Policies in this handbook are for all Pre-Athletic Training, and Athletic Training Majors

In addition to this handbook, students are to refer to the College of Health and Human Services Student Handbook and the UNC Charlotte Undergraduate Catalog
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UNC CHARLOTTE’S ATHLETIC TRAINING EDUCATION PROGRAM

Vision Statement
The UNC Charlotte Athletic Training Education Program provides a stimulating and diverse learning environment for undergraduate athletic training students. UNC Charlotte is committed to becoming a leader in North Carolina for undergraduate athletic training education.

Mission Statement
The mission of the UNC Charlotte Athletic Training Education Program is to promote optimal health and well-being in the physically active population by providing educational opportunities to prepare qualified undergraduate students for a career as entry-level certified athletic trainers. The Education Program is structured according to competencies and proficiencies provided by the National Athletic Trainers’ Association’s Education Council. We are committed to providing quality classroom and clinical education as well as rewarding field experiences. We will use current technology and literature supported by clinical and educational research to provide these services.

The Athletic Training Education Program seeks to enhance student learning through a variety of interactive and problem solving experiences that mandates that students demonstrate cognitive understanding of the health sciences, work with diverse individuals and populations, and perform specific athletic training skills and techniques. The development of competent athletic trainers is based on a program of curricular experiences that require students to demonstrate and apply their knowledge, skills, and attributes in the clinical setting.

The purpose of this program is to prepare well-rounded students for eligibility to sit for the NATA Board of Certification examination and pursue careers as certified athletic trainers. In addition this program aims to produce students who are committed to academic and clinical excellence, are socially responsible, and have demonstrated cultural sensitivity.

We are committed to an ongoing evaluation of our Athletic Training Education Program to ensure our students are receiving the highest quality education possible. Furthermore, we are committed to staying abreast to the ongoing changes in our profession in order to keep our students current in our evolving field.

Finally, the UNC Charlotte Athletic Training Education Program aspires to be a program of recognized excellence. It is our intentions to establish this program as a leader in undergraduate athletic training education.

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Program Goals and Objectives

Goal I
Prepare the individual in the knowledge, skills, values, and decision making related to risk management and injury prevention required of the entry-level athletic trainer.

Objectives
Upon completion of the athletic training education program the individual will be able to:
1. Explain the risk factors associated with physical activity.
2. Identify and explain the risk factors associated with common congenital and acquired abnormalities, disabilities, and diseases.
3. Identify and explain the epidemiology data related to the risk of injury and illness related to participation in physical activity.
4. Identify and explain the recommended or required components of a preparticipation examination based on appropriate authorities’ rules, guidelines, and/or recommendations.
5. Describe the basic concepts and practice of wellness screening.
6. Describe 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.
7. Explain the importance for all personnel to maintain current certification in CPR, automated external defibrillator (AED), and first aid.
8. Explain the principles of effective heat loss and heat illness prevention programs. Principles include, but