriate fitting in the use of protective equipment.

GENERAL MEDICAL CONDITIONS AND DISABILITIES

Cognitive Domain

3 - Describes the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.

11 - Identifies the possible causes of sudden death syndrome among athletes and others involved in physical activity.

15 - Describes common heart conditions, such as coronary artery disease, hypertrophic cardiomyopathy, heart murmurs, and mitral valve prolapse.

37 - Describes where and how to seek appropriate medical assistance on disease control, notification, and epidemic prevention.

NUTRITIONAL ASPECTS

Cognitive Domain

5 - Identifies the nutritional considerations in rehabilitation, including nutrients involved in healing and nutritional risk factors.

7 - Describes the common illnesses and injuries that are attributed to poor nutrition.

8 - Evaluates the energy and nutritional demands of specific activities and the nutritional demands placed on athletes and others involved in physical activity.

9 - Delineates the effects of poor dietary habits on bone loss, injury, and long term health.

14 - Describes the principles, advantages, and disadvantages of the ergogenic aids and dietary supplements used by athletes and others involved in physical activity, in an effort to improve performance.

18 - Identifies the consequences of improper fluid replacement.

20 - Summarizes the proper use of food, fluids, and exercise in weight control to dispel the prevailing misconceptions regarding weight control diet fads and fallacies.

Psychomotor Domain

1 - Accesses and uses information regarding the principles of fluid and electrolyte replacement.

2 - Applies the principles of nutrition, including the roles of fluids and electrolytes, vitamins, minerals, and ergogenic aids, as they relate to the dietary and nutritional needs of athletes and others involved in physical activity.

3 - Designs a pre-participation meal.

4 - Includes the proper percentages of carbohydrates, protein, and fat in a diet based on age, gender, and type and level of physical activity.

PSYCHOSOCIAL INTERVENTION AND REFERRAL

Cognitive Domain

1 - Describes the current psychosocial and sociocultural issues and problems confronting athletic training and sports medicine and identifies their effects on athletes and others involved in physical activity.

2 - Compares the psychosocial requirements of various sports activities to the readiness of the injured or ill individual to resume physical participation.

9 - Employs the basic principles of counseling, including discussion, active listening, and resolution.

11 - Identifies the symptoms and clinical signs of common disordered eating (anorexia nervosa, bulimia) and the psychological and sociocultural factors associated with these disorders.

18 - Describes 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) and the appropriate referral.

25 - Describes the motivational techniques that the certified athletic trainer must use during injury rehabilitation and reconditioning.

Psychomotor Domain

4 - Uses motivational techniques with athletes and others involved in physical activity.

5 - Develops and implements stress reduction techniques for athletes and others involved in physical activity.

6 - Develops and implements mental imagery techniques for athletes and others involved in physical activity.

Affective Domain

4 - Accepts the need for appropriate interpersonal relationships between all of the parties involved with athletes and other involved in physical activity.

10 - Accepts the role of social support during the injury rehabilitation process.

HEALTH CARE ADMINISTRATION

Cognitive Domain

30 - Lists the components of a comprehensive risk management plan that addresses the issues of security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.

Psychomotor Domain

2 - Develops a risk management plan that addresses issues of liability reduction, security, fire, facility hazards, electrical and equipment safety, emergency preparedness, and hazardous chemicals (manufacturer safety data sheets [MSDS]).

Affective Domain

10 - Respects the roles and cooperation of medical personnel, administrators, and other staff members in the organization and administration of athletic training service
programs.

ATED 137 Prevention & Risk Management Lab

RISK MANAGEMENT AND INJURY PREVENTION
Psychomotor Domain
1 - Performs appropriate tests and examinations for pre-participation physical exam as required by the appropriate governing agency and/or physician.
3 - Implements appropriate screening procedures to identify common acquired or congenital risk factors that would predispose athletes and others engaged in physical activity to certain types of injuries.
8 - Selects, fabricates, and applies appropriate preventive taping and wrappings, splints, braces, and other special protective devices that are consistent with sound anatomical and biomechanical principles.
9 - Selects and fits standard protective equipment and clothing according to the physical characteristics and need of the individual.

GENERAL MEDICAL CONDITIONS AND DISABILITIES
Psychomotor Domain
1 - Assesses the patient for congenital or acquired abnormalities, physical disabilities, and diseases that would predispose him or her to other injury or illness, or would exacerbate the existing condition(s).
3 - Accepts the roles of medical and allied health personnel in the referral, management, and treatment of athletes and others involved in physical activity suffering from general medical conditions.

ATED 180 First Aid/Emergency Care

RISK MANAGEMENT AND INJURY PREVENTION
Cognitive Domain
8 - Describes the use of a sling psychrometer, and possesses the ability to apply wet bulb globe thermometer (WBGT) reading and other heat and humidity indices to determine the scheduling, type, and duration of practice.
Psychomotor Domain
4 - Collects and interprets climatic data (temperature, humidity, distance of lightning from practice or competition areas) with use of appropriate instruments or personal observation and applies this data to schedule physical activity.

ASSESSMENT AND EVALUATION
Affective Domain
1 - Appreciates the importance of a systematic assessment process in the management of injuries and illness.
2 - Appreciates the importance of documentation of assessment findings and results.
3 - Accepts the role of the certified athletic trainer as a primary provider of assessment to the injuries and illnesses of athletes and others involved in physical activity.
5 - Appreciates the practical importance of thoroughness in a clinical evaluation.
6 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the evaluation and appropriate medical referral of injuries and illnesses of athletes and others involved in physical activity.

ACUTE CARE OF INJURIES AND ILLNESSES
Cognitive Domain
1 - Explains the legal, moral, and ethical parameters that define the scope of first aid and emergency care, and identifies the proper roles and responsibilities of the certified athletic trainer.
2 - Describes the availability, contents, purposes, and maintenance of contemporary first aid and emergency care equipment.

3 - Determines what emergency care supplies and equipment are necessary for event coverage, such as biohazardous waste disposal containers, splints, short-distance transportation equipment, emergency access tools, primary survey instruments (CPR mask, bag-valve-mask), and ice.

4 - Interprets standard nomenclature of athletic injuries and illnesses.

5 - Recognizes appropriate written medical documentation and abbreviations.

6 - Describes the principles and rationale for a primary survey of the airway, breathing, and circulation.

7 - Differentiates the components of a secondary survey, including obtaining a history, inspection and observation, palpation, and the use of special tests to determine the type and severity of the injury or illness sustained.

8 - Interprets vital signs as normal or abnormal including, but not limited to, blood pressure, pulse, respiration, and body temperature.

9 - Assesses pathological signs of injury including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.

10 - Applies the current standards of first aid, emergency care, rescue breathing, and cardiopulmonary resuscitation for the professional rescuer, including (1) use of a bag-valve-mask, (2) use of a pocket mask, and (3) the chin lift-jaw thrust maneuver.

11 - Describes the role and function of an automated external defibrillator in the emergency management of acute heart failure and abnormal heart rhythms.

12 - Describes the role and function of oxygen administration as an adjunct to cardiopulmonary resuscitation techniques.

13 - Recognizes 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 identifies the management of these conditions.

14 - Describes the management of external hemorrhage, including the location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.

15 - Recognizes signs and symptoms associated with internal hemorrhaging.

16 - Recommends the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.

17 - Discriminates those wounds that require medical referral.

18 - Explains the application principles of cold application, elevation, and compression in treatment of acute non-limb-threatening pathologies.

19 - Cites the signs, symptoms, and pathology of acute inflammation.

20 - Recognizes signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological, cranial nerve assessment, and other symptoms that indicate underlying trauma.

21 - Explains and interprets the signs and symptoms associated with increasing intracranial pressure.

22 - Explains the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.

23 - Defines cerebral concussion and lists the signs and symptoms used to classify cerebral concussions according to accepted grading scales (e.g., Cantu, Colorado, Torg, American Neurology Association standards).

24 - Recognizes 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.

25 - Selects a cervical stabilization device that is appropriate to the circumstances of the injury.

26 - Recites the indications and guidelines for removing the helmet and shoulder pads from an athlete with a suspected cervical spine injury.

27 - Describes the proper techniques for removing the helmet and shoulder pads from an athlete with a suspected cervical spine injury.

28 - Describes the proper techniques and necessary supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.

30 - Explains the need for leadership and teamwork when using a spine board or body splint.

31 - Identifies the appropriate short-distance transportation method for an injured athlete or other physically active individual, including immobilization if applicable.

32 - Recognizes the signs and symptoms of shock.

33 - Identifies the different types of shock type (traumatic, hypovolemic, anaphylactic, septic) and the proper management of each.

34 - Differentiates the signs and symptoms of diabetic coma and insulin shock.

35 - Describes the proper treatments of diabetic coma and insulin shock.

36 - Describes the appropriate treatment of a seizure.

37 - Recognizes the signs and symptoms of toxic drug overdose.

38 - Describes the signs, symptoms, and causes of allergic, thermal, and chemical reactions of the skin.

39 - Recognizes the differences between infestations, insect bites, and other skin conditions.

40 - Recognizes the signs and symptoms of common infectious diseases, and takes appropriate steps to prevent disease transmission through appropriate medical referral (see General Medical Clinical Proficiencies, 61-64, for a list of common infectious diseases). {~X-REF}

41 - Recognizes the signs, symptoms, and treatment of individuals suffering from adverse reactions to environmental conditions.

42 - Uses the information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention d (e.g., a life- or limb-threatening situation).

43 - Describes the proper immobilization techniques and selects the appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.

44 - Recognizes the proper technique for using ambulatory aids, including selecting an aid appropriate for the injury and person.

45 - Recommends ambulatory aids to coordinate movement on flat, slippery, or uneven terrain and to navigate steps, ramps, doors, or obstacles, and evaluates the patient's technique in using the aids.

46 - Constructs and educates the patient regarding home care and self-treatment plans.

Psychomotor Domain

1 - Acquires and maintains skills in first aid and emergency care.

2 - Acquires and maintains skill in rescue breathing and CPR, including two-person skills and the use of a bag-valve-mask and a pocket mask.

3 - Performs a primary survey/assessment in appropriate situations.

4 - Performs a secondary survey/assessment, including obtaining a history, inspection/observation, palpation, and using special tests.

5 - Palpates a variety of anatomic locations to assess the pulse in resting (non-emergency) and trauma situations.

6 - Demonstrates proper use of universal precautions and aseptic or sterile techniques when controlling external hemorrhaging.

7 - Demonstrates proper wound cleaning and care, including the use of barriers, aseptic protocols, and disposal of biohazardous waste.

8 - Administers cryotherapy, elevation, and compression to a limb and/or joint.

9 - Assesses a patient for possible closed-head trauma using standard neurological tests and tests for cranial nerve function.

11 - Demonstrates the proper technique for removing the helmet, shoulder pads, and other protective equipment from an athlete with a possible cervical injury.

13 - Applies various cervical stabilization devices correctly, with the victim in various positions.

14 - Performs the correct technique for moving an injured person safely onto a spine board for stabilization and transportation purposes.

15 - Palpates for the rigidity, guarding, and rebound tenderness of the abdomen associated with internal injury or illness.

16 - Performs proper care and positioning of an individual suffering from shock.

17 - Applies various types of splints to different body parts, employing different constructions of splinting materials and allowing for distal pulse palpation.

18 - Performs short-distance transportation using proper positioning techniques, immobilization, and appropriate transportation methods.

19 - Demonstrates the proper techniques for using ambulatory aids to coordinate movement on flat, slippery, or uneven terrain and to navigate steps, ramps, doors, or obstacles.

20 - Fabricates, applies, adjusts, and removes commonly used immobilization devices.

Affective Domain

1 - Appreciates the medical-legal and ethical protocol governing the referral of injured and ill athletes and other individuals engaged in physical activity.

2 - Appreciates the legal, moral, and ethical parameters that define the scope of first aid and emergency care, and values the proper role of the certified athletic trainer in providing this care.

3 - Appreciates the roles and responsibilities of various community-based emergency care personnel (paramedics, emergency medical technicians, emergency room personnel).

4 - Appreciates the role and function of various medical/paramedical specialties, and values their respective areas of expertise in the definitive treatment of acute injuries and illnesses.

5 - Values the importance of certification in first aid and emergency care and cardiopulmonary resuscitation.

6 - Appreciates the systematic approach to acute injury or illness of the secondary survey components of obtaining a history, inspection/observation, palpation, and using special tests.

7 - Realizes the importance of identifying signs and symptoms in cases of possible shock, internal bleeding, and closed-head trauma.

8 - Advocates the principles of proper splinting techniques to prevent further injury.

9 - Appreciates the construction of various splinting devices and the appropriate uses for each.

10 - Appreciates state laws, rules, and regulations governing the application of immobilization devices

11 - Values the proper positioning and securing of a person with a suspected spinal injury onto a spine board or body splint, including preparatory positioning prior to placement of the spine board or body splint, as critical for prevention of further trauma.

12 - Appreciates the need for leadership and teamwork when using a spine board or body splint.

13 - Respects short-distance transportation techniques as a crucial means of moving an injured person.

14 - Supports the application of cryotherapy, elevation, and compression as primary care for a non-threatening injury.

15 - Accepts the approved aseptic and sterile methods for cleaning, treating, and bandaging wounds and for disposing of biohazardous waste.

16 - Empathizes with individuals facing the daily challenges of using ambulatory aids.

GENERAL MEDICAL CONDITIONS AND DISABILITIES

Cognitive Domain

1 - Describes congenital or acquired abnormalities, physical disabilities, and diseases.

2 - Identifies common illnesses and diseases of the body's systems based on contemporary epidemiological studies of the injuries of athletes and others involved in physical activity.

32 - Describes the etiology, signs, symptoms, and management of convulsive disorders.

Psychomotor Domain

2 - Recognizes the moral and ethical responsibility of taking situational control in the containment of common contagious viral and infectious diseases.

3 - Accepts the roles of medical and allied health personnel in the referral, management, and treatment of athletes and others involved in physical activity suffering from general medical conditions.

5 - Recognizes and applies the appropriate treatments for diabetic coma and insulin shock.

7 - Takes the appropriate steps to treat a seizure.

14 - Assesses body temperature.

15 - Assesses vital signs.

16 - Refers an individual who presents with complaints, signs, and/or symptoms of genitourinary or reproductive disorders to a physician.

Affective Domain

HEALTH CARE ADMINISTRATION
Cognitive Domain
24 - Interprets the typical administrative policies and procedures that govern first aid and emergency care, such as those pertaining to parents/guardians, informed consent, media relations, incident reports, and appropriate record keeping.
25 - Identifies the basic components of a comprehensive athletic injury emergency care plan, which include (1) personnel training, (2) equipment needs, (3) availability of emergency care facilities, (4) communication, (5) transportation, (6) activity or event coverage, and (7) record keeping.
26 - Assembles an emergency action plan for all settings that includes on-site care, notification of EMS or appropriate personnel, and location of exit and evacuation routes.
29 - Describes federal and state infection control regulations and guidelines as they pertain to the prevention, exposure, and control of infectious disease.

ATED 201 Applied Biophysics
RISK MANAGEMENT AND INJURY PREVENTION
Cognitive Domain
22 - Explains the basic principles and concepts of protective equipment and material composition (e.g., tensile strength, maximum tolerances, heat dissipation).

PATHOLOGY OF INJURIES AND ILLNESSES
Cognitive Domain
6 - Analyzes the normal physiological responses of the human body to trauma and inactivity of specific body tissues (ligaments/capsules, muscles, tendons, and bones).
17 - Describes the healing process of bone.

ACUTE CARE OF INJURIES AND ILLNESSES
Cognitive Domain
18 - Explains the application principles of cold application, elevation, and compression in treatment of acute non-limb-threatening pathologies.

THERAPEUTIC MODALITIES
Cognitive Domain
10 - Describes the electrophysics, biophysics, set-up, indications, contraindications, and specific physiological effects associated with stimulating electrical currents.
11 - Describes the electrophysics, biophysics, set-up, indications, contraindications, and specific physiological effects associated with short-wave diathermy.
12 - Describes the physical properties, biophysics, set-up, indications, contraindications, and specific physiological effects associated with the application of superficial heat and cold.
13 - Describes the physical properties, biophysics, set-up, indications, contraindications, and specific physiological effects associated with therapeutic ultrasound.

THERAPEUTIC EXERCISE
Cognitive Domain
7 - Describes the mechanical principles applied to the design and use of rehabilitation or reconditioning exercise equipment (leverage, force).

ATED 220 Technology in Athletic Training

HEALTH CARE ADMINISTRATION

Cognitive Domain

10 - Explains the advantages and disadvantages of the various commercial software programs and technologies used by a certified athletic trainer (statistical, educational, injury record keeping).

Psychomotor Domain

4 - Demonstrates the ability to access medical and health care information through electronic media.

6 - Demonstrates the ability to organize a comprehensive patient-file management system that uses both paper and electronic media.

PROFESSIONAL DEVELOPMENT AND RESPONSIBILITIES

Psychomotor Domain

1 - Demonstrates the techniques and methods for disseminating injury prevention and health care information to health care professionals, athletes, athletic personnel, parents/guardians, and the general public (e.g., via team meetings, parents' nights, parent/teacher organizations [PTO] meetings, booster clubs, workshops, and seminars).

ATED 231 Injury Assessment I

PATHOLOGY OF INJURIES AND ILLNESSES

Cognitive Domain

18 - Describes the signs and symptoms of deep and superficial vein thromboses, pulmonary embolism and other emboli, and myocardial infraction.

ASSESSMENT AND EVALUATION

Cognitive Domain

1 - Demonstrates knowledge of the normal anatomical structures of the human body systems and their physiological functions, including the musculoskeletal (including articulations), nervous (central and peripheral), cardiovascular, respiratory, digestive, urogenital, endocrine, dermatological, reproductive, and special sensory systems.

5 - Defines the principles and concepts of body movement including functional classification of joints, joint biomechanics, normal ranges of joint motion, joint action terminology, muscular structures responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesis/proprioception.

6 - Differentiates injury recognition, assessment, and diagnosis.

7 - Describes commonly accepted techniques and procedures for evaluation of the common injuries and illnesses that are incurred by athletes and others involved in physical activity. These techniques and procedures include the following:(a) taking a history, (b) inspection or observation,(c) palpation, (d) functional testing (range of motion, ligamentous or capsular stress, manual muscle, sensory, motor, reflex neurological), (e) special evaluation techniques (e.g., orthopedic tests, auscultation, percussion)

8 - Explains the relationship of injury assessment to the systematic observation of the person as a whole.

9 - Demonstrates knowledge of a systematic process that uses the medical or nursing model to obtain a history of an injury or illness that includes, but is not limited to, the mechanism of injury, chief complaint, and previous relevant injuries or illnesses.

11 - Describes the use of myotomes, dermatomes, and reflexes (deep tendon, superficial) including manual muscle-testing, range-of-motion testing, and distinguishes between primary, cortical, and discriminatory forms of sensation.

12 - Defines the measurement and grading of dermatomes, myotomes, and reflexes and their relationships in a neurological examination.

13 - Describes active, passive, and resisted range-of-motion testing and differentiates the significance of the findings of each test.

14 - Explains the role of special tests, testing joint play, and postural examination in injury assessment.

15 - Explains how to measure resistive range of motion (or strength) of major muscles using manual muscle testing or break tests.

16 - Differentiates the use of diagnostic tests (x-rays, arthrograms, MRI, CAT scan, bone scan, ultrasound, myelogram) based on their applicability in the assessment of an injury or illness when prescribed by a physician.

19 - Explains how to recognize and evaluate athletes and others involved in physical activity who demonstrate clinical signs and symptoms of environmental stress.

20 - Describes the etiological factors, signs, symptoms, and management procedures for injuries of the toes, foot, ankle, lower leg, knee, thigh, hip, pelvis, shoulder, upper arm, elbow, forearm, wrist, hand, thumb, fingers, spine, thorax, abdomen, head, and face.

21 - Explains how to identify and evaluate various postural deformities.

26 - Uses the terminology necessary to communicate the results of an athletic training assessment to physicians and other health professionals.

27 - Describes components of medical documentation (e.g., subjective, objective, assessment, plan [SOAP] and history, inspection, palpation, special tests [HIPS])

Psychomotor Domain

1 - Constructs and phrases appropriate questions to obtain a medical history of an injured or ill individual that includes a previous history and a history of the present injury or illness.

2 - Visually identifies clinical signs associated with common injuries and illnesses, such as the integrity of the skin and mucous membranes, structural deformities, edema, and discoloration.

3 - Demonstrates active, passive, and resisted range-of-motion testing of the toes, foot, ankle, knee, hip, shoulder, elbow, wrist, hand, thumb, fingers, and spine.

6 - Administers static and dynamic postural evaluation and screening procedures, including functional tests for postural deformities and muscle length assessment.

7 - Applies appropriate stress tests for ligamentous or capsular instability based on the principles of joint positioning, segmental stabilization, and force.

8 - Measures the grade of ligamentous laxity during a joint stress test and notes the quality and quantity of the end point.

9 - Applies appropriate and commonly used special tests to evaluate athletic injuries to various anatomical areas.

12 - Palpates bony and soft tissue structures to determine normal or pathological tissue(s).

13 - Performs and interprets appropriate palpation techniques and special tests of the abdomen, chest, cranium, and musculoskeletal system.

14 - Assesses the neurological function of cranial nerves, spinal nerves, and peripheral nerves and assesses the level of spinal cord involvement following injury, including the function of dermatomes, myotomes, and reflexes (e.g., deep tendon, superficial).

15 - Performs appropriate examination of injuries to the trunk and upper and lower extremities prior to an individual's return to activity.

17 - Uses appropriate terminology in the communication and documentation of injuries and illnesses.

Affective Domain

1 - Appreciates the importance of a systematic assessment process in the management of injuries and illness.

2 - Appreciates the importance of documentation of assessment findings and results.

3 - Accepts the role of the certified athletic trainer as a primary provider of assessment to the injuries and illnesses of athletes and others involved in physical activity.

4 - Recognizes the initial clinical evaluation by the certified athletic trainer as an assessment and screening procedure, rather than as a diagnostic procedure.

5 - Appreciates the practical importance of thoroughness in a clinical evaluation.

6 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the evaluation and appropriate medical referral of injuries and illnesses of athletes and others involved in physical activity.

7 - Values the skills and knowledge necessary to competently assess the injuries and illnesses of athletes and others involved in physical activity.

ACUTE CARE OF INJURIES AND ILLNESSES

Cognitive Domain

4 - Interprets standard nomenclature of athletic injuries and illnesses.

7 - Differentiates the components of a secondary survey, including obtaining a history, inspection and observation, palpation, and the use of special tests to determine the type and severity of the injury or illness sustained.

19 - Cites the signs, symptoms, and pathology of acute inflammation.

Psychomotor Domain

4 - Performs a secondary survey/assessment, including obtaining a history, inspection/observation, palpation, and using special tests.

5 - Palpates a variety of anatomic locations to assess the pulse in resting (non-emergency) and trauma situations.

GENERAL MEDICAL CONDITIONS AND DISABILITIES

Cognitive Domain

2 - Identifies common illnesses and diseases of the body's systems based on contemporary epidemiological studies of the injuries of athletes and others involved in physical activity.

17 - Describes the common conditions that affect the liver, gall bladder, and pancreas (e.g., jaundice, hepatitis, diabetes mellitus, and pancreatitis).

18 - Explains and recognizes the etiology, signs, symptoms, and management of diabetes mellitus.

36 - Describes the etiology, signs, symptoms, and management of common viruses (e.g., human papillomavirus, Epstein-Barr virus, and hepatitis B virus).

ATED 232 Injury Assessment II

ASSESSMENT AND EVALUATION

Cognitive Domain

1 - Demonstrates knowledge of the normal anatomical structures of the human body systems and their physiological functions, including the musculoskeletal (including articulations), nervous (central and peripheral), cardiovascular, respiratory, digestive, urogenital, endocrine, dermatological, reproductive, and special sensory systems.

5 - Defines the principles and concepts of body movement including functional classification of joints, joint biomechanics, normal ranges of joint motion, joint action terminology, muscular structures responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesis/proprioception.

6 - Differentiates injury recognition, assessment, and diagnosis.

7 - Describes commonly accepted techniques and procedures for evaluation of the common injuries and illnesses that are incurred by athletes and others involved in physical activity. These techniques and procedures include the following:(a) taking a history, (b) inspection or observation,(c) palpation, (d) functional testing (range of motion, ligamentous or capsular stress, manual muscle, sensory, motor, reflex neurological), (e) special evaluation techniques (e.g., orthopedic tests, auscultation, percussion)

8 - Explains the relationship of injury assessment to the systematic observation of the person as a whole.

9 - Demonstrates knowledge of a systematic process that uses the medical or nursing model to obtain a history of an injury or illness that includes, but is not limited to, the mechanism of injury, chief complaint, and previous relevant injuries or illnesses.

10 - Explains how to take measurements of the neurological function of cranial nerves, spinal nerves, and peripheral nerves, and describes their relationships in a neurological examination.

11 - Describes the use of myotomes, dermatomes, and reflexes (deep tendon, superficial) including manual muscle-testing, range-of-motion testing, and distinguishes between primary, cortical, and discriminatory forms of sensation.

12 - Defines the measurement and grading of dermatomes, myotomes, and reflexes and their relationships in a neurological examination.

13 - Describes active, passive, and resisted range-of-motion testing and differentiates the significance of the findings of each test.

14 - Explains the role of special tests, testing joint play, and postural examination in injury assessment.

15 - Explains how to measure resistive range of motion (or strength) of major muscles using manual muscle testing or break tests.

16 - Differentiates the use of diagnostic tests (x-rays, arthrograms, MRI, CAT scan, bone scan, ultrasound, myelogram) based on their applicability in the assessment of an injury or illness when prescribed by a physician.

19 - Explains how to recognize and evaluate athletes and others involved in physical activity who demonstrate clinical signs and symptoms of environmental stress.

20 - Describes the etiological factors, signs, symptoms, and management procedures for injuries of the toes, foot, ankle, lower leg, knee, thigh, hip, pelvis, shoulder, upper arm, elbow, forearm, wrist, hand, thumb, fingers, spine, thorax, abdomen, head, and face.

21 - Explains how to identify and evaluate various postural deformities.

23 - Describes the signs and symptoms of injuries to the abdominal viscera.

24 - Demonstrates familiarity with the function of an ophthalmoscope in the examination of the eye.

25 - Demonstrates familiarity with the function of a stethoscope in the examination of the heart, lungs, and bowel.

26 - Uses the terminology necessary to communicate the results of an athletic training assessment to physicians and other health professionals.

27 - Describes components of medical documentation (e.g., subjective, objective, assessment, plan [SOAP] and history, inspection, palpation, special tests [HIPS])

Psychomotor Domain

1 - Constructs and phrases appropriate questions to obtain a medical history of an injured or ill individual that includes a previous history and a history of the present injury or illness.

2 - Visually identifies clinical signs associated with common injuries and illnesses, such as the integrity of the skin and mucous membranes, structural deformities, edema, and discoloration.

3 - Demonstrates active, passive, and resisted range-of-motion testing of the toes, foot, ankle, knee, hip, shoulder, elbow, wrist, hand, thumb, fingers, and spine.

6 - Administers static and dynamic postural evaluation and screening procedures, including functional tests for postural deformities and muscle length assessment.

7 - Applies appropriate stress tests for ligamentous or capsular instability based on the principles of joint positioning, segmental stabilization, and force.

8 - Measures the grade of ligamentous laxity during a joint stress test and notes the quality and quantity of the end point.

9 - Applies appropriate and commonly used special tests to evaluate athletic injuries to various anatomical areas.

10 - Demonstrates the proper use of the otoscope for ear and nasal examination, including the proper positioning of the patient and examiner and proper technique of use.

11 - Conducts auscultation of normal heart, breath, and bowel sounds, demonstrating proper position and location of stethoscope.

12 - Palpates bony and soft tissue structures to determine normal or pathological tissue(s).

13 - Performs and interprets appropriate palpation techniques and special tests of the abdomen, chest, cranium, and musculoskeletal system.

14 - Assesses the neurological function of cranial nerves, spinal nerves, and peripheral nerves and assesses the level of spinal cord involvement following injury, including the function of dermatomes, myotomes, and reflexes (e.g., deep tendon, superficial).

15 - Performs appropriate examination of injuries to the trunk and upper and lower extremities prior to an individual's return to activity.

16 - Performs an appropriate examination to evaluate the return to activity of an individual who has sustained a head injury.

17 - Uses appropriate terminology in the communication and documentation of injuries and illnesses.

Affective Domain

1 - Appreciates the importance of a systematic assessment process in the management of injuries and illness.

2 - Appreciates the importance of documentation of assessment findings and results.

3 - Accepts the role of the certified athletic trainer as a primary provider of assessment to the injuries and illnesses of athletes and others involved in physical activity.

4 - Recognizes the initial clinical evaluation by the certified athletic trainer as an assessment and screening procedure, rather than as a diagnostic procedure.

5 - Appreciates the practical importance of thoroughness in a clinical evaluation.

6 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the evaluation and appropriate medical referral of injuries and illnesses of athletes and others involved in physical activity.

7 - Values the skills and knowledge necessary to competently assess the injuries and illnesses of athletes and others involved in physical activity.

ACUTE CARE OF INJURIES AND ILLNESSES

Cognitive Domain

4 - Interprets standard nomenclature of athletic injuries and illnesses.

7 - Differentiates the components of a secondary survey, including obtaining a history, inspection and observation, palpation, and the use of special tests to determine the type and severity of the injury or illness sustained.

8 - Interprets vital signs as normal or abnormal including, but not limited to, blood pressure, pulse, respiration, and body temperature.

9 - Assesses pathological signs of injury including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.

13 - Recognizes 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 identifies the management of these conditions.

15 - Recognizes signs and symptoms associated with internal hemorrhaging.

19 - Cites the signs, symptoms, and pathology of acute inflammation.

20 - Recognizes signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological, cranial nerve assessment, and other symptoms that indicate underlying trauma.

21 - Explains and interprets the signs and symptoms associated with increasing intracranial pressure.

23 - Defines cerebral concussion and lists the signs and symptoms used to classify cerebral concussions according to accepted grading scales (e.g., Cantu, Colorado, Torg, American Neurology Association standards).

24 - Recognizes 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.

32 - Recognizes the signs and symptoms of shock.

33 - Identifies the different types of shock type (traumatic, hypovolemic, anaphylactic, septic) and the proper management of each.

34 - Differentiates the signs and symptoms of diabetic coma and insulin shock.

35 - Describes the proper treatments of diabetic coma and insulin shock.

38 - Describes the signs, symptoms, and causes of allergic, thermal, and chemical reactions of the skin.

39 - Recognizes the differences between infestations, insect bites, and other skin conditions.

40 - Recognizes the signs and symptoms of common infectious diseases, and takes appropriate steps to prevent disease transmission through appropriate medical referral (see General Medical Clinical Proficiencies, 61-64, for a list of common infectious diseases). {~X-REF}

41 - Recognizes the signs, symptoms, and treatment of individuals suffering from adverse reactions to environmental conditions.

Psychomotor Domain

4 - Performs a secondary survey/assessment, including obtaining a history, inspection/observation, palpation, and using special tests.

5 - Palpates a variety of anatomic locations to assess the pulse in resting (non-emergency) and trauma situations.

6 - Demonstrates proper use of universal precautions and aseptic or sterile techniques when controlling external hemorrhaging.

7 - Demonstrates proper wound cleaning and care, including the use of barriers, aseptic protocols, and disposal of biohazardous waste.

8 - Administers cryotherapy, elevation, and compression to a limb and/or joint.

9 - Assesses a patient for possible closed-head trauma using standard neurological tests and tests for cranial nerve function.

15 - Palpates for the rigidity, guarding, and rebound tenderness of the abdomen associated with internal injury or illness.

GENERAL MEDICAL CONDITIONS AND DISABILITIES

Cognitive Domain

2 - Identifies common illnesses and diseases of the body's systems based on contemporary epidemiological studies of the injuries of athletes and others involved in physical activity.

4 - Recognizes common eye pathologies (e.g., conjunctivitis, hyphema, corneal injury, and scleral trauma).

5 - Recognizes common ear pathologies (e.g., otitis, ruptured tympanic membrane, and impacted cerumen).

6 - Recognizes common pathologies of the mouth, sinus, oropharynx, and nasopharynx.

7 - Lists the common causes, signs, and symptoms of respiratory infections (e.g., pneumonia, bronchitis, sinusitis, URI, and asthma).

10 - Compares and contrasts the signs and symptoms of respiratory tract conditions (e.g., common cold, influenza, allergic rhinitis, sinusitis, bronchitis, asthma, pneumonia, and pleurisy).

14 - Explains the typical history, signs, and symptoms associated with cardiopulmonary conditions.

16 - Identifies the typical symptoms and clinical signs of an injury or illness, including those associated with local tissue inflammation (cellulitis) and systemic infection (lymphangitis, lymphadenitis, bacteremia).

27 - Recognizes skin lesions (e.g., wounds and thermal, electrical, and radiation injury), infections (e.g., bacterial, fungal, and viral), and disorders (e.g., bites, acne, dermatitis, folliculitis, and eczema); ;.

28 - Identifies skin infections that are potentially contagious (e.g., impetigo, staph infection).

31 - Recognizes the main cerebral lesions caused by trauma (e.g., subdural, epidural hematoma,aneurysm).

33 - Recognizes postconcussional syndrome.

Psychomotor Domain

4 - Recognizes and manages the common disorders of the gastrointestinal tract.

6 - Acts quickly to contain skin infections that are potentially contagious, and refers the patient when appropriate.

8 - Recognizes and takes the appropriate steps to manage and control common contagious viral and infectious diseases.

9 - Uses an otoscope correctly to examine the ear and nasal passages.

11 - Uses a penlight to examine pupil responsiveness, equality, and ocular motor function.

12 - Palpates the abdominal quadrants for tenderness and rigidity.

13 - Uses the stethoscope correctly to auscultate the heart, lungs, and bowel.

14 - Assesses body temperature.

15 - Assesses vital signs.

16 - Refers an individual who presents with complaints, signs, and/or symptoms of genitourinary or reproductive disorders to a physician.

Affective Domain

1 - Supports the moral and ethical behavior of athletic trainers in issues dealing with diseases of athletics and physical activity.

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RISK MANAGEMENT AND INJURY PREVENTION

Cognitive Domain

2 - Appraises the risk factors associated with common congenital and acquired abnormalities, disabilities, and diseases.

Psychomotor Domain

5 - Implements prevention and treatment of environmental stress factors that pertain to acclimation and conditioning, fluid and electrolyte replacements, proper practice and competition attire, and weight loss.

Affective Domain

4 - Appreciates and respects the role of athletic personnel and supervisors in injury and illness prevention programs.

5 - Accepts moral, professional, and legal responsibility of conducting appropriate pre-participation examinations.

6 - Accepts and respects the established guidelines for scheduling physical activity to prevent exposure to unsafe environmental conditions.

7 - Appreciates the importance of the body's thermoregulatory mechanisms for acclimation and conditioning, fluid and electrolyte replacements, proper practice and competition attire, and weight loss.

8 - Values the importance of collecting data on temperature, humidity, and other environmental conditions that can affect the human body when exercising in adverse weather conditions.

9 - Appreciates and respects the concepts and theories pertaining to strength, flexibility, and endurance programs or routines.

10 - Understands the values and benefits of correctly selecting and using prophylactic taping and wrapping or prophylactic padding.

11 - Appreciates and respects the importance of correct and appropriate fitting in the use of protective equipment.

ASSESSMENT AND EVALUATION

Cognitive Domain

17 - Explains the distinction between body weight and body composition.

19 - Explains how to recognize and evaluate athletes and others involved in physical activity who demonstrate clinical signs and symptoms of environmental stress.

20 - Describes the etiological factors, signs, symptoms, and management procedures for injuries of the toes, foot, ankle, lower leg, knee, thigh, hip, pelvis, shoulder, upper arm, elbow, forearm, wrist, hand, thumb, fingers, spine, thorax, abdomen, head, and face.

27 - Describes components of medical documentation (e.g., subjective, objective, assessment, plan [SOAP] and history, inspection, palpation, special tests [HIPS])

Psychomotor Domain

5 - Performs appropriate manual muscle-testing techniques and/or break tests, including application of the principles of muscle/muscle group isolation, segmental stabilization resistance/pressure, and grading, to evaluate injuries incurred by athletes and others engaged in physical activity.

15 - Performs appropriate examination of injuries to the trunk and upper and lower extremities prior to an individual's return to activity.

Affective Domain

6 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the evaluation and appropriate medical referral of injuries and illnesses of athletes and others involved in physical activity.

ACUTE CARE OF INJURIES AND ILLNESSES

Cognitive Domain

1 - Explains the legal, moral, and ethical parameters that define the scope of first aid and emergency care, and identifies the proper roles and responsibilities of the certified athletic trainer.

2 - Describes the availability, contents, purposes, and maintenance of contemporary first aid and emergency care equipment.

3 - Determines what emergency care supplies and equipment are necessary for event coverage, such as biohazardous waste disposal containers, splints, short-distance transportation equipment, emergency access tools, primary survey instruments (CPR mask, bag-valve-mask), and ice.

4 - Interprets standard nomenclature of athletic injuries and illnesses.

5 - Recognizes appropriate written medical documentation and abbreviations.

7 - Differentiates the components of a secondary survey, including obtaining a history, inspection and observation, palpation, and the use of special tests to determine the type and severity of the injury or illness sustained.

13 - Recognizes 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 identifies the management of these conditions.

14 - Describes the management of external hemorrhage, including the location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.

16 - Recommends the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.

17 - Discriminates those wounds that require medical referral.

22 - Explains the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.

32 - Recognizes the signs and symptoms of shock.

33 - Identifies the different types of shock type (traumatic, hypovolemic, anaphylactic, septic) and the proper management of each.

42 - Uses the information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention d (e.g., a life- or limb-threatening situation).

44 - Recognizes the proper technique for using ambulatory aids, including selecting an aid appropriate for the injury and person.

Psychomotor Domain

4 - Performs a secondary survey/assessment, including obtaining a history, inspection/observation, palpation, and using special tests.

16 - Performs proper care and positioning of an individual suffering from shock.

17 - Applies various types of splints to different body parts, employing different constructions of splinting materials and allowing for distal pulse palpation.

21 - Fabricates, applies, adjusts, and removes special protective equipment (braces, special pads, modified taping procedures).

Affective Domain

1 - Appreciates the medical-legal and ethical protocol governing the referral of injured and ill athletes and other individuals engaged in physical activity.

2 - Appreciates the legal, moral, and ethical parameters that define the scope of first aid and emergency care, and values the proper role of the certified athletic trainer in providing this care.

3 - Appreciates the roles and responsibilities of various community-based emergency care personnel (paramedics, emergency medical technicians, emergency room personnel).

4 - Appreciates the role and function of various medical/paramedical specialties, and values their respective areas of expertise in the definitive treatment of acute injuries and illnesses.

6 - Appreciates the systematic approach to acute injury or illness of the secondary survey components of obtaining a history, inspection/observation, palpation, and using special tests.

7 - Realizes the importance of identifying signs and symptoms in cases of possible shock, internal bleeding, and closed-head trauma.

9 - Appreciates the construction of various splinting devices and the appropriate uses for each.

14 - Supports the application of cryotherapy, elevation, and compression as primary care for a non-threatening injury.

15 - Accepts the approved aseptic and sterile methods for cleaning, treating, and bandaging wounds and for disposing of biohazardous waste.

PHARMACOLOGY

Cognitive Domain

2 - Recalls and can access the laws, regulations, and procedures that govern storage, transportation, dispensation, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).

THERAPEUTIC MODALITIES

Cognitive Domain

2 - Describes methods of evaluating and recording progress of therapeutic modality treatments.

4 - Identifies the body's physiological responses during and following the application of therapeutic modalities.

Psychomotor Domain

4 - Performs appropriate patient preparation and positioning for therapeutic modality application.

5 - Performs the appropriate set-up for therapeutic modalities.

7 - Operates and applies contemporary therapeutic modalities (electrical stimulating currents, thermotherapy, cryotherapy, diathermy, ultrasound, intermittent compression, cervical and lumbar traction, laser, EMG and biofeedback, soft tissue massage, and other contemporary therapeutic modalities) according to established guidelines.

8 - Evaluates patient response to therapeutic modalities during and following the application of therapeutic modalities.

9 - Formulates progress notes and treatment outcomes that are relevant to the selection and application of therapeutic modalities.

10 - Inspects the therapeutic modalities and treatment area for potential safety hazards.

Affective Domain

1 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the use of therapeutic agents to treat, rehabilitate, and recondition athletes and others involved in physical activity.

3 - Advocates the accepted medical protocol regarding the confidentiality of medical information relative to therapeutic modality treatments.

THERAPEUTIC EXERCISE

Psychomotor Domain

6 - Performs a functional assessment for safe return to physical activity.

GENERAL MEDICAL CONDITIONS AND DISABILITIES

Cognitive Domain

2 - Identifies common illnesses and diseases of the body's systems based on contemporary epidemiological studies of the injuries of athletes and others involved in physical activity.

4 - Recognizes common eye pathologies (e.g., conjunctivitis, hyphema, corneal injury, and scleral trauma).

24 - Describes the various menstrual irregularities, the relationship that physical activity plays in their development, their resolutions, and their implications on performance, as well as detrimental systemic effects (e.g., oligomenorrhea, amenorrhea, and dysmenorrhea).

Psychomotor Domain

16 - Refers an individual who presents with complaints, signs, and/or symptoms of genitourinary or reproductive disorders to a physician.

Affective Domain

3 -

NUTRITIONAL ASPECTS

Affective Domain

3 - Appreciates the long-term effects of disordered eating, bone density loss, and secondary amenorrhea on the skeletal health of the physically active.

4 - Recognizes the need for and implements proper referral for eating disorders.

PSYCHOSOCIAL INTERVENTION AND REFERRAL

Psychomotor Domain

2 - Communicates with appropriate health care professionals in a confidential manner.

HEALTH CARE ADMINISTRATION

Cognitive Domain

21 - Describes typical community-based emergency health care delivery plans, including communication and transportation systems.

27 - Selects sideline emergency care supplies and equipment that are necessary and appropriate for the setting.

37 - Explains the protocol that governs the referral of patients to medical or paramedical specialists and other health care providers.

Affective Domain

3 - Values the need for sideline emergency care supplies and equipment as deemed necessary for all athletic training settings.

ATED 330 Pharmacology in Athletic Training

PHARMACOLOGY

Cognitive Domain

1 - Recognizes the general concepts and differences in the legal regulation of non-prescription, prescription, and classified pharmaceuticals.

3 - Identifies the role of the Food and Drug Administration (FDA) in approving and recalling drugs.

4 - Identifies appropriate terminology and pharmaceutical abbreviations used in the prescription and dispensation of medications.

5 - Identifies the common resources used to identify indications, contraindications, precautions, and adverse reactions for prescription and nonprescription medications.

6 - Recalls how the concept of potency and expiration affects drug dose protocols.

7 - Identifies common methods used to administer medication.

8 - Relates the relationship of generic to brand name pharmaceuticals.

9 - Describes the kinetic process of absorption, distribution, metabolism, and elimination of administered medication.

10 - Describes how physical activity may influence a drug's therapeutic effect.

11 - Illustrates the general concepts of dissolution, bioavailability, and bioequivalence.

12 - Recognizes the general action of biotransformation in the biochemical reactions that occur during drug absorption.

13 - Recognizes that adverse drug reactions can be immediate (acute) or delayed (chronic).

14 - Describes the potential risks of co-interaction between two or more pharmaceutical agents.

15 - Recognizes the difference between cortical and anabolic steroids and other androgenics.

16 - Describes the general indications, contraindications, and adverse reactions of prescription and nonprescription anti-inflammatory and antiarthritic medications (e.g., steroidal and nonsteroidal).

17 - Lists the general indications, contraindications, and adverse reactions of commonly used prescription and nonprescription analgesic medications.

19 - Lists the general indications, contraindications, and adverse reactions of bronchodilators and other prescription and nonprescription respiratory medications as they relate to physical activity.

20 - Identifies the general indications, contraindications, and adverse reactions of prescription and nonprescription antibiotics.

21 - Identifies the general indications, contraindications, and adverse reactions of anaphylaxis medications.

22 - Identifies the general adverse reactions of gastrointestinal prescription and nonprescription medications.

23 - Lists the general indications, contraindications, and adverse reactions of beta-blockers and antihypertensives.

24 - Recalls the general indications, contraindications, and adverse reactions of prescription and nonprescription topical applications.

25 - Identifies the usage patterns, general effects, and adverse short- and long-term reactions of performance enhancing drugs.

Psychomotor Domain

1 - Employs the Physician's Desk Reference (PDR), the Drug Facts and Comparisons, or on-line services to obtain information on the medications prescribed for athletes and others involved in physical activity.

2 - Follows federal, state, and local regulations regarding storing, transporting, dispensing, and recording medications.

3 - Documents tracking of medications by name, manufacturer, amount, dosage, lot number, and expiration date.

4 - Replicates procedures for storage and inventory of medications.

5 - Reviews and adheres to a policies-and-procedures manual as it relates to medications.

6 - Replicates the procedure for using an emergency epinephrine injection to prevent anaphylaxis as per physician instruction.

Affective Domain

1 - Recognizes that pharmacology applies to the immediate and ongoing care of injury and illness.

2 - Recognizes the importance of pharmacological concepts in health care.

3 - Accepts physician (or other qualified health care provider) and pharmacist consultation as a legal, moral, and ethical necessity in the prescription and dispensation of medication.

4 - Appreciates the use of clinical references such as the PDR and clinical databases to identify medications.

5 - Accepts the laws and regulations that govern the storage, transportation, and dispensation of all drugs.

6 - Supports the moral and ethical behavior of athletic trainers in dealing with the issues of drug use and abuse in sports.

7 - Accepts moral and ethical responsibility for maintaining current knowledge of the medications commonly prescribed to athletes and others involved in physical activity.

8 - Advocates moral and ethical behavior of self and colleagues in dealing with issues of a pharmacological nature.

9 - Promotes accountability for moral and ethical decision-making in pharmacological issues.

THERAPEUTIC MODALITIES

Cognitive Domain

5 - Describes the role and function of the common prescription and nonprescription pharmacological agents that are used in conjunction with therapeutic modalities (e.g., topical ointments, phonophoresis, iontophoresis.

6 - Explains the principles of physics, including basic concepts associated with the electromagnetic and acoustic spectra (e.g., frequency, wavelength).

Affective Domain

4 - Initiates accepted medical protocol regarding therapeutic prescriptions.

GENERAL MEDICAL CONDITIONS AND DISABILITIES

Cognitive Domain

8 - Describes the use of a peak-flow meter in the evaluation and management of respiratory conditions.

9 - Describes strategies for reducing the frequency and severity of asthma attacks.

ATED 335 Therapeutic Exercise

PATHOLOGY OF INJURIES AND ILLNESSES

Cognitive Domain

6 - Analyzes the normal physiological responses of the human body to trauma and inactivity of specific body tissues (ligaments/capsules, muscles, tendons, and bones).

19 - Identifies the implications of various underlying pathologies and uses this knowledge to select appropriate therapeutic modalities and therapeutic exercise protocols.

Affective Domain

5 - Understands how the use of exercise will improve the non-diseased organ system, thus enhancing overall wellness.

ASSESSMENT AND EVALUATION

Psychomotor Domain

4 - Measures active and passive joint range of motion with a goniometer.

6 - Administers static and dynamic postural evaluation and screening procedures, including functional tests for postural deformities and muscle length assessment.

THERAPEUTIC EXERCISE

Cognitive Domain

1 - Predicts the physiological process of wound healing and tissue repair and its implications (limitations, contraindications) on the development and progression of an appropriate rehabilitation or reconditioning program.

2 - Describes and interprets appropriate measurement and functional testing procedures as they relate to therapeutic exercise (e.g., use of isokinetic devices, goniometers and dynamometers, postural stability test, hop tests, specific function tests).

3 - Uses objective measurement results (muscular strength/endurance, range of motion) as a basis for developing individualized rehabilitation or reconditioning programs.

4 - Describes common surgical techniques, pathology, and any subsequent anatomical alterations that may affect the implementation of a rehabilitation or reconditioning exercise program.

5 - Interprets the results of injury assessment and determines an appropriate rehabilitation or reconditioning plan to return the patient to physical activity.

6 - Defines the basic components of activity-specific functional progressions in a therapeutic exercise program.

7 - Describes the mechanical principles applied to the design and use of rehabilitation or reconditioning exercise equipment (leverage, force).

8 - Recommends the appropriate therapeutic exercise plan and determines appropriate therapeutic goals and objectives based on the initial assessment, frequent reassessments, and appropriate goal setting.

9 - Describes the appropriate selection and application of ther ex taking into consideration: a. the physiological responses of the human body to trauma, b. the physiological effects of inactivity and immobilization on the musculoskeletal, cardiovascular, nervous, and respiratory systems of the human body, c. the associated anatomical and/or biomechanical alterations of commonly used primary and reconstructive surgery, d. the physiological adaptations induced by the various forms of therapeutic exercise, such as fast- versus slow-twitch muscle fibers, e. the physiological responses of additional factors, such as age and disease.

10 - Describes the indications, contraindications, theory, and principles for the incorporation and application of various contemporary therapeutic exercises, including: a. isometric, isotonic, & isokinetic exercise, b. eccentric vs concentric exercise, c. open-vs closed-chain exercise, d. elastic, mechanical,& manual resistance exercise, e. joint mob exercise, f. plyometrics-dynamic reactive exercise, g. PNF for muscular strength/endurance, stretching, and improved ROM, h. exercises to improve neuromuscular coordination & proprioception, i. passive, active, & active-assisted exercise, j. cardiovascular exercise, including the use of stationary bicycles, upper-body ergometer, treadmill, and stair climber, k. aquatic therapy, l. functional rehabilitation And reconditioning, m. sport-specific activity, n. soft tissue mobilization

11 - Revises goals and objectives, and develops criteria for progression and return to activity, based on the level of functional outcomes.

12 - Describes appropriate methods of assessing rehabilitation and reconditioning progress and interprets the results.

13 - Interprets physician notes, post-operative notes, and physician prescriptions as they pertain to a rehabilitation or reconditioning plan.

14 - Describes rehabilitation, functional, and reconditioning progress using follow-up notes, progress notes, SOAP notes, etc.

15 - Compares the effectiveness of taping, wrapping, bracing, and other supportive/protective methods for facilitation of safe progression to advanced therapeutic exercises and functional activities.

16 - Applies manufacturer's guidelines for the inspection and maintenance of therapeutic exercise equipment.

Psychomotor Domain

1 - Demonstrates appropriate methods of evaluating rehabilitation and reconditioning progress and interpreting results.

2 - Measures the physical effects of injury using contemporary methods (isokinetic devices, goniometers, dynamometers, manual muscle testing, calipers, functional testing) and uses this data as a basis for developing individualized rehabilitation or reconditioning programs.

3 - Records rehabilitation or reconditioning progress (e.g., follow-up notes, progress notes).

4 - Demonstrates the appropriate application of contemporary therapeutic exercises including the following: a. isometric, isotonic, and isokinetic exercise, b. eccentric vs concentric exercise, c. open- vs closed-kinematic chain exercise, d. elastic, mechanical, and manual resistance exercise, e. joint mobilization exercise, f. plyometrics-dynamic reactive exercise, g. proprioceptive neuromuscular facilitation (PNF) for muscular strength/endurance, muscle stretching, and improved range of motion, h. exercises to improve neuromuscular coordination and proprioception, i. passive, active, and active-assisted exercise, j. cardiovascular exercise, including the use of stationary bicycles, upper-body

ergometer, treadmill, and stair climber, k. aquatic therapy, l. functional rehabilitation and reconditioning, m. sport-specific activity, n. soft tissue mobilization

5 - Demonstrates the proper techniques for the performance of commonly prescribed rehabilitation and reconditioning exercises.

6 - Performs a functional assessment for safe return to physical activity.

7 - Inspects therapeutic exercise equipment to ensure safe operating condition.

Affective Domain

1 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the treatment, rehabilitation, or reconditioning of athletes and others involved in physical activity.

2 - Accepts the moral and ethical obligation to provide rehabilitation or reconditioning to athletes and others involved in physical activity to the fullest extent possible.

3 - Respects the proper role of attending physicians and other medical and paramedical personnel in the treatment and rehabilitation or reconditioning of athletes and others involved in physical activity.

4 - Respects accepted medical and paramedical protocols regarding the confidentiality of medical information, medical and therapeutic prescriptions, and health care referral as they relate to the rehabilitation or reconditioning process.

NUTRITIONAL ASPECTS

Cognitive Domain

5 - Identifies the nutritional considerations in rehabilitation, including nutrients involved in healing and nutritional risk factors.

ATED 337 Therapeutic Modalities

RISK MANAGEMENT AND INJURY PREVENTION

Cognitive Domain

2 - Appraises the risk factors associated with common congenital and acquired abnormalities, disabilities, and diseases.

Psychomotor Domain

5 - Implements prevention and treatment of environmental stress factors that pertain to acclimation and conditioning, fluid and electrolyte replacements, proper practice and competition attire, and weight loss.

Affective Domain

4 - Appreciates and respects the role of athletic personnel and supervisors in injury and illness prevention programs.

5 - Accepts moral, professional, and legal responsibility of conducting appropriate pre-participation examinations.

6 - Accepts and respects the established guidelines for scheduling physical activity to prevent exposure to unsafe environmental conditions.

7 - Appreciates the importance of the body's thermoregulatory mechanisms for acclimation and conditioning, fluid and electrolyte replacements, proper practice and competition attire, and weight loss.

8 - Values the importance of collecting data on temperature, humidity, and other environmental conditions that can affect the human body when exercising in adverse weather conditions.

9 - Appreciates and respects the concepts and theories pertaining to strength, flexibility, and endurance programs or routines.

10 - Understands the values and benefits of correctly selecting and using prophylactic taping and wrapping or prophylactic padding.

11 - Appreciates and respects the importance of correct and appropriate fitting in the use of protective equipment.

ASSESSMENT AND EVALUATION

Cognitive Domain

17 - Explains the distinction between body weight and body composition.

19 - Explains how to recognize and evaluate athletes and others involved in physical activity who demonstrate clinical signs and symptoms of environmental stress.

20 - Describes the etiological factors, signs, symptoms, and management procedures for injuries of the toes, foot, ankle, lower leg, knee, thigh, hip, pelvis, shoulder, upper arm, elbow, forearm, wrist, hand, thumb, fingers, spine, thorax, abdomen, head, and face.

27 - Describes components of medical documentation (e.g., subjective, objective, assessment, plan [SOAP] and history, inspection, palpation, special tests [HIPS])

Psychomotor Domain

5 - Performs appropriate manual muscle-testing techniques and/or break tests, including application of the principles of muscle/muscle group isolation, segmental stabilization resistance/pressure, and grading, to evaluate injuries incurred by athletes and others engaged in physical activity.

15 - Performs appropriate examination of injuries to the trunk and upper and lower extremities prior to an individual's return to activity.

Affective Domain

6 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the evaluation and appropriate medical referral of injuries and illnesses of athletes and others involved in physical activity.

ACUTE CARE OF INJURIES AND ILLNESSES

Cognitive Domain

1 - Explains the legal, moral, and ethical parameters that define the scope of first aid and emergency care, and identifies the proper roles and responsibilities of the certified athletic trainer.

2 - Describes the availability, contents, purposes, and maintenance of contemporary first aid and emergency care equipment.

3 - Determines what emergency care supplies and equipment are necessary for event coverage, such as biohazardous waste disposal containers, splints, short-distance transportation equipment, emergency access tools, primary survey instruments (CPR mask, bag-valve-mask), and ice.

4 - Interprets standard nomenclature of athletic injuries and illnesses.

5 - Recognizes appropriate written medical documentation and abbreviations.

7 - Differentiates the components of a secondary survey, including obtaining a history, inspection and observation, palpation, and the use of special tests to determine the type and severity of the injury or illness sustained.

13 - Recognizes 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 identifies the management of these conditions.

14 - Describes the management of external hemorrhage, including the location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.

16 - Recommends the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.

17 - Discriminates those wounds that require medical referral.

22 - Explains the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.

32 - Recognizes the signs and symptoms of shock.

33 - Identifies the different types of shock type (traumatic, hypovolemic, anaphylactic, septic) and the proper management of each.

42 - Uses the information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention d (e.g., a life- or limb-threatening situation).

44 - Recognizes the proper technique for using ambulatory aids, including selecting an aid appropriate for the injury and person.

Psychomotor Domain

4 - Performs a secondary survey/assessment, including obtaining a history, inspection/observation, palpation, and using special tests.

16 - Performs proper care and positioning of an individual suffering from shock.

17 - Applies various types of splints to different body parts, employing different constructions of splinting materials and allowing for distal pulse palpation.

21 - Fabricates, applies, adjusts, and removes special protective equipment (braces, special pads, modified taping procedures).

Affective Domain

1 - Appreciates the medical-legal and ethical protocol governing the referral of injured and ill athletes and other individuals engaged in physical activity.

2 - Appreciates the legal, moral, and ethical parameters that define the scope of first aid and emergency care, and values the proper role of the certified athletic trainer in providing this care.

3 - Appreciates the roles and responsibilities of various community-based emergency care personnel (paramedics, emergency medical technicians, emergency room personnel).

4 - Appreciates the role and function of various medical/paramedical specialties, and values their respective areas of expertise in the definitive treatment of acute injuries and illnesses.

6 - Appreciates the systematic approach to acute injury or illness of the secondary survey components of obtaining a history, inspection/observation, palpation, and using special tests.

7 - Realizes the importance of identifying signs and symptoms in cases of possible shock, internal bleeding, and closed-head trauma.

9 - Appreciates the construction of various splinting devices and the appropriate uses for each.

14 - Supports the application of cryotherapy, elevation, and compression as primary care for a non-threatening injury.

15 - Accepts the approved aseptic and sterile methods for cleaning, treating, and bandaging wounds and for disposing of biohazardous waste.

PHARMACOLOGY

Cognitive Domain

2 - Recalls and can access the laws, regulations, and procedures that govern storage, transportation, dispensation, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).

THERAPEUTIC MODALITIES

Cognitive Domain

2 - Describes methods of evaluating and recording progress of therapeutic modality treatments.

4 - Identifies the body's physiological responses during and following the application of therapeutic modalities.

Psychomotor Domain

4 - Performs appropriate patient preparation and positioning for therapeutic modality application.

5 - Performs the appropriate set-up for therapeutic modalities.

7 - Operates and applies contemporary therapeutic modalities (electrical stimulating currents, thermotherapy, cryotherapy, diathermy, ultrasound, intermittent compression, cervical and lumbar traction, laser, EMG and biofeedback, soft tissue massage, and other contemporary therapeutic modalities) according to established guidelines.

8 - Evaluates patient response to therapeutic modalities during and following the application of therapeutic modalities.

9 - Formulates progress notes and treatment outcomes that are relevant to the selection and application of therapeutic modalities.

10 - Inspects the therapeutic modalities and treatment area for potential safety hazards.

Affective Domain

1 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the use of therapeutic agents to treat, rehabilitate, and recondition athletes and others involved in physical activity.

3 - Advocates the accepted medical protocol regarding the confidentiality of medical information relative to therapeutic modality treatments.

THERAPEUTIC EXERCISE

Psychomotor Domain

6 - Performs a functional assessment for safe return to physical activity.

GENERAL MEDICAL CONDITIONS AND DISABILITIES
Cognitive Domain
2 - Identifies common illnesses and diseases of the body's systems based on contemporary epidemiological studies of the injuries of athletes and others involved in physical activity.
4 - Recognizes common eye pathologies (e.g., conjunctivitis, hyphema, corneal injury, and scleral trauma).
24 - Describes the various menstrual irregularities, the relationship that physical activity plays in their development, their resolutions, and their implications on performance, as well as detrimental systemic effects (e.g., oligomenorrhea, amenorrhea, and dysmenorrhea).
Psychomotor Domain
16 - Refers an individual who presents with complaints, signs, and/or symptoms of genitourinary or reproductive disorders to a physician.
Affective Domain
3 -

NUTRITIONAL ASPECTS
Affective Domain
3 - Appreciates the long-term effects of disordered eating, bone density loss, and secondary amenorrhea on the skeletal health of the physically active.
4 - Recognizes the need for and implements proper referral for eating disorders.

PSYCHOSOCIAL INTERVENTION AND REFERRAL
Psychomotor Domain
2 - Communicates with appropriate health care professionals in a confidential manner.

HEALTH CARE ADMINISTRATION
Cognitive Domain
21 - Describes typical community-based emergency health care delivery plans, including communication and transportation systems.
27 - Selects sideline emergency care supplies and equipment that are necessary and appropriate for the setting.
37 - Explains the protocol that governs the referral of patients to medical or paramedical specialists and other health care providers.
Affective Domain
3 - Values the need for sideline emergency care supplies and equipment as deemed necessary for all athletic training settings.

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RISK MANAGEMENT AND INJURY PREVENTION
Psychomotor Domain
5 - Implements prevention and treatment of environmental stress factors that pertain to acclimation and conditioning, fluid and electrolyte replacements, proper practice and competition attire, and weight loss.

ASSESSMENT AND EVALUATION
Cognitive Domain
19 - Explains how to recognize and evaluate athletes and others involved in physical activity who demonstrate clinical signs and symptoms of environmental stress.

20 - Describes the etiological factors, signs, symptoms, and management procedures for injuries of the toes, foot, ankle, lower leg, knee, thigh, hip, pelvis, shoulder, upper arm, elbow, forearm, wrist, hand, thumb, fingers, spine, thorax, abdomen, head, and face.

27 - Describes components of medical documentation (e.g., subjective, objective, assessment, plan [SOAP] and history, inspection, palpation, special tests [HIPS])

Psychomotor Domain

15 - Performs appropriate examination of injuries to the trunk and upper and lower extremities prior to an individual's return to activity.

16 - Performs an appropriate examination to evaluate the return to activity of an individual who has sustained a head injury.

ACUTE CARE OF INJURIES AND ILLNESSES

Cognitive Domain

3 - Determines what emergency care supplies and equipment are necessary for event coverage, such as biohazardous waste disposal containers, splints, short-distance transportation equipment, emergency access tools, primary survey instruments (CPR mask, bag-valve-mask), and ice.

4 - Interprets standard nomenclature of athletic injuries and illnesses.

5 - Recognizes appropriate written medical documentation and abbreviations.

7 - Differentiates the components of a secondary survey, including obtaining a history, inspection and observation, palpation, and the use of special tests to determine the type and severity of the injury or illness sustained.

10 - Applies the current standards of first aid, emergency care, rescue breathing, and cardiopulmonary resuscitation for the professional rescuer, including (1) use of a bag-valve-mask, (2) use of a pocket mask, and (3) the chin lift-jaw thrust maneuver.

16 - Recommends the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.

22 - Explains the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.

32 - Recognizes the signs and symptoms of shock.

42 - Uses the information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention d (e.g., a life- or limb-threatening situation).

44 - Recognizes the proper technique for using ambulatory aids, including selecting an aid appropriate for the injury and person.

Psychomotor Domain

1 - Acquires and maintains skills in first aid and emergency care.

2 - Acquires and maintains skill in rescue breathing and CPR, including two-person skills and the use of a bag-valve-mask and a pocket mask.

3 - Performs a primary survey/assessment in appropriate situations.

4 - Performs a secondary survey/assessment, including obtaining a history, inspection/observation, palpation, and using special tests.

16 - Performs proper care and positioning of an individual suffering from shock.

18 - Performs short-distance transportation using proper positioning techniques, immobilization, and appropriate transportation methods.

21 - Fabricates, applies, adjusts, and removes special protective equipment (braces, special pads, modified taping procedures).

Affective Domain

5 - Values the importance of certification in first aid and emergency care and cardiopulmonary resuscitation.

THERAPEUTIC MODALITIES

Cognitive Domain

2 - Describes methods of evaluating and recording progress of therapeutic modality treatments.

4 - Identifies the body's physiological responses during and following the application of therapeutic modalities.
Psychomotor Domain
4 - Performs appropriate patient preparation and positioning for therapeutic modality application.
5 - Performs the appropriate set-up for therapeutic modalities.
7 - Operates and applies contemporary therapeutic modalities (electrical stimulating currents, thermotherapy, cryotherapy, diathermy, ultrasound, intermittent compression, cervical and lumbar traction, laser, EMG and biofeedback, soft tissue massage, and other contemporary therapeutic modalities) according to established guidelines.
8 - Evaluates patient response to therapeutic modalities during and following the application of therapeutic modalities.
9 - Formulates progress notes and treatment outcomes that are relevant to the selection and application of therapeutic modalities.
10 - Inspects the therapeutic modalities and treatment area for potential safety hazards.

THERAPEUTIC EXERCISE
Psychomotor Domain
6 - Performs a functional assessment for safe return to physical activity.

GENERAL MEDICAL CONDITIONS AND DISABILITIES
Cognitive Domain
2 - Identifies common illnesses and diseases of the body's systems based on contemporary epidemiological studies of the injuries of athletes and others involved in physical activity.
21 - Lists the common infections and conditions of the male reproductive organs (e.g., epididymitis, varicocele, hydrocele, undescended testicle, and testicular cancer).
22 - Lists the common infections and conditions of the female reproductive organs (e.g., pelvic inflammatory disease (PID), ectopic pregnancy, and pregnancy).
23 - Describes the common conditions of the breast (e.g., gynecomastia, cancer, and fibrous cysts).
33 - Recognizes postconcussional syndrome.
Psychomotor Domain
10 - Use and interprets urine diagnostic Chemstrips (dipsticks).

HEALTH CARE ADMINISTRATION
Cognitive Domain
26 - Assembles an emergency action plan for all settings that includes on-site care, notification of EMS or appropriate personnel, and location of exit and evacuation routes.
27 - Selects sideline emergency care supplies and equipment that are necessary and appropriate for the setting.

ATED 348 Practicum III in Athletic Training
RISK MANAGEMENT AND INJURY PREVENTION
Psychomotor Domain
5 - Implements prevention and treatment of environmental stress factors that pertain to acclimation and conditioning, fluid and electrolyte replacements, proper practice and competition attire, and weight loss.

ASSESSMENT AND EVALUATION
Psychomotor Domain
15 - Performs appropriate examination of injuries to the trunk and upper and lower extremities prior to an individual's return to activity.

ACUTE CARE OF INJURIES AND ILLNESSES

Cognitive Domain

3 - Determines what emergency care supplies and equipment are necessary for event coverage, such as biohazardous waste disposal containers, splints, short-distance transportation equipment, emergency access tools, primary survey instruments (CPR mask, bag-valve-mask), and ice.

4 - Interprets standard nomenclature of athletic injuries and illnesses.

7 - Differentiates the components of a secondary survey, including obtaining a history, inspection and observation, palpation, and the use of special tests to determine the type and severity of the injury or illness sustained.

20 - Recognizes signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological, cranial nerve assessment, and other symptoms that indicate underlying trauma.

21 - Explains and interprets the signs and symptoms associated with increasing intracranial pressure.

22 - Explains the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.

24 - Recognizes 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.

25 - Selects a cervical stabilization device that is appropriate to the circumstances of the injury.

26 - Recites the indications and guidelines for removing the helmet and shoulder pads from an athlete with a suspected cervical spine injury.

27 - Describes the proper techniques for removing the helmet and shoulder pads from an athlete with a suspected cervical spine injury.

28 - Describes the proper techniques and necessary supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.

29 - Recognizes proper positioning and immobilization of a person with a suspected spinal cord injury when using a spine board or body splint, including preparatory positioning prior to placement of the spine board or body splint.

30 - Explains the need for leadership and teamwork when using a spine board or body splint.

31 - Identifies the appropriate short-distance transportation method for an injured athlete or other physically active individual, including immobilization if applicable.

42 - Uses the information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention d (e.g., a life- or limb-threatening situation).

Psychomotor Domain

10 - Demonstrates the proper technique for removing a face from a helmeted athlete in respiratory distress or arrest.

11 - Demonstrates the proper technique for removing the helmet, shoulder pads, and other protective equipment from an athlete with a possible cervical injury.

12 - Demonstrates the proper technique for removing the helmet, shoulder pads, and other protective equipment from an athlete with an injury to the trunk or extremities.

13 - Applies various cervical stabilization devices correctly, with the victim in various positions.

14 - Performs the correct technique for moving an injured person safely onto a spine board for stabilization and transportation purposes.

21 - Fabricates, applies, adjusts, and removes special protective equipment (braces, special pads, modified taping procedures).

Affective Domain

3 - Appreciates the roles and responsibilities of various community-based emergency care personnel (paramedics, emergency medical technicians, emergency room personnel).

11 - Values the proper positioning and securing of a person with a suspected spinal injury onto a spine board or body splint, including preparatory positioning prior to placement of the spine board or body splint, as critical for prevention of further trauma.

12 - Appreciates the need for leadership and teamwork when using a spine board or body splint.

13 - Respects short-distance transportation techniques as a crucial means of moving an injured person.

14 - Supports the application of cryotherapy, elevation, and compression as primary care for a non-threatening injury.

THERAPEUTIC MODALITIES

Cognitive Domain
4 - Identifies the body's physiological responses during and following the application of therapeutic modalities.
Psychomotor Domain
4 - Performs appropriate patient preparation and positioning for therapeutic modality application.
5 - Performs the appropriate set-up for therapeutic modalities.
7 - Operates and applies contemporary therapeutic modalities (electrical stimulating currents, thermotherapy, cryotherapy, diathermy, ultrasound, intermittent compression, cervical and lumbar traction, laser, EMG and biofeedback, soft tissue massage, and other contemporary therapeutic modalities) according to established guidelines.
8 - Evaluates patient response to therapeutic modalities during and following the application of therapeutic modalities.
10 - Inspects the therapeutic modalities and treatment area for potential safety hazards.

GENERAL MEDICAL CONDITIONS AND DISABILITIES
Cognitive Domain
2 - Identifies common illnesses and diseases of the body's systems based on contemporary epidemiological studies of the injuries of athletes and others involved in physical activity.
33 - Recognizes postconcussional syndrome.

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RISK MANAGEMENT AND INJURY PREVENTION
Cognitive Domain
2 - Appraises the risk factors associated with common congenital and acquired abnormalities, disabilities, and diseases.
Affective Domain
5 - Accepts moral, professional, and legal responsibility of conducting appropriate pre-participation examinations.

ACUTE CARE OF INJURIES AND ILLNESSES
Affective Domain
4 - Appreciates the role and function of various medical/paramedical specialties, and values their respective areas of expertise in the definitive treatment of acute injuries and illnesses.

THERAPEUTIC MODALITIES
Affective Domain
1 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the use of therapeutic agents to treat, rehabilitate, and recondition athletes and others involved in physical activity.

GENERAL MEDICAL CONDITIONS AND DISABILITIES
Affective Domain
1 - Supports the moral and ethical behavior of athletic trainers in issues dealing with diseases of athletics and physical activity.

PSYCHOSOCIAL INTERVENTION AND REFERRAL
Cognitive Domain
5 - Provides health care information to patients, parents/guardians, athletic personnel, and others regarding the psychological and emotional well being of athletes and others involved in physical activity.
6 - Disseminates information regarding the roles and functions of various community-based health care providers (sport psychologists, counselors, social workers).
7 - Describes the accepted protocols that govern the referral of athletes and other physically active individuals to psychological, community health, or social services.
8 - Describes the theories and techniques of interpersonal and cross-cultural communication among certified athletic trainers, athletes, athletic personnel, patients, administrators, health care professionals, parents/guardians, and others.

10 - Describes the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.

15 - Recognizes the signs and symptoms of drug abuse and the use of ergogenic aids and other substances.

16 - Identifies the societal influences toward substance abuse in the athletic and physically active population.

19 - Identifies contemporary personal, school, and community health service agencies, such as community-based psychological and social support services.

20 - Formulates a plan for appropriate psychological intervention and referral with all involved parties when confronted with a catastrophic event.

24 - Cites the potential need for psychosocial intervention and referral when dealing with populations requiring special consideration (e.g., those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, or unilateral organs).

Psychomotor Domain

1 - Intervenes, when appropriate, with an individual with a suspected substance abuse problem.

2 - Communicates with appropriate health care professionals in a confidential manner.

3 - Uses appropriate community-based resources for psychosocial intervention.

Affective Domain

1 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in providing health care information, intervention, and referral.

2 - Accepts the responsibility to provide health care information, intervention, and referral consistent with the certified athletic trainer's professional training.

3 - Recognizes the certified athletic trainer's role as a liaison between the physically active, athletic personnel, health care professionals, parents/guardians, and the public.

4 - Accepts the need for appropriate interpersonal relationships between all of the parties involved with athletes and other involved in physical activity.

5 - Accepts the moral and ethical responsibility to intervene in situations of suspected or known use and/or abuse of legal and illegal drugs and chemicals.

6 - Accepts the moral and ethical responsibility to intervene in situations of mental, emotional, and/or personal/social conflict.

7 - Recognizes athletes and other physically individuals as deserving of quality professional health care.

8 - Accepts the individual's physical complaint(s) without personal bias or prejudice.

9 - Respects the various social and cultural attitudes, beliefs, and values regarding health care practices when caring for patients.

HEALTH CARE ADMINISTRATION

Cognitive Domain

1 - Describes the organization and administration of pre-participation examination and screening including, but not limited to, maintaining medical records, developing record keeping forms, scheduling personnel, and site utilization.

2 - Lists the components of a medical record, such as permission to treat, emergency information, treatment documentation, and release of medical information.

3 - Identifies the advantages and disadvantages associated medical record keeping, including the issues of paperwork, electronic data, security, record keeping systems, and confidentiality.

4 - Lists the current injury/illness surveillance and reporting systems such as, but not limited to, National Electronic Injury Surveillance System (NEISS), National Athletic Head and Neck Injury Registry, and the National Collegiate Athletic Association (NCAA).

5 - Lists the various methods for recording patient information, and compares the strengths and weaknesses of each approach.

6 - Identifies common human-resource policy and federal legislation regarding employment regarding, but not limited to, The Americans with Disabilities Act, Wage and Hour, Family Medical Leave Act, Family Educational Rights Privacy Act, Fair Labor Standards Act, Sexual Harassment, and the Equal Opportunity Employment Commission.

7 - Describes the universal precautions mandated by the Occupational Safety and Health Administration (OSHA), and discusses how they apply to the athletic trainer.

10 - Explains the advantages and disadvantages of the various commercial software programs and technologies used by a certified athletic trainer (statistical, educational, injury record keeping).

11 - Explains the computer needs of an effectively operated athletic training facility.

12 - Describes the various types of insurance policies (health maintenance organization [HMO], personal provider organization [PPO], fee-for-service) and the procedures for filing health care insurance claims.

15 - Explains the components of the budgeting process, including purchasing, requisition, and bidding.

16 - Illustrates the basic architectural considerations that relate to the design of a safe and efficient clinical practice setting.

17 - Describes the duties of personnel management, including (1) recruitment and selection of employees, (2) retention of employees, (3) development of policies-and-procedures manual, and (4) employment performance evaluation.

18 - Lists the components of a strategic plan that uses a model that helps in the development of a vision and mission statement and in the analysis of strengths, weaknesses, opportunities, and threats (SWOT).

19 - Identifies the principles of recruiting, selecting, and employing physicians and other medical and allied health care personnel in the deployment of athletic health care services.

20 - Interprets the role and function of nondiscriminatory and unbiased employment practices, which do not base decisions on race, gender, sexual orientation, disability, religion, national origin, or age.

21 - Describes typical community-based emergency health care delivery plans, including communication and transportation systems.

22 - Recognizes and appraises emergency action plans, which include on-site care, notification of emergency medical services (EMS), location of exits, and other relevant information, for the care of acutely injured or ill individuals.

23 - Identifies the typical availability, capabilities, and policies of community-based emergency care facilities and community-based managed care systems.

24 - Interprets the typical administrative policies and procedures that govern first aid and emergency care, such as those pertaining to parents/guardians, informed consent, media relations, incident reports, and appropriate record keeping.

25 - Identifies the basic components of a comprehensive athletic injury emergency care plan, which include (1) personnel training, (2) equipment needs, (3) availability of emergency care facilities, (4) communication, (5) transportation, (6) activity or event coverage, and (7) record keeping.

26 - Assembles an emergency action plan for all settings that includes on-site care, notification of EMS or appropriate personnel, and location of exit and evacuation routes.

27 - Selects sideline emergency care supplies and equipment that are necessary and appropriate for the setting.

28 - Summarizes basic legal concepts, such as, but not limited to, standard of care, scope of practice, liability, negligence, informed consent, and confidentiality, as they apply to a medical or allied health care practitioner's performance of his or her responsibilities .

29 - Describes federal and state infection control regulations and guidelines as they pertain to the prevention, exposure, and control of infectious disease.

30 - Lists the components of a comprehensive risk management plan that addresses the issues of security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.

32 - Formulates a plan to promote the profession of athletic training and those services that certified athletic trainers perform in a variety of employment settings, such as high schools and colleges, professional and industrial settings, and community-based health care facilities.

33 - Differentiates the roles and responsibilities of the certified athletic trainer and other medical and allied health personnel to provide care to athletes and others involved in physical activity.

34 - Identifies contemporary personal and community health issues and the commonly available school health services, community health agencies, and community-based psychological and social support services.

35 - Describes the role and function of various community-based medical, paramedical, and other health care providers.

36 - Describes the roles of various personnel in the organization of activity sessions and methods of instruction for athletes and others involved in physical activity.

37 - Explains the protocol that governs the referral of patients to medical or paramedical specialists and other health care providers.

38 - Describes the basic components of organizing and coordinating a drug testing and screening program.

39 - Locates and interprets current banned-drug lists that are published by various governing athletic associations (National Collegiate Athletic Association [NCAA], United States Olympic Committee [USOC], International Olympic Committee [IOC], etc).

42 - Understands the NATA Code of Professional Practice and the NATABOC Standards of Professional Practice.

43 - Understands how to locate Commission on the Accreditation of Allied Health Education Programs (CAAHEP) accreditation standards and recognizes their impact on the educational system.

44 - Describes the relationship between the National Athletic Trainers' Association, Inc. (NATA), NATA Board of Certification, Inc./ National Organization for Competency Assurance (NATABOC/NOCA), National Commission for Certifying Agencies (NCCA), and Joint Review Committee-Athletic Training/Commission on the Accreditation of Allied Health Education Programs (JRC-AT/CAAHEP).

Psychomotor Domain

1 - Develops a plan/drawing of a safe and efficient health care facility.

2 - Develops a risk management plan that addresses issues of liability reduction, security, fire, facility hazards, electrical and equipment safety, emergency preparedness, and hazardous chemicals (manufacturer safety data sheets [MSDS]).

3 - Develops a policies-and-procedures manual for a health care facility that meets the guidelines set forth by the accrediting agencies.

6 - Demonstrates the ability to organize a comprehensive patient-file management system that uses both paper and electronic media.

7 - Develops an operational and capital budget based on a supply inventory and needs assessment.

Affective Domain

2 - Appreciates the roles and functions of various medical and paramedical specialties as well as their respective areas of expertise in the acute care of injuries and illnesses to athletes and others involved in physical activity.

3 - Values the need for sideline emergency care supplies and equipment as deemed necessary for all athletic training settings.

4 - Appreciates the importance of an emergency action plan that is tailored for a specific venue or setting.

7 - Appreciates the roles and relationship between the NATA, NATABOC/NOCA, NCCA, and JRC-AT/CAAHEP.

8 - Recognizes and accepts the need for organizing and conducting health care programs for athletes and other physically active individuals on the basis of sound administrative policies and procedures.

9 - Accepts the responsibility for completing the necessary paperwork and maintaining the records associated with the administration of health care programs.

10 - Respects the roles and cooperation of medical personnel, administrators, and other staff members in the organization and administration of athletic training service programs.

11 - Recognizes and accepts the importance of good public relations with the media (radio, TV, press), the general public, other medical and allied health care personnel, and legislators.

12 - Recognizes the certified athletic trainer's role as a liaison between athletes, physically active individuals, caretakers, employers, physicians, coaches, other health care professionals, and any individual who may be involved with the care provided by the certified athletic trainer.

PROFESSIONAL DEVELOPMENT AND RESPONSIBILITIES

Cognitive Domain

1 - Compares and contrasts the role and function of state athletic training practice acts and registration, licensure, and certification agencies.

2 - Explains the basic legislative processes for the implementation of practice acts for athletic trainers.

3 - Defines the rationale for state regulations that govern the practice of athletic training.

4 - Describes the consequences of violating federal and state regulatory acts.

5 - Outlines the process of attaining and maintaining an athletic training professional credential.

8 - Describes the role and function of the governing structures of the National Athletic Trainers' Association.

9 - Differentiates the essential documents of the NATA, including, but not limited to, the Role Delineation Study, the Code of Ethics, JRC-AT Standards and Guidelines, Athletic Training Educational Competencies, and the Standards of Practice of the Profession.

10 - Summarizes the position statements regarding the practice of athletic training (NATA, NCAA, National Association of Intercollegiate Athletics [NAIA], National Federation of State High School Associations, American College of Sports Medicine [ACSM], American Academy of Pediatrics [AAP], American Academy of Family Physicians [AAFP], American Orthopedic Society for Sports Medicine [AOSSM]).

11 - Locates and accesses the current activities and requirements for the professional preparation of the certified athletic trainer (NATA Education Council, JRC-AT, CAAHEP, NATABOC).

12 - Able to access the professional objectives, scope of practice, and services of other health care providers.

13 - Distinguishes that issues and concerns regarding the health care of athletes and other involved in physical activity (e.g., public relations, third-party payment, and managed care).

14 - Properly interprets the role of the certified athletic trainer as a health care provider, and provides information regarding the role of the certified athletic trainer to athletes, the physically active, parents/guardians, athletic department personnel, and others.

16 - States the principles of planning and organizing workshops, seminars, and clinics in athletic training and sports medicine for health care personnel, administrators, coaches, and the general public.

Affective Domain

1 - Accepts the professional responsibility to satisfy certified athletic trainers' continuing education requirements.

2 - Appreciates the need for and the process and benefits of athletic training regulatory acts (registration, licensure, certification).

3 - Realizes that the state regulatory acts regarding the practice of athletic training vary from state to state.

4 - Understands the consequences of noncompliance with regulatory athletic training practice acts.

6 - Defends the moral and ethical responsibility to intervene in situations that conflict with NATA standards.

7 - Accepts the function of professional organization position statements that relate to athletic training practice.

8 - Advocates the NATA as an allied health professional organization dedicated to the care of athletes and others involved in physical activity.

9 - Respects the role and responsibilities of the other health care professions.

11 - Defends the responsibility to interpret and promote athletic training as a professional discipline among allied-health professional groups and the general public.

12 - Accepts the responsibility to enhance the professional growth of athletic training students, colleagues, and peers through a continual sharing of knowledge skills, values, and professional recognition.

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ASSESSMENT AND EVALUATION

Cognitive Domain

20 - Describes the etiological factors, signs, symptoms, and management procedures for injuries of the toes, foot, ankle, lower leg, knee, thigh, hip, pelvis, shoulder, upper arm, elbow, forearm, wrist, hand, thumb, fingers, spine, thorax, abdomen, head, and face.

Psychomotor Domain

15 - Performs appropriate examination of injuries to the trunk and upper and lower extremities prior to an individual's return to activity.

16 - Performs an appropriate examination to evaluate the return to activity of an individual who has sustained a head injury.

ACUTE CARE OF INJURIES AND ILLNESSES

Cognitive Domain

3 - Determines what emergency care supplies and equipment are necessary for event coverage, such as biohazardous waste disposal containers, splints, short-distance transportation equipment, emergency access tools, primary survey instruments (CPR mask, bag-valve-mask), and ice.

20 - Recognizes signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological, cranial nerve assessment, and other symptoms that indicate underlying trauma.

22 - Explains the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.

24 - Recognizes 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.

25 - Selects a cervical stabilization device that is appropriate to the circumstances of the injury.

26 - Recites the indications and guidelines for removing the helmet and shoulder pads from an athlete with a suspected cervical spine injury.

27 - Describes the proper techniques for removing the helmet and shoulder pads from an athlete with a suspected cervical spine injury.

28 - Describes the proper techniques and necessary supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.

29 - Recognizes proper positioning and immobilization of a person with a suspected spinal cord injury when using a spine board or body splint, including preparatory positioning prior to placement of the spine board or body splint.

30 - Explains the need for leadership and teamwork when using a spine board or body splint.

31 - Identifies the appropriate short-distance transportation method for an injured athlete or other physically active individual, including immobilization if applicable.

42 - Uses the information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention d (e.g., a life- or limb-threatening situation).

Psychomotor Domain

10 - Demonstrates the proper technique for removing a face from a helmeted athlete in respiratory distress or arrest.

11 - Demonstrates the proper technique for removing the helmet, shoulder pads, and other protective equipment from an athlete with a possible cervical injury.

12 - Demonstrates the proper technique for removing the helmet, shoulder pads, and other protective equipment from an athlete with an injury to the trunk or extremities.

13 - Applies various cervical stabilization devices correctly, with the victim in various positions.

14 - Performs the correct technique for moving an injured person safely onto a spine board for stabilization and transportation purposes.

Affective Domain

14 - Supports the application of cryotherapy, elevation, and compression as primary care for a non-threatening injury.

THERAPEUTIC MODALITIES

Psychomotor Domain

4 - Performs appropriate patient preparation and positioning for therapeutic modality application.

5 - Performs the appropriate set-up for therapeutic modalities.

7 - Operates and applies contemporary therapeutic modalities (electrical stimulating currents, thermotherapy, cryotherapy, diathermy, ultrasound, intermittent compression, cervical and lumbar traction, laser, EMG and biofeedback, soft tissue massage, and other contemporary therapeutic modalities) according to established guidelines.

8 - Evaluates patient response to therapeutic modalities during and following the application of therapeutic modalities.

10 - Inspects the therapeutic modalities and treatment area for potential safety hazards.

GENERAL MEDICAL CONDITIONS AND DISABILITIES

Cognitive Domain

2 - Identifies common illnesses and diseases of the body's systems based on contemporary epidemiological studies of the injuries of athletes and others involved in physical activity.

33 - Recognizes postconcussional syndrome.

PSYCHOSOCIAL INTERVENTION AND REFERRAL
Cognitive Domain
3 - Understands the psychological and emotional responses (motivation, anxiety, apprehension) to trauma and forced physical inactivity as they relate to the rehabilitation and reconditioning process.
4 - Describes the basic principles of mental preparation, relaxation and visualization techniques, general personality traits, associated trait anxiety, locus of control, and athlete and social environment interactions.
9 - Employs the basic principles of counseling, including discussion, active listening, and resolution.
25 - Describes the motivational techniques that the certified athletic trainer must use during injury rehabilitation and reconditioning.
Psychomotor Domain
4 - Uses motivational techniques with athletes and others involved in physical activity.
5 - Develops and implements stress reduction techniques for athletes and others involved in physical activity.
6 - Develops and implements mental imagery techniques for athletes and others involved in physical activity.
Affective Domain
10 - Accepts the role of social support during the injury rehabilitation process.

HEALTH CARE ADMINISTRATION
Affective Domain
10 - Respects the roles and cooperation of medical personnel, administrators, and other staff members in the organization and administration of athletic training service programs.

ATED 447 Clinic in Athletic Training

RISK MANAGEMENT AND INJURY PREVENTION
Cognitive Domain
21 - Describes the principles and concepts relating to prophylactic taping, wrapping, and bracing and protective pad fabrication.
22 - Explains the basic principles and concepts of protective equipment and material composition (e.g., tensile strength, maximum tolerances, heat dissipation).
23 - Relates the principles and concepts involved in the fabrication and appropriate application of dynamic and static splints.
24 - Describes the basic principles and concepts of orthotic fabrication. This includes, but is not limited to, evaluating the need for orthotics, selecting the appropriate manufacturing material, manufacturing the orthosis, and fitting the orthosis.
25 - Identifies the basic principles and concepts of home, school, and work place ergonomics and their relationship to the prevention of illness and injury.
Psychomotor Domain
8 - Selects, fabricates, and applies appropriate preventive taping and wrappings, splints, braces, and other special protective devices that are consistent with sound anatomical and biomechanical principles.
12 - Constructs and applies functional splints.
Affective Domain
12 - Appreciates and respects the principles and concepts of home, school, and work place ergonomics.

ASSESSMENT AND EVALUATION
Cognitive Domain
16 - Differentiates the use of diagnostic tests (x-rays, arthrograms, MRI, CAT scan, bone scan, ultrasound, myelogram) based on their applicability in the assessment of an injury or illness when prescribed by a physician.

26 - Uses the terminology necessary to communicate the results of an athletic training assessment to physicians and other health professionals.

27 - Describes components of medical documentation (e.g., subjective, objective, assessment, plan [SOAP] and history, inspection, palpation, special tests [HIPS])

Psychomotor Domain

17 - Uses appropriate terminology in the communication and documentation of injuries and illnesses.

ACUTE CARE OF INJURIES AND ILLNESSES

Cognitive Domain

5 - Recognizes appropriate written medical documentation and abbreviations.

Psychomotor Domain

17 - Applies various types of splints to different body parts, employing different constructions of splinting materials and allowing for distal pulse palpation.

21 - Fabricates, applies, adjusts, and removes special protective equipment (braces, special pads, modified taping procedures).

THERAPEUTIC MODALITIES

Cognitive Domain

2 - Describes methods of evaluating and recording progress of therapeutic modality treatments.

Psychomotor Domain

3 - Takes into account patient-specific indications, contraindications, and precautions when applying a specific therapeutic modality (e.g., age, underlying pathology, disease processes).

9 - Formulates progress notes and treatment outcomes that are relevant to the selection and application of therapeutic modalities.

Affective Domain

2 - Respects the role of attending physicians and other medical and allied health personnel in the use of therapeutic agents to treat, rehabilitate, and recondition athletes and others involved in physical activity.

3 - Advocates the accepted medical protocol regarding the confidentiality of medical information relative to therapeutic modality treatments.

5 - Promotes the accepted medical protocol regarding health care referral in the rehabilitation and reconditioning process.

THERAPEUTIC EXERCISE

Psychomotor Domain

3 - Records rehabilitation or reconditioning progress (e.g., follow-up notes, progress notes).

PSYCHOSOCIAL INTERVENTION AND REFERRAL

Cognitive Domain

5 - Provides health care information to patients, parents/guardians, athletic personnel, and others regarding the psychological and emotional well being of athletes and others involved in physical activity.

HEALTH CARE ADMINISTRATION

Cognitive Domain

8 - Summarizes the function of accrediting agencies for health care facilities.

9 - Identifies the process of obtaining state regulatory acts for athletic trainers, and becomes familiar with locally relevant statutes, rules, and regulations.

12 - Describes the various types of insurance policies (health maintenance organization [HMO], personal provider organization [PPO], fee-for-service) and the procedures for filing health care insurance claims.

13 - Identifies the common insurance benefits and exclusions identified within health care insurance policies.

14 - Uses accepted medical terminology and abbreviations (SOAP, CPT and HCFA coding).

19 - Identifies the principles of recruiting, selecting, and employing physicians and other medical and allied health care personnel in the deployment of athletic health care services.

31 - Describes the necessary communication skills for interaction with physicians, allied health care providers, caretakers, and others who work closely with the certified athletic trainer.

40 - Describes the continuing education process for certified athletic trainers as outlined by the NATABOC and the relationship between continuing education and state athletic training practice acts.

41 - Identifies the current developments, missions, objectives, and professional activities of other allied health and medical organizations and professions.

45 - Identifies the roles and responsibilities of allied health care personnel in providing services to athletes and others involved in physical activity.

Psychomotor Domain

5 - Uses appropriate medical documentation to record injuries and illnesses (client encounters, history, progress notes, discharge summary, physician letters, treatment encounters).

6 - Demonstrates the ability to organize a comprehensive patient-file management system that uses both paper and electronic media.

8 - Demonstrates the ability to prepare a sample design for scientific research in the areas of a case study, outcome measurement, and literature review.

Affective Domain

5 - Accepts the value of a common medical language and terminology to communicate within and between the health professions.

PROFESSIONAL DEVELOPMENT AND RESPONSIBILITIES

Cognitive Domain

1 - Compares and contrasts the role and function of state athletic training practice acts and registration, licensure, and certification agencies.

2 - Explains the basic legislative processes for the implementation of practice acts for athletic trainers.

3 - Defines the rationale for state regulations that govern the practice of athletic training.

4 - Describes the consequences of violating federal and state regulatory acts.

5 - Outlines the process of attaining and maintaining an athletic training professional credential.

6 - Describes the current professional development requirements for the continuing education of certified athletic trainers.

7 - Locates available, approved continuing education opportunities for certified athletic trainers.

Psychomotor Domain

2 - Demonstrates the ability to construct a resume.

3 - Demonstrates the ability to access the policy-making and governing bodies that regulate the certified athletic trainer (state regulatory boards, NATA, NATABOC).

Affective Domain

1 - Accepts the professional responsibility to satisfy certified athletic trainers' continuing education requirements.

2 - Appreciates the need for and the process and benefits of athletic training regulatory acts (registration, licensure, certification).

3 - Realizes that the state regulatory acts regarding the practice of athletic training vary from state to state.

4 - Understands the consequences of noncompliance with regulatory athletic training practice acts.

5 - Accepts the professional, historical, ethical, and organizational structures that define the proper roles and responsibilities of the certified athletic trainer in providing health care to athletes and others involved in physical activity.

ATED 449 Clinical in Athletic Training

RISK MANAGEMENT AND INJURY PREVENTION

Cognitive Domain

25 - Identifies the basic principles and concepts of home, school, and work place ergonomics and their relationship to the prevention of illness and injury.

Affective Domain

12 - Appreciates and respects the principles and concepts of home, school, and work place ergonomics.

PATHOLOGY OF INJURIES AND ILLNESSES

Cognitive Domain

19 - Identifies the implications of various underlying pathologies and uses this knowledge to select appropriate therapeutic modalities and therapeutic exercise protocols.

Affective Domain

2 - Recognizes that physician consultation is a moral and ethical necessity in the diagnosis and treatment of pathologic conditions.

ACUTE CARE OF INJURIES AND ILLNESSES

Cognitive Domain

45 - Recommends ambulatory aids to coordinate movement on flat, slippery, or uneven terrain and to navigate steps, ramps, doors, or obstacles, and evaluates the patient's technique in using the aids.

46 - Constructs and educates the patient regarding home care and self-treatment plans.

THERAPEUTIC MODALITIES

Psychomotor Domain

4 - Performs appropriate patient preparation and positioning for therapeutic modality application.

5 - Performs the appropriate set-up for therapeutic modalities.

9 - Formulates progress notes and treatment outcomes that are relevant to the selection and application of therapeutic modalities.

THERAPEUTIC EXERCISE

Cognitive Domain

13 - Interprets physician notes, post-operative notes, and physician prescriptions as they pertain to a rehabilitation or reconditioning plan.

14 - Describes rehabilitation, functional, and reconditioning progress using follow-up notes, progress notes, SOAP notes, etc.

GENERAL MEDICAL CONDITIONS AND DISABILITIES

Psychomotor Domain

17 - Demonstrates the proper use and interpretation of a peak-flow meter (hand-held spirometer) in the assessment of asthmatic athletes and other asthmatics involved in physical activity.

PSYCHOSOCIAL INTERVENTION AND REFERRAL

Cognitive Domain

7 - Describes the accepted protocols that govern the referral of athletes and other physically active individuals to psychological, community health, or social services.

8 - Describes the theories and techniques of interpersonal and cross-cultural communication among certified athletic trainers, athletes, athletic personnel, patients, administrators, health care professionals, parents/guardians, and others.

HEALTH CARE ADMINISTRATION

Affective Domain

1 - Appreciates the roles and responsibilities of medical and allied health care providers, and respects the systems that each provider works within.

5 - Accepts the value of a common medical language and terminology to communicate within and between the health professions.

6 - Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the administration and implementation of health care delivery systems.

12 - Recognizes the certified athletic trainer's role as a liaison between athletes, physically active individuals, caretakers, employers, physicians, coaches, other health care professionals, and any individual who may be involved with the care provided by the certified athletic trainer.

PROFESSIONAL DEVELOPMENT AND RESPONSIBILITIES

Cognitive Domain

12 - Able to access the professional objectives, scope of practice, and services of other health care providers.

13 - Distinguishes that issues and concerns regarding the health care of athletes and other involved in physical activity (e.g., public relations, third-party payment, and managed care).

15 - Describes the availability of educational materials and programs in health-related subject matter areas (audiovisual aids, pamphlets, newsletters, computers, software, workshops, and seminars).

Affective Domain

10 - Appreciates the dynamic nature of issues and concerns as they relate to the health care of athletes and others involved in physical activity.

12 - Accepts the responsibility to enhance the professional growth of athletic training students, colleagues, and peers through a continual sharing of knowledge skills, values, and professional recognition.

ATED 480 Senior Seminar in Athletic Training

PATHOLOGY OF INJURIES AND ILLNESSES

Cognitive Domain

7 - Predicts the body's adaptation to exercise during and following illness and injury.

12 - Defines tissue lesions by body system in terms of etiology, pathogenesis, pathomechanics, treatment options, and expected outcomes.

13 - Outlines the autoimmune and immunodeficiency responses and their associated diseases (e.g., lupus, HIV/AIDS).

Affective Domain

1 - Appreciates that an understanding of pathology is essential to care for athletes and others involved in physical activity.

2 - Recognizes that physician consultation is a moral and ethical necessity in the diagnosis and treatment of pathologic conditions.

3 - Accepts the moral and ethical responsibility of maintaining current knowledge of the pathologic conditions of athletes and others involved in physical activity.

4 - Promotes accountability for moral and ethical decision-making in the treatment of pathologic conditions.

ASSESSMENT AND EVALUATION

Cognitive Domain

15 - Explains how to measure resistive range of motion (or strength) of major muscles using manual muscle testing or break tests.

20 - Describes the etiological factors, signs, symptoms, and management procedures for injuries of the toes, foot, ankle, lower leg, knee, thigh, hip, pelvis, shoulder, upper arm, elbow, forearm, wrist, hand, thumb, fingers, spine, thorax, abdomen, head, and face.

Psychomotor Domain

1 - Constructs and phrases appropriate questions to obtain a medical history of an injured or ill individual that includes a previous history and a history of the present injury or illness.

2 - Visually identifies clinical signs associated with common injuries and illnesses, such as the integrity of the skin and mucous membranes, structural deformities, edema, and discoloration.

3 - Demonstrates active, passive, and resisted range-of-motion testing of the toes, foot, ankle, knee, hip, shoulder, elbow, wrist, hand, thumb, fingers, and spine.

4 - Measures active and passive joint range of motion with a goniometer.

5 - Performs appropriate manual muscle-testing techniques and/or break tests, including application of the principles of muscle/muscle group isolation, segmental stabilization resistance/pressure, and grading, to evaluate injuries incurred by athletes and others engaged in physical activity.

6 - Administers static and dynamic postural evaluation and screening procedures, including functional tests for postural deformities and muscle length assessment.

7 - Applies appropriate stress tests for ligamentous or capsular instability based on the principles of joint positioning, segmental stabilization, and force.

8 - Measures the grade of ligamentous laxity during a joint stress test and notes the quality and quantity of the end point.

9 - Applies appropriate and commonly used special tests to evaluate athletic injuries to various anatomical areas.

13 - Performs and interprets appropriate palpation techniques and special tests of the abdomen, chest, cranium, and musculoskeletal system.

14 - Assesses the neurological function of cranial nerves, spinal nerves, and peripheral nerves and assesses the level of spinal cord involvement following injury, including the function of dermatomes, myotomes, and reflexes (e.g., deep tendon, superficial).

16 - Performs an appropriate examination to evaluate the return to activity of an individual who has sustained a head injury.

17 - Uses appropriate terminology in the communication and documentation of injuries and illnesses.

ACUTE CARE OF INJURIES AND ILLNESSES

Cognitive Domain

4 - Interprets standard nomenclature of athletic injuries and illnesses.

5 - Recognizes appropriate written medical documentation and abbreviations.

7 - Differentiates the components of a secondary survey, including obtaining a history, inspection and observation, palpation, and the use of special tests to determine the type and severity of the injury or illness sustained.

8 - Interprets vital signs as normal or abnormal including, but not limited to, blood pressure, pulse, respiration, and body temperature.

9 - Assesses pathological signs of injury including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.

15 - Recognizes signs and symptoms associated with internal hemorrhaging.

20 - Recognizes signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological, cranial nerve assessment, and other symptoms that indicate underlying trauma.

21 - Explains and interprets the signs and symptoms associated with increasing intracranial pressure.

22 - Explains the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.

23 - Defines cerebral concussion and lists the signs and symptoms used to classify cerebral concussions according to accepted grading scales (e.g., Cantu, Colorado, Torg, American Neurology Association standards).

24 - Recognizes 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.

25 - Selects a cervical stabilization device that is appropriate to the circumstances of the injury.

32 - Recognizes the signs and symptoms of shock.

40 - Recognizes the signs and symptoms of common infectious diseases, and takes appropriate steps to prevent disease transmission through appropriate medical referral (see General Medical Clinical Proficiencies, 61-64, for a list of common infectious diseases). {~X-REF}

41 - Recognizes the signs, symptoms, and treatment of individuals suffering from adverse reactions to environmental conditions.

42 - Uses the information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention d (e.g., a life- or limb-threatening situation).

44 - Recognizes the proper technique for using ambulatory aids, including selecting an aid appropriate for the injury and person.

Psychomotor Domain

1 - Acquires and maintains skills in first aid and emergency care.

2 - Acquires and maintains skill in rescue breathing and CPR, including two-person skills and the use of a bag-valve-mask and a pocket mask.

3 - Performs a primary survey/assessment in appropriate situations.

4 - Performs a secondary survey/assessment, including obtaining a history, inspection/observation, palpation, and using special tests.

5 - Palpates a variety of anatomic locations to assess the pulse in resting (non-emergency) and trauma situations.

6 - Demonstrates proper use of universal precautions and aseptic or sterile techniques when controlling external hemorrhaging.

7 - Demonstrates proper wound cleaning and care, including the use of barriers, aseptic protocols, and disposal of biohazardous waste.

8 - Administers cryotherapy, elevation, and compression to a limb and/or joint.

9 - Assesses a patient for possible closed-head trauma using standard neurological tests and tests for cranial nerve function.

15 - Palpates for the rigidity, guarding, and rebound tenderness of the abdomen associated with internal injury or illness.

16 - Performs proper care and positioning of an individual suffering from shock.

18 - Performs short-distance transportation using proper positioning techniques, immobilization, and appropriate transportation methods.

19 - Demonstrates the proper techniques for using ambulatory aids to coordinate movement on flat, slippery, or uneven terrain and to navigate steps, ramps, doors, or obstacles.

Affective Domain

5 - Values the importance of certification in first aid and emergency care and cardiopulmonary resuscitation.

6 - Appreciates the systematic approach to acute injury or illness of the secondary survey components of obtaining a history, inspection/observation, palpation, and using special tests.

7 - Realizes the importance of identifying signs and symptoms in cases of possible shock, internal bleeding, and closed-head trauma.

8 - Advocates the principles of proper splinting techniques to prevent further injury.

15 - Accepts the approved aseptic and sterile methods for cleaning, treating, and bandaging wounds and for disposing of biohazardous waste.

THERAPEUTIC MODALITIES

Cognitive Domain

3 - Illustrates the use volumetric and anthropometric measurements to determine the effectiveness of treatment outcomes.

THERAPEUTIC EXERCISE

Psychomotor Domain

5 - Demonstrates the proper techniques for the performance of commonly prescribed rehabilitation and reconditioning exercises.

GENERAL MEDICAL CONDITIONS AND DISABILITIES

Cognitive Domain

2 - Identifies common illnesses and diseases of the body's systems based on contemporary epidemiological studies of the injuries of athletes and others involved in physical activity.

4 - Recognizes common eye pathologies (e.g., conjunctivitis, hyphema, corneal injury, and scleral trauma).
5 - Recognizes common ear pathologies (e.g., otitis, ruptured tympanic membrane, and impacted cerumen).
6 - Recognizes common pathologies of the mouth, sinus, oropharynx, and nasopharynx.
7 - Lists the common causes, signs, and symptoms of respiratory infections (e.g., pneumonia, bronchitis, sinusitis, URI, and asthma).
10 - Compares and contrasts the signs and symptoms of respiratory tract conditions (e.g., common cold, influenza, allergic rhinitis, sinusitis, bronchitis, asthma, pneumonia, and pleurisy).
14 - Explains the typical history, signs, and symptoms associated with cardiopulmonary conditions.
15 - Describes common heart conditions, such as coronary artery disease, hypertrophic cardiomyopathy, heart murmurs, and mitral valve prolapse.
16 - Identifies the typical symptoms and clinical signs of an injury or illness, including those associated with local tissue inflammation (cellulitis) and systemic infection (lymphangitis, lymphadenitis, bacteremia).
17 - Describes the common conditions that affect the liver, gall bladder, and pancreas (e.g., jaundice, hepatitis, diabetes mellitus, and pancreatitis).
18 - Explains and recognizes the etiology, signs, symptoms, and management of diabetes mellitus.
19 - Describes the signs and symptoms of the common disorders of the gastrointestinal tract.
20 - Lists examples of the common conditions of the urinary tract, kidneys, and bladder (e.g., urinary tract infection (UTI) and kidney stones).
26 - Describes the signs, symptoms, and management of common sexually transmitted diseases (STD).
29 - Recognizes conditions that affect bones and joints (e.g., epiphysitis, apophysitis, aseptic necrosis, arthritis, gout, and felon).
30 - Describes common conditions that affect muscles (e.g., myositis, rhabdomyolysis).
32 - Describes the etiology, signs, symptoms, and management of convulsive disorders.
34 - Identifies the common signs and symptoms of contagious viral diseases.
35 - Lists the advantages and disadvantages of sports participation by individuals with hepatitis B virus or human immunodeficiency virus (HIV).

CHEM 110 Chemical Science

BIOL 185 Human Anatomy & Physiology I

PATHOLOGY OF INJURIES AND ILLNESSES
Cognitive Domain
1 - Describes the essential components of a typical human cell and their functions.
2 - Describes the principle functions of the cerebral cortex, basal ganglia, pons, medulla oblongata, cerebellum, spinal cord, and the peripheral nervous system.
4 - Describes the morphology and function of the principle cells of the nervous system (e.g., neurons, astroglia, oligodendroglia, microglia, and ependymal cells).
10 - Describes cellular homeostasis and the integration and coordination of cell function in response to disease.

ASSESSMENT AND EVALUATION
Cognitive Domain
1 - Demonstrates knowledge of the normal anatomical structures of the human body systems and their physiological functions, including the musculoskeletal (including articulations), nervous (central and peripheral), cardiovascular, respiratory, digestive, urogenital, endocrine, dermatological, reproductive, and special sensory systems.

BIOL 186 Human Anatomy & Physiology II

PATHOLOGY OF INJURIES AND ILLNESSES

Cognitive Domain
3 - Describes and explains cell adaptations (e.g., atrophy, hypertrophy, hyperplasia, metaplasia, and dysplasia).
10 - Describes cellular homeostasis and the integration and coordination of cell function in response to disease.

ASSESSMENT AND EVALUATION
Cognitive Domain
1 - Demonstrates knowledge of the normal anatomical structures of the human body systems and their physiological functions, including the musculoskeletal (including articulations), nervous (central and peripheral), cardiovascular, respiratory, digestive, urogenital, endocrine, dermatological, reproductive, and special sensory systems.
22 - Describes the location and function of the urinary, digestive, reproductive, and lymphatic systems.

HPED 305 Contemporary Issues in Health

RISK MANAGEMENT AND INJURY PREVENTION
Cognitive Domain
17 - Describes the components of an educational program for self-identification of the warning signs of cancer, including self-examination of the breasts and testicles.

PATHOLOGY OF INJURIES AND ILLNESSES
Cognitive Domain
16 - Recognizes the common warning signs and symptoms of cancer.
18 - Describes the signs and symptoms of deep and superficial vein thromboses, pulmonary embolism and other emboli, and myocardial infraction.

GENERAL MEDICAL CONDITIONS AND DISABILITIES
Cognitive Domain
21 - Lists the common infections and conditions of the male reproductive organs (e.g., epididymitis, varicocele, hydrocele, undescended testicle, and testicular cancer).
22 - Lists the common infections and conditions of the female reproductive organs (e.g., pelvic inflammatory disease (PID), ectopic pregnancy, and pregnancy).
23 - Describes the common conditions of the breast (e.g., gynecomastia, cancer, and fibrous cysts).
36 - Describes the etiology, signs, symptoms, and management of common viruses (e.g., human papillomavirus, Epstein-Barr virus, and hepatitis B virus).

PSYCHOSOCIAL INTERVENTION AND REFERRAL
Cognitive Domain
12 - Identifies the psychological issues that relate to physically active women of childbearing years.
13 - Identifies the medical and community-based resources that disseminate information regarding safe sexual activity and the health risk factors associated with sexually transmitted diseases.
14 - Describes commonly abused substances (e.g., alcohol, tobacco, stimulants, nutritional supplements, steroids, marijuana, and narcotics) and their impact on an individual's health and physical performance.
17 - Contrasts psychological and physical dependence, tolerance, and withdrawal syndromes that may be seen in individuals addicted to alcohol, prescription or nonprescription medications, and/or 'street' drugs.
23 - Defines seasonal affective disorder (SAD).

HPED 321 Kinesiology

ASSESSMENT AND EVALUATION
Cognitive Domain

1 - Demonstrates knowledge of the normal anatomical structures of the human body systems and their physiological functions, including the musculoskeletal (including articulations), nervous (central and peripheral), cardiovascular, respiratory, digestive, urogenital, endocrine, dermatological, reproductive, and special sensory systems.

2 - Distinguishes the anatomical and physiological growth and development characteristics of athletic and physically active males and females in the following stages:pre-adolescent; adolescent; adult; and senior.

4 - Lists and defines directional terms and cardinal planes used to describe the body and the relationship of its parts.

5 - Defines the principles and concepts of body movement including functional classification of joints, joint biomechanics, normal ranges of joint motion, joint action terminology, muscular structures responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesis/proprioception.

HPED 322 Exercise Physiology

RISK MANAGEMENT AND INJURY PREVENTION
Cognitive Domain

9 - Defines the use of standard tests, test equipment, and testing protocol for the measurement of cardiovascular respiratory fitness, body composition, posture, flexibility or muscular strength, power, and endurance.

10 - Describes the body's anatomical and physiological adaptation to cardiovascular and muscular conditioning programs.

12 - Compares and contrasts the use of various types of flexibility and stretching programs, considering the results athletes and others involved in physical activity would expect if they followed a recommended routine.

PATHOLOGY OF INJURIES AND ILLNESSES
Cognitive Domain

1 - Describes the essential components of a typical human cell and their functions.

6 - Analyzes the normal physiological responses of the human body to trauma and inactivity of specific body tissues (ligaments/capsules, muscles, tendons, and bones).

7 - Predicts the body's adaptation to exercise during and following illness and injury.

8 - Describes the aging process as it relates to athletes and others involved in physical activity.

14 - Analyzes the physiologic responses of diseases to physical activity and inactivity.

15 - Describes the pathology of diseases of the blood (e.g., anemia, iron deficiency, hemolysis that would impair strenuous physical activity.

ASSESSMENT AND EVALUATION
Cognitive Domain

1 - Demonstrates knowledge of the normal anatomical structures of the human body systems and their physiological functions, including the musculoskeletal (including articulations), nervous (central and peripheral), cardiovascular, respiratory, digestive, urogenital, endocrine, dermatological, reproductive, and special sensory systems.

2 - Distinguishes the anatomical and physiological growth and development characteristics of athletic and physically active males and females in the following stages:pre-adolescent; adolescent; adult; and senior.

3 - Describes the physiological and psychological effects of physical activity and their impact on the performance of athletes and individuals involved in other forms of physical activity.

18 - Describes the use of basic somatotyping to quantify objective physical characteristics.

GENERAL MEDICAL CONDITIONS AND DISABILITIES
Cognitive Domain

12 - Recognizes the relationship between changes in blood pressure and changes in activity level.

13 - Recognizes the relationship between changes of respiration rate and changes in activity level.

NUTRITIONAL ASPECTS
Cognitive Domain

10 - Applies the principles of nutrition, including the roles of fluids and electrolytes, vitamins, minerals, ergogenic aids, macronutrients, carbohydrates, protein, fat, and dietary supplements, as they relate to the dietary and nutritional needs of athletes and others involved in physical activity.

11 - Illustrates the physiological processes and time factors involved in the digestion, absorption, and assimilation of food, fluids, and nutritional supplements as they relate to the design and planning of pre- and post-activity meals, considering menu content, time scheduling, and the effect of tension and anxiety before activity.

HEALTH CARE ADMINISTRATION
Cognitive Domain

46 - Constructs a basic research design and statistical interpretation pertaining to the formulation and interpretation of a case study, outcome measurement, and literature review and interpretation.

Psychomotor Domain

8 - Demonstrates the ability to prepare a sample design for scientific research in the areas of a case study, outcome measurement, and literature review.

HPED 360 Exercise Testing & Prescription

RISK MANAGEMENT AND INJURY PREVENTION
Cognitive Domain

4 - Outlines the basic concepts and practice of wellness screening. This includes, but is not limited to, various baselines and standards and other fundamental methods used to screen for wellness.

13 - Compares and contrasts the use of various types of strength training and cardiovascular conditioning programs, considering the effects that athletes and others involved in physical activity would expect if they followed a recommended routine.

16 - Identifies the precautions and risks associated with exercise in individuals who have systemic medical conditions.

Psychomotor Domain

2 - Administers static and dynamic postural evaluation procedures, including tests for muscle shortening.

6 - Uses commercial fitness equipment to administer standard physical fitness tests and records and interprets the test results.

7 - Able to operate contemporary isometric, isotonic, and isokinetic strength testing devices.

10 - Provides supervision and instruction to an individual in the use of commercial weight training equipment.

11 - Implements and administers fitness programs, including correction or modification of inappropriate, unsafe, or dangerous fitness routines.

PATHOLOGY OF INJURIES AND ILLNESSES
Cognitive Domain

8 - Describes the aging process as it relates to athletes and others involved in physical activity.

14 - Analyzes the physiologic responses of diseases to physical activity and inactivity.

Affective Domain

5 - Understands how the use of exercise will improve the non-diseased organ system, thus enhancing overall wellness.

ASSESSMENT AND EVALUATION
Cognitive Domain

17 - Explains the distinction between body weight and body composition.

Psychomotor Domain

4 - Measures active and passive joint range of motion with a goniometer.

THERAPEUTIC EXERCISE
Cognitive Domain

9 - Describes the appropriate selection and application of ther ex taking into consideration: a. the physiological responses of the human body to trauma, b. the physiological effects of inactivity and immobilization on the musculoskeletal, cardiovascular, nervous, and respiratory systems of the human body, c. the associated anatomical and/or biomechanical alterations of commonly used primary and reconstructive surgery, d. the physiological adaptations induced by the various forms of therapeutic exercise, such as fast- versus slow-twitch muscle fibers, e. the physiological responses of additional factors, such as age and disease.

10 - Describes the indications, contraindications, theory, and principles for the incorporation and application of various contemporary therapeutic exercises, including: a. isometric, isotonic, & isokinetic exercise, b. eccentric vs concentric exercise, c. open-vs closed-chain exercise, d. elastic, mechanical,& manual resistance exercise, e. joint mob exercise, f. plyometrics-dynamic reactive exercise, g. PNF for muscular strength/endurance, stretching, and improved ROM, h. exercises to improve neuromuscular coordination & proprioception, i. passive, active, & active-assisted exercise, j. cardiovascular exercise, including the use of stationary bicycles, upper-body ergometer, treadmill, and stair climber, k. aquatic therapy, l. functional rehabilitation And reconditioning, m. sport-specific activity, n. soft tissue mobilization

12 - Describes appropriate methods of assessing rehabilitation and reconditioning progress and interprets the results.

16 - Applies manufacturer's guidelines for the inspection and maintenance of therapeutic exercise equipment.

Psychomotor Domain

4 - Demonstrates the appropriate application of contemporary therapeutic exercises including the following: a. isometric, isotonic, and isokinetic exercise, b. eccentric vs concentric exercise, c. open- vs closed-kinematic chain exercise, d. elastic, mechanical, and manual resistance exercise, e. joint mobilization exercise, f. plyometrics-dynamic reactive exercise, g. proprioceptive neuromuscular facilitation (PNF) for muscular strength/endurance, muscle stretching, and improved range of motion, h. exercises to improve neuromuscular coordination and proprioception, i. passive, active, and active-assisted exercise, j. cardiovascular exercise, including the use of stationary bicycles, upper-body ergometer, treadmill, and stair climber, k. aquatic therapy, l. functional rehabilitation and reconditioning, m. sport-specific activity, n. soft tissue mobilization

5 - Demonstrates the proper techniques for the performance of commonly prescribed rehabilitation and reconditioning exercises.

7 - Inspects therapeutic exercise equipment to ensure safe operating condition.

Affective Domain

2 - Accepts the moral and ethical obligation to provide rehabilitation or reconditioning to athletes and others involved in physical activity to the fullest extent possible.

3 - Respects the proper role of attending physicians and other medical and paramedical personnel in the treatment and rehabilitation or reconditioning of athletes and others involved in physical activity.

4 - Respects accepted medical and paramedical protocols regarding the confidentiality of medical information, medical and therapeutic prescriptions, and health care referral as they relate to the rehabilitation or reconditioning process.

GENERAL MEDICAL CONDITIONS AND DISABILITIES
Cognitive Domain

15 - Describes common heart conditions, such as coronary artery disease, hypertrophic cardiomyopathy, heart murmurs, and mitral valve prolapse.

25 - Identifies the physiological effects and the changes to woman's body caused by pregnancy, and describes the body's response to exercise during pregnancy. Also identifies the indications and contraindications for exercise throughout pregnancy.

NUTR 222 Nutrition Theory

NUTRITIONAL ASPECTS
Cognitive Domain

1 - Describes personal health habits (hygiene, diet, nutrition, weight control, proper amount of sleep, effects of alcohol, tobacco, and drugs) and their role in preventing injury or illness and in maintaining a healthy lifestyle.

2 - Constructs methods to determine the recommended daily allowances (RDAs) of a healthy diet for athletes and others involved in physical activity.

3 - Describes the nutritional food pyramid and explains its use.

4 - Lists the primary organizations responsible for nutritional information.

6 - Explains the importance of good nutrition in enhancing performance and preventing injury and illness.

9 - Delineates the effects of poor dietary habits on bone loss, injury, and long term health.

12 - Paraphrases the prevailing misconceptions regarding the proper use of food, fluids, and nutritional supplements (common food fads and fallacies and strength or weight gain diets).

13 - Describes the advantages or disadvantages of supplementing nutrients in the athlete's diet.

15 - Recognizes the implications of FDA endorsement of nutritional products.

17 - Analyzes the principles of weight control, including body fat percentage, caloric requirements, effects of exercise, and fluid loss.

19 - Describes and applies the principle of caloric balance.

21 - Explains the guidelines for safe weight loss and weight gain.

22 - Describes the principles of body mass index computation.

23 - Describes the signs, symptoms, and physical consequences of disordered eating.

24 - Explains the referral system for individuals with disordered eating.

25 - Describes the differences between saturated, unsaturated, and polyunsaturated fats and the effects of each on diet, performance, health care, heart disease, diabetes, and cancer.

26 - Describes the signs, symptoms, and physiological effects of iron deficiency and anemia and identifies foods that enhance iron absorption and are high in iron.

27 - Demonstrates how to determine the recommended daily allowances and identifies common food sources of essential vitamins and minerals.

Affective Domain

1 - Appreciates the role of proper nutrition in the health care of athletes and others involved in physical activity.

2 - Respects the various recognized position papers that discuss nutrition wellness.

PSYC111 Intro. To Psychology

STAT 269 Introductory Statistics

Messiah College Athletic Training Practicum
Student Performance Evaluation
ATED 246 Practicum in Athletic Training I

Student Name_____ **Class/Level**_____

Clinical Instructor_____ **Practicum Supervisor**_____

Clinical Assignment/Sport_____ **Date/Year Eval. Completed**_____

Grading Policy:

This Clinical Practicum is based on a LETTER GRADE system. All competencies are evaluated on a five (5) point scale. Students cannot complete/master a skill/competency unless a minimum of a four (B) rating is received. **Keep in mind that Practicum I students (Sophomores) are Basic-Introductory Level Students. Practicum II, III students (Juniors) are Intermediate Level and Practicum IV and Clinical Athletic Training Students (Seniors) are Advanced Level.**

Cognitive skills, Psychomotor Skills, and affective Characterizations are evaluated according to the criteria/rating scale below.

Criteria/Rating Scale:

A = (5 pts) Excellent Skill/Behavior Performance is exceptional and requires no instruction/correction.

B = (4 pts) Very Good Skill/Behavior Performance is complete or at a mastery level.

C = (3 pts) Average/Acceptable Skill/Behavior Performance is close to complete/mastery level but requires occasional instruction/correction.

D = (2 pts or below) Unacceptable Skill/Behavior Student must repeat/improve the skill or behavior.

NO = Not Observed In cases where skill is not observed, give the student a task/skill to perform in a Hypothetical setting/situation and evaluate the performance/response.

- **Please make comments to clarify ratings, indicate areas for improvement, or indicate improvements that have been made.**

Directions:

Evaluate and review the student's performance twice during the clinical experience. The first, approximately halfway through, and again at the end. Use the same evaluation form each time, but differentiate the evaluation ratings (i.e. use different colored pens. You may find it useful to have the student rate him/herself in the spaces provided.

Please return this form to the Program Director within a week of the student's completioon of the Practicum experience.

Grade %: This practicum performance evaluation counts for 50% of the student's overall grade. The % of Total Points and Grade Equivalents are listed below. Please indicate the student's total points when indicated. A student cannot pass the course without mastering all skills.

A....93 A-....90 B+....87 B....83 B-....80 C+....77 C....74

I. Personal/Professional Attributes	**Evaluation Scale** A 5	B+ 4.5	B 4	C+ 3.5	C 3	D 2	Not Observed NO	ST	CI	**Skill/Attribute Comments**
In each of the P/P Attributes listed, the ATS:										
1. Professional Dress/Appearance (follows standard dress/appearance guidelines for Messiah a.t.s. for all activities)	5	4.5	4	3.5	3	2	NO			
2. Communication/Interpersonal Skills (Develops rapport, uses tact, speaks/instructs effectively w/ ATED team members)	5	4.5	4	3.5	3	2	NO			
3. Initiative (is self-motivated, performs duties/assists without being told)	5	4.5	4	3.5	3	2	NO			
4. Dependability (is punctual, completes all duties & responsibilities)	5	4.5	4	3.5	3	2	NO			
5. Enthusiasm (displays excitement/eagerness to work, provide care, and learn)	5	4.5	4	3.5	3	2	NO			
6. Professional/Ethical Conduct & Practice (maintains proper relationships, adheres to BOC code of ethics & behavioral expectations	5	4.5	4	3.5	3	2	NO			
7. Self-Confidence (Works with self-assurance and independence)	5	4.5	4	3.5	3	2	NO			
8. Accepts Authority/Constructive Criticism (Interacts positively and cooperatively, follows chain of command, attempts instructions, etc.)	5	4.5	4	3.5	3	2	NO			
9. Organization/Commitment (Demonstrates effective planning, time management motivation to gain valuable clinical experience)	5	4.5	4	3.5	3	2	NO			
10. Adaptation (demonstrates effective soping skills to stress/problems)	5	4.5	4	3.5	3	2	NO			

Comments:_____

_____

_____

II. Risk Management/Injury Prevention	**Evaluation Scale**								**Skill/Attribute Comments**
	A	**B+**	**B**	**C+**	**C**	**D**	**Not Observed**		
	5	**4.5**	**4**	**3.5**	**3**	**2**	**NO**		
In each of the task/skill areas listed, the ATS.:								ST CI	
11. Assesses height, weight, blood pressure, pulse, and physical measures.	5	4.5	4	3.5	3	2	NO	____ ____	
12. Demonstrates ability to use sling psychrometer, wet bulb globe index, weight charts/measures and interpret/explain environmental data for heat, wind, humidity, lightening, cold, air quality.	5	4.5	4	3.5	3	2	NO	____ ____	
13. Checks/explains environmental/physical hazards for activity settings.	5	4.5	4	3.5	3	2	NO	____ ____	
14. Selects/fits protective equipment for lower extremity	5	4.5	4	3.5	3	2	NO	____ ____	
15. Constructs, applies, removes protective devices for lower extremity. (pads, hard immobilization splints, ,etc.)	5	4.5	4	3.5	3	2	NO	____ ____	
16. Demonstrates ability to tape, splint, wrap, pad, brace ankle, foot/toes.	5	4.5	4	3.5	3	2	NO	____ ____	
III. Assessment/Evaluation									
17. Recognizes postural deviations/predisposing conditions (tibial torsion, rear foot deviations, fore foot deviations, arch deviations, foot/toe deviations.)	5	4.5	4	3.5	3	2	NO	____ ____	
18. Will use standardized record keeping methods (HIPS, HOPS, SOAP).	5	4.5	4	3.5	3	2	NO	____ ____	
19. Will select/use injury, rehab referral & insurance documentation.	5	4.5	4	3.5	3	2	NO	____ ____	
20. Obtains a medical history for a head injury.	5	4.5	4	3.5	3	2	NO	____ ____	
21. Observes, identifies, documents clinical signs/ symptoms of head injury.	5	4.5	4	3.5	3	2	NO	____ ____	
22. Performs a concise/comprehensive assessment and care plan for a lower extremity orthopedic injury.	5	4.5	4	3.5	3	2	NO	____ ____	
23. Performs a concise/comprehensive assessment and emergency care plan for a life threatening injury/illness.	5	4.5	4	3.5	3	2	NO	____ ____	

Comments:_____

IV. Acute Care Injuries/Illness	**Evaluation Scale**									**Skill/Attribute Comments**
	A	**B+**	**B**	**C+**	**C**	**D**	**Not Observed**			
	5	**4.5**	**4**	**3.5**	**3**	**2**	**NO**			
In each of the task/skill areas listed, the ATS.:								ST	CI	
24. Demonstrates ability to implement an EAP for a Messiah activity/event.	5	4.5	4	3.5	3	2	NO			
25. Applies I.C.E.I.R. for acute injuries to the lower extremity.	5	4.5	4	3.5	3	2	NO			
26. Demonstrates proper techniques to care for wounds, bleeding, apply skin closures, use biohazard protective equipment, dispose of bio-waste and document related care or exposure incidents.	5	4.5	4	3.5	3	2	NO			
27. Applies a splint/brace for lower leg injuries.	5	4.5	4	3.5	3	2	NO			
28. Evaluates/manages heat illness or hypothermia.	5	4.5	4	3.5	3	2	NO			
V. Therapeutic Modalities										
29. Demonstrate preparation and application of superficial Cold application (ice pack, ice immersion, massage, etc.)	5	4.5	4	3.5	3	2	NO			
VI. Therapeutic Exercise										
30. Demonstrates ability to set patient up on basic rehab program for an ankle injury including stretching, strengthening and balance.	5	4.5	4	3.5	3	2	NO			

VII. Demonstrated Strengths & Areas Needing Improvement

Directions:

A) Describe student strengths which helped in the quality of care provided to the program/clinical site, and that will enhance the ATS's ability at the next clinical/practicum level.

B) Indicate skills/attributes which might limit the ATS's effectiveness at the next clinical/practicum level.

C) Indicate suggestions for areas needing improvement.

Comments:

VII. Signatures/Documentation

A. Date/year the student received/reviewed/completed the clinical skill/attribute evaluation: _____.

B. Student Signature:..... Date:.....

C. Clinical Instructor Signature:..... Date:.....

D. Practicum Supervisor Signature:..... Date:.....

E. Program Director Signature:..... Date:.....

Note: The student signature does not necessarily man that he/she is in agreement with the evaluation. It serves as proof that the clinical skill/attribute evaluation was reviewed with the student.

Comments:

Messiah College Athletic Training Practicum
Student Performance Evaluation
ATED 346/348 Practicum in Athletic Training II/III

Student Name_____ **Class/Level**_____

Clinical Instructor_____ **Practicum Supervisor**_____

Clinical Assignment/Sport_____ **Date/Year Eval. Completed**_____

Grading Policy:

This Clinical Practicum is based on a LETTER GRADE system. All competencies are evaluated on a five (5) point scale. Students cannot complete/master a skill/competency unless a minimum of a four (B) rating is received. **Keep in mind that Practicum I students (Sophomores) are Basic-Introductory Level Students. Practicum II, III students (Juniors) are Intermediate Level and Practicum IV and Clinical Athletic Training Students (Seniors) are Advanced Level.**

Cognitive skills, Psychomotor Skills, and affective Characterizations are evaluated according to the criteria/rating scale below.

Criteria/Rating Scale:

A = (5 pts) Excellent Skill/Behavior Performance is exceptional and requires no instruction/correction.

B = (4 pts) Very Good Skill/Behavior Performance is complete or at a mastery level.

C = (3 pts) Average/Acceptable Skill/Behavior Performance is close to complete/mastery level but requires occasional instruction/correction.

D = (2 pts or below) Unacceptable Skill/Behavior Student must repeat/improve the skill or behavior.

NO = Not Observed In cases where skill is not observed, give the student a task/skill to perform in a Hypothetical setting/situation and evaluate the performance/response.

- **Please make comments to clarify ratings, indicate areas for improvement, or indicate improvements that have been made.**

Directions:

Evaluate and review the student's performance twice during the clinical experience. The first, approximately halfway through, and again at the end. Use the same evaluation form each time, but differentiate the evaluation ratings (i.e. use different colored pens. You may find it useful to have the student rate him/herself in the spaces provided.

Please return this form to the Program Director within a week of the student's completion of the Practicum experience.

Grade %: This practicum performance evaluation counts for 50% of the student's overall grade. The % of Total Points and Grade Equivalents are listed below. Please indicate the student's total points when indicated. A student cannot pass the course without mastering all skills.

A....93 A-....90 B+....87 B....83 B-....80 C+....77 C....74

I. Personal/Professional Attributes	**Evaluation Scale**								**Skill/Attribute Comments**
	A	**B+**	**B**	**C+**	**C**	**D**	**Not Observed**		
	5	**4.5**	**4**	**3.5**	**3**	**2**	**NO**		
In each of the P/P Attributes listed, the ATS:								ST CI	
1. Professional Dress/Appearance (follows standard dress/appearance guidelines for Messiah a.t.s. for all activities)	5	4.5	4	3.5	3	2	NO	____ ____	____
2. Communication/Interpersonal Skills (Develops rapport, uses tact, speaks/instructs effectively w/ ATED team members)	5	4.5	4	3.5	3	2	NO	____ ____	____
3. Initiative (is self-motivated, performs duties/assists without being told)	5	4.5	4	3.5	3	2	NO	____ ____	____
4. Dependability (is punctual, completes all duties & responsibilities)	5	4.5	4	3.5	3	2	NO	____ ____	____
5. Enthusiasm (displays excitement/eagerness to work, provide care, and learn)	5	4.5	4	3.5	3	2	NO	____ ____	____
6. Professional/Ethical Conduct & Practice (maintains proper relationships, adheres to BOC code of ethics & behavioral expectations	5	4.5	4	3.5	3	2	NO	____ ____	____
7. Self-Confidence (Works with self-assurance and independence)	5	4.5	4	3.5	3	2	NO	____ ____	____
8. Accepts Authority/Constructive Criticism (Interacts positively and cooperatively, follows chain of command, attempts instructions, etc.)	5	4.5	4	3.5	3	2	NO	____ ____	____
9. Organization/Commitment (Demonstrates effective planning, time management motivation to gain valuable clinical experience)	5	4.5	4	3.5	3	2	NO	____ ____	____
10. Adaptation (demonstrates effective coping skills to stress/problems)	5	4.5	4	3.5	3	2	NO	____ ____	____

Comments:_____

_____

_____

II. Risk Management/Injury Prevention	**Evaluation Scale**							ST	CI	**Skill/Attribute Comments**
	A	**B+**	**B**	**C+**	**C**	**D**	**Not Observed**			
	5	**4.5**	**4**	**3.5**	**3**	**2**	**NO**			

In each of the task/skill areas listed, the ATS in ATED 346 will perform and demonstrate; those in ATED 348 will demonstrate and instruct.

11.	Assessment of height, weight, blood pressure, pulse and physical measures.	5	4.5	4	3.5	3	2	NO			
12.	Use of sling psychrometer, wet bulb globe index, weight charts/measures and interpret/explain environmental data for heat, wind, humidity, lightning, cold, air quality.	5	4.5	4	3.5	3	2	NO			
13.	Discuss/indicate concerns related to environmental and physical hazards for activity settings.	5	4.5	4	3.5	3	2	NO			
14.	Selects/fits protective equipment for upper and lower extremities	5	4.5	4	3.5	3	2	NO			
15.	Construction, application, removal of protective devices for the lower/upper extremity. (hard and soft pads, hard immobilization splints, etc.)	5	4.5	4	3.5	3	2	NO			
16.	Taping, splinting, wrapping, padding, and bracing of the upper and lower extremities (joints, contusions etc.)	5	4.5	4	3.5	3	2	NO			

III. Assessment/Evaluation

In each of the task/ skill areas listed, the ATS in ATED 346 will perform and demonstrate; those in ATED 348 will demonstrate and instruct.

17.	Recognition of postural deviations/predisposing conditions related to the upper and lower extremities (i.e. tibial torsion, foot/toe deviations, valgus and varus)	5	4.5	4	3.5	3	2	NO			
18.	Recognition of postural deviation/predisposing conditions related to the head, cervical, thoracic and lumbar spine (i.e., torticollis, scoliosis, kyphosis, lordosis, etc.)	5	4.5	4	3.5	3	2	NO			
19.	Will use standardized record keeping methods (HIPS HOPS, SOAP).	5	4.5	4	3.5	3	2	NO			
20.	Will select/use and assist with completion of injury, rehab, referral & insurance documentation.	5	4.5	4	3.5	3	2	NO			
21.	Obtains a medical history for a head injury.	5	4.5	4	3.5	3	2	NO			
22.	Concise and comprehensive head injury assessment; observes, identifies, documents clinical signs/symptoms	5	4.5	4	3.5	3	2	NO			

23.	Concise/comprehensive assessment and care of a lower extremity orthopedic injury.	5	4.5	4	3.5	3	2	NO		
24.	Concise/comprehensive assessment and care of a upper extremity orthopedic injury.	5	4.5	4	3.5	3	2	NO		
25.	Concise/comprehensive assessment and care of a spinal injury (cervical, thoracic, lumbar)	5	4.5	4	3.5	3	2	NO		
26.	Concise/comprehensive assessment of a life threatening thoracic injury/illness and effectively implements the emergency care plan.	5	4.5	4	3.5	3	2	NO		
27.	Concise/comprehensive assessment of a life threatening abdominal or pelvic injury and effectively implements the emergency care plan.	5	4.5	4	3.5	3	2	NO		

Comments:_____

IV. Acute Care Injuries/Illness

Evaluation Scale

A	B+	B	C+	C	D	Not Observed
5	4.5	4	3.5	3	2	NO

Skill/Attribute Comments

In each of the task/ skill areas listed, the ATS in ATED 346 will perform and demonstrate; those in ATED 348 will demonstrate and instruct.

									ST	CI	
28.	Implementation an EAP for a Messiah activity or event.	5	4.5	4	3.5	3	2	NO			
29.	Applies I.C.E.I.R. for acute injuries to the lower and upper extremities..	5	4.5	4	3.5	3	2	NO			
30.	Demonstrates proper techniques to care for wounds, bleeding, apply skin closures, use biohazard protective equipment, dispose of bio-waste and document related care or exposure incidents.	5	4.5	4	3.5	3	2	NO			
31.	Applies a splint/brace for injuries to the upper lower extremities.	5	4.5	4	3.5	3	2	NO			
32.	Application of spine board to immobilizes the head, neck and spine (ATED 348 - done with athlete in full equipment, i.e., football or lacrosse)	5	4.5	4	3.5	3	2	NO			
33.	Removal of protective equipment (helmet, shoulder pads)	5	4.5	4	3.5	3	2	NO			
34.	Evaluates/manages heat illness or hypothermia.	5	4.5	4	3.5	3	2	NO			
35.	Maintains an appropriately stocked and organized medical kit.	5	4.5	4	3.5	3	2	NO			

V. Therapeutic Modalities

In each of the task/ skill areas listed, the ATS in ATED 346 will perform and demonstrate; those in ATED 348 will demonstrate and instruct.

36.	Application of superficial cold (ice pack, ice immersion, **cold whirlpool, vaso spray, etc.)**	5	4.5	4	3.5	3	2	NO		
37.	Application of superficial heat (hydrocollater, hot whirlpool, parafin, etc.)	5	4.5	4	3.5	3	2	NO		
38.	Standard set up, application, for penetrating modalities (electrical stim, ultrasound, diathermy, etc.)	5	4.5	4	3.5	3	2	NO		
39.	Explains indications, contraindications for superficial and penetrating modalities	5	4.5	4	3.5	3	2	NO		

VI. Therapeutic Exercise

In each of the task/ skill areas listed, the ATS in ATED 346 will perform and demonstrate; those in ATED 348 will demonstrate and instruct.

40.	Demonstrates ability to set patient up on basic rehab program for an ankle injury including stretching, strengthening and balance.	5	4.5	4	3.5	3	2	NO		
41.	Develops a rehabilitation program for an injury of the lower extremity including control of pain and inflammation, restoration of ROM, strength, proprioception and function.	5	4.5	4	3.5	3	2	NO		
42.	Develops a rehabilitation program for an injury of the upper extremity including control of pain and inflammation, restoration of ROM, strength, proprioception and function.	5	4.5	4	3.5	3	2	NO		

VII. Demonstrated Strengths & Areas Needing Improvement

Directions:

A) Describe student strengths which helped in the quality of care provided to the program/clinical site, and that will enhance the ATS's ability at the next clinical/practicum level.

B) Indicate skills/attributes which might limit the ATS's effectiveness at the next clinical/practicum level.

C) Indicate suggestions for areas needing improvement.

Comments:

VII. Signatures/Documentation

A. Date/year the student received/reviewed/completed the clinical skill/attribute evaluation: _____.

B. Student Signature:..... Date:.....

C. Clinical Instructor Signature:..... Date:.....

D. Practicum Supervisor Signature:..... Date:.....

E. Program Director Signature:..... Date:.....

Note: The student signature does not necessarily man that he/she is in agreement with the evaluation. It serves as proof that the clinical skill/attribute evaluation was reviewed with the student.

Comments:

Messiah College Athletic Training Practicum
Student Performance Evaluation
ATED 446 Practicum in Athletic Training _____

Student Name_____ **Class/Level**_____

Clinical Instructor_____ **Practicum Supervisor**_____

Clinical Assignment/Sport_____ **Date/Year Eval. Completed**_____

Grading Policy:

This Clinical Practicum is based on a LETTER GRADE system. All competencies are evaluated on a five (5) point scale. Students cannot complete/master a skill/competency unless a minimum of a four (B) rating is received. **Keep in mind that Practicum I students (Sophomores) are Basic-Introductory Level Students. Practicum II, III students (Juniors) are Intermediate Level and Practicum IV and Clinical Athletic Training Students (Seniors) are Advanced Level.**

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B = (4 pts) Very Good Skill/Behavior Performance is complete or at a mastery level.

C = (3 pts) Average/Acceptable Skill/Behavior Performance is close to complete/mastery level but requires occasional instruction/correction.

D = (2 pts or below) Unacceptable Skill/Behavior Student must repeat/improve the skill or behavior.

NO = Not Observed In cases where skill is not observed, give the student a task/skill to perform in a Hypothetical setting/situation and evaluate the performance/response.

- **Please make comments to clarify ratings, indicate areas for improvement, or indicate improvements that have been made.**

Directions:

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Grade %: This practicum performance evaluation counts for 50% of the student's overall grade. The % of Total Points and Grade Equivalents are listed below. Please indicate the student's total points when indicated. A student cannot pass the course without mastering all skills.

A....93 A-....90 B+....87 B....83 B-....80 C+....77 C....74

I. Personal/Professional Attributes	**Evaluation Scale** A 5 / B+ 4.5 / B 4 / C+ 3.5 / C 3 / D 2 / Not Observed NO	ST	CI	**Skill/Attribute Comments**
In each of the P/P Attributes listed, the ATS:				
1. Professional Dress/Appearance (follows standard dress/appearance guidelines for Messiah a.t.s. for all activities)	5 4.5 4 3.5 3 2 NO			
2. Communication/Interpersonal Skills (Develops rapport, uses tact, speaks/instructs effectively w/ ATED team members)	5 4.5 4 3.5 3 2 NO			
3. Initiative (is self-motivated, performs duties/assists without being told)	5 4.5 4 3.5 3 2 NO			
4. Dependability (is punctual, completes all duties & responsibilities)	5 4.5 4 3.5 3 2 NO			
5. Enthusiasm (displays excitement/eagerness to work, provide care, and learn)	5 4.5 4 3.5 3 2 NO			
6. Professional/Ethical Conduct & Practice (maintains proper relationships, adheres to BOC code of ethics & behavioral expectations	5 4.5 4 3.5 3 2 NO			
7. Self-Confidence (Works with self-assurance and independence)	5 4.5 4 3.5 3 2 NO			
8. Accepts Authority/Constructive Criticism (Interacts positively and cooperatively, follows chain of command, attempts instructions, etc.)	5 4.5 4 3.5 3 2 NO			
9. Organization/Commitment (Demonstrates effective planning, time management motivation to gain valuable clinical experience)	5 4.5 4 3.5 3 2 NO			
10. Adaptation (demonstrates effective coping skills to stress/problems)	5 4.5 4 3.5 3 2 NO			

Comments:_____

II. Risk Management/Injury Prevention	**Evaluation Scale**							ST	CI	**Skill/Attribute Comments**
	A	**B+**	**B**	**C+**	**C**	**D**	**Not Observed**			
	5	**4.5**	**4**	**3.5**	**3**	**2**	**NO**			
In each of the following task/skill areas listed, the ATS in ATED 446 will demonstrate and instruct.										
11. Assessment of height, weight, blood pressure, pulse and physical measures.	5	4.5	4	3.5	3	2	NO			
12. Review of medical history forms recognizing area of potential concern or need for follow-up (i.e., asthma, history of concussion, etc.	5	4.5	4	3.5	3	2	NO			
13. Use of sling psychrometer, wet bulb globe index, weight charts/measures and interpret/explain environmental data for heat, wind, humidity, lightning, cold, air quality.	5	4.5	4	3.5	3	2	NO			
14. Discuss/indicate concerns, and determine necessary modifications related to environmental and physical hazards for activity settings.	5	4.5	4	3.5	3	2	NO			
15. Selects/fits protective equipment for equipment intensive sports (i.e. football, lacrosse) for the upper and lower extremities	5	4.5	4	3.5	3	2	NO			
16. Construction, application, removal of protective devices for the lower/upper extremity. (hard and soft pads, hard immobilization splints, etc.)	5	4.5	4	3.5	3	2	NO			
17. Taping, splinting, wrapping, padding, and bracing of the upper and lower extremities (joints, contusions etc.)	5	4.5	4	3.5	3	2	NO			
III. Assessment/Evaluation										
In each of the following task/skill areas listed, the ATS in ATED 446 will demonstrate and instruct.										
18. Recognition of postural deviations/predisposing conditions related to the upper and lower extremities (i.e. tibial torsion, foot/toe deviations, valgus and varus)	5	4.5	4	3.5	3	2	NO			
19. Recognition of postural deviation/predisposing conditions related to the head, cervical, thoracic and lumbar spine (i.e., torticollis, scoliosis, kyphosis, lordosis, etc.)	5	4.5	4	3.5	3	2	NO			
20. Consistent and correct use of standardized record keeping methods (HIPS HOPS, SOAP).	5	4.5	4	3.5	3	2	NO			
21. Will select/use and complete injury, rehab, referral & insurance documentation.	5	4.5	4	3.5	3	2	NO			
22. Obtains a complete and thorough medical history for head injury.	5	4.5	4	3.5	3	2	NO			
23. Concise and comprehensive head injury assessment; observes, identifies, documents clinical signs/symptoms	5	4.5	4	3.5	3	2	NO			

24.	Concise/comprehensive assessment, care and referral plan for a lower extremity orthopedic injury.	5	4.5	4	3.5	3	2	NO			
25.	Concise/comprehensive assessment, care and referral plan for an upper extremity orthopedic injury.	5	4.5	4	3.5	3	2	NO			
26.	Concise/comprehensive assessment, care and referral plan for an injury to the spine (cervical, thoracic, lumbar)	5	4.5	4	3.5	3	2	NO			
27.	Concise/comprehensive assessment of a life threatening thoracic injury/illness and effective implementation of the emergency care plan.	5	4.5	4	3.5	3	2	NO			
28.	Concise/comprehensive assessment of a life threatening abdominal or pelvic injury and effective implementation of the emergency care plan.	5	4.5	4	3.5	3	2	NO			

Comments:_____

_____

In each of the following task/skill areas listed, the ATS in ATED 446 will demonstrate and instruct.

IV. Acute Care Injuries/Illness

Evaluation Scale

A B+ B C+ C D Not Observed
5 4.5 4 3.5 3 2 NO

									ST	CI	**Skill/Attribute Comments**
29.	Implementation an EAP for a football activity or event.	5	4.5	4	3.5	3	2	NO			
30.	Applies I.C.E.I.R. for acute injuries to the lower and upper extremities..	5	4.5	4	3.5	3	2	NO			
31.	Demonstrates proper techniques to care for wounds, bleeding, apply skin closures, use biohazard protective equipment, dispose of bio-waste and document related care or exposure incidents.	5	4.5	4	3.5	3	2	NO			
32.	Applies a splint/brace for injuries to the upper and/or lower extremities.	5	4.5	4	3.5	3	2	NO			
33.	Application of spine board to immobilizes the head, neck and spine with athlete in full equipment (i.e., football or lacrosse)	5	4.5	4	3.5	3	2	NO			
34.	Removal of protective equipment (helmet, shoulder pads)	5	4.5	4	3.5	3	2	NO			
35.	Recognizes signs/symptoms, evaluates and manages heat illness or hypothermia	5	4.5	4	3.5	3	2	NO			
36.	Maintains an appropriately stocked and organized medical kit.	5	4.5	4	3.5	3	2	NO			

V. Therapeutic Modalities

In each of the following task/skill areas listed, the ATS in ATED 446 will demonstrate and instruct.

37. Application of superficial cold (ice pack, ice immersion, cold whirlpool, vaso spray, etc.) 5 4.5 4 3.5 3 2 NO _____ _____ _____

38. Application of superficial heat (hydrocollater, hot whirlpool, parafin, etc.) 5 4.5 4 3.5 3 2 NO _____ _____ _____

39. Standard set up, application, for penetrating modalities (electrical stim, ultrasound, diathermy, etc.) 5 4.5 4 3.5 3 2 NO _____ _____ _____

40. Explains indications, contraindications for superficial and penetrating modalities 5 4.5 4 3.5 3 2 NO _____ _____ _____

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VI. Therapeutic Exercise

In each of the following task/skill areas listed, the ATS in ATED 446 will demonstrate and instruct.

41. Develop a progressive rehabilitation program for an injury to the back, progressing from initial injury to restoration of full function 5 4.5 4 3.5 3 2 NO _____ _____ _____

42. Develop a progressive rehabilitation program for an injury to the neck (i.e. musculoskeletal, brachial plexus, upper trap, etc.) progressing from initial injury to restoration of full function. 5 4.5 4 3.5 3 2 NO _____ _____ _____

43. Develops a rehabilitation program for an injury of the lower extremity including control of pain and inflammation, restoration of ROM, strength, proprioception and function. 5 4.5 4 3.5 3 2 NO _____ _____ _____

44. Develops a rehabilitation program for an injury of the upper extremity including control of pain and inflammation, restoration of ROM, strength, proprioception and function. 5 4.5 4 3.5 3 2 NO _____ _____ _____

VII. Demonstrated Strengths & Areas Needing Improvement

Directions:

A) Describe student strengths which helped in the quality of care provided to the program/clinical site, and that will enhance the ATS's ability at the next clinical/practicum level.

B) Indicate skills/attributes which might limit the ATS's effectiveness at the next clinical/practicum level.

C) Indicate suggestions for areas needing improvement.

Comments:

VII. Signatures/Documentation

A. Date/year the student received/reviewed/completed the clinical skill/attribute evaluation: _____.

B. Student Signature:..... Date:.....

C. Clinical Instructor Signature:..... Date:.....

D. Practicum Supervisor Signature:..... Date:.....

E. Program Director Signature:..... Date:.....

Note: The student signature does not necessarily man that he/she is in agreement with the evaluation. It serves as proof that the clinical skill/attribute evaluation was reviewed with the student.

Comments:

MESSIAH COLLEGE ATHLETIC TRAINING 2007-08

SENIOR CLINICAL ASSIGNMENT ADDRESSES AND PHONE #'S

Clinical Site	Athletic Trainer	Phone #	Email
Cumberland Valley HS 6746 Carlisle Pike Mechanicsburg, Pa 17055-1796	Robert Wolf	717-249-6996, x3342, x3676 Cell: 443-2718 Fax: 717-506-3680	Rwolf@cvschools.org
Boiling Springs HS 4 Forge Road Boiling Springs, Pa 17007-9523	Benjamin Widder	717-258-6484 x1033, Cell: 717-226-1236	Blw@mail.bubblers.k12.pa.us
Mechanicsburg HS 500 S. Broad Street Mechanicsburg, Pa 17055-4199	Sandy Zettlemoyer	717-691-4548 H. 717-766-9725	Szettlemoyer@mbgsd.org
Northern York HS 655 S. Baltimore Street Dillsburg, Pa 17019-9677	Sarah Lathrop	717-432-8691 x2016	Slathrop@nycsd.k12.pa.us
Dickinson College PO Box 1773 Kline Ctr, High Street Carlisle, Pa 17013	Julie Emrhein	717-245-1366	Emhrein@dickinson.edu
Gettysburg College Box 400 300 N. Washington Street Gettysburg, Pa 17325	Mike Cantele	717-337-6416	Mcantele@gettysburg.edu
Cedar Cliff High School 1301 Carlisle Road Camp Hill, Pa 17011	Joanne Martinez	717-737-8654	Jmartinez@wssd.k12.pa.us

Messiah College ATEP Clinical Instructor/Supervisor Agreement and Policies
(To be completed and on record yearly)

The Clinical Instructor(s) will be a person or persons designated by the Clinical Affiliation Site/Institution and approved by the Athletic Training Program Director at Messiah College (MC) to supervise students in the off-campus or on-campus clinical site. The Clinical Instructor will be expected to provide clinical instruction, supervision and direction. Clinical Instructors are expected to maintain current knowledge and skills in athletic training and reinforce information presented in the athletic training program curriculum.

Bring minor problems with students to the Practicum Supervisor's attention. If minor problems or issues persist or become significant, the program director should be notified immediately. Should the clinical instructor and program director determine that a site and student are not compatible, or issues/problems cannot be resolved, a student may be moved to another site before the end of the intern experience.

The following Policies are made between the Affiliation and On-Campus Clinical Instructors and the MC ATEP.

I. Direct Supervision Policy

Students assigned to the Clinical Affiliation Site will be under the "direct supervision of a Certified Athletic Trainer or qualified C.I. (I.e. P.T.)" at all time (as defined by the BOC, CAATE, etc.), and will not be used to replace, or take the position of an ATC, PT, etc. C.I./ATCs must be "physically-present" with the ATS at all times. Unsupervised Clinical Experience(s), even if voluntary, are not part of the educational program and cannot be required.

II. Access to Emergency Action Plan

Messiah College Athletic Training students are required to review with their Clinical Instructor the Emergency Action Plan (EAP) of the host site. This is to be done by the end of day-one of their clinical experience, but may be done earlier should the student come for an orientation session prior to the official start of their clinical experience. Clinical Instructors are to review this plan and point out where this plan can be found should the student need to review/access the EAP. As the supervising Clinical Instructor, I have read, understand, and agree to provide the Athletic Training student with information/access to our EAP as stated in the above statement.

III. ATS Number of Clinical Hours Maximum Policy

Practicum I is limited to 100 hrs max., Practicum II is limited to 120 hrs max., Practicum III is limited to 100 hrs max., Practicum IV (football) is limited to 200 hrs max., and the A.T. Clinical (C.I.C.) is limited to 60 hrs max. Students may not acquirer more than 20 clinical hours per week and all hours must be documented and approved by the C.I. weekly.

IV. Blood Born Pathogens Policy

The CI will review the Affiliation Site Blood Borne Pathogens Policy and Procedures with the ATS and assure they have access to and awareness of BBP's barriers, biohazards materials/containers/items, forms, etc. They will also be made aware of all sanitary facilities (sinks, disinfectant soaps, towels, etc.)

The following agreements are made between all MC ATEP Clinical Instructor(s) and the MC Athletic Training Education Program.

1. The Practicum/Clinical Instructor/Supervisor will on-site visit/communicate re: each student at least twice, once during the beginning to discuss student progress, concerns, general performance and adjustment to the clinical instructor/site and once during the semester to observe/evaluate performance.

2. Clinical Instructors are asked to contact the Practicum Supervisor and Program Director with concerns, questions, and/or feedback at any time.

3. It is the duty of the MC Program Director to update the Clinical Instructors of any changes in policy, schedules, or curriculum which may affect the Affiliation Site or Clinical Instructor.

4. The Clinical Affiliation Site will be informed of student assignments, performance eval. forms, student requirements, etc. by the Practicum Supervisor. The Program director will be responsible for implementation of assessments of the clinical site and clinical instructors.

5. Students work responsibilities, attire, behavior, demeanor and hours are jointly determined by the MC athletic training education program (practicum requirements, student manual, institution expectations, and NATA Code of Ethics) and the clinical instructor.

6. Students must comply with the requirements, rules and guidelines listed above. Failure to comply will result in disciplinary action by the Program Director, upon notification by the Clinical Instructor, and/or Practicum Supervisor.

7. Each student is evaluated by the clinical instructor approximately half-way through the experience and at the end of the experience and the evaluation is to be shared with the student to communicate progress, areas of positive performance and areas needing improvement.

8. Clinical Affiliation Sites and Clinical Instructors will be evaluated by students assigned to these sites. A summary/copy of each eval. will be provided to the Clinical Instructors, and kept on record. These evaluations will be used to determine the suitability of the site and Clinical Instructor effectiveness and serve as a means to help improve the student experience and meet accreditation requirements. Off-campus sites/CIs who do not meet requirements may be discontinued.

Please print/sign the following indicating you have read and understand the above information.

CI/ATC Name (print)_____

Signature_____ Date/Year_____

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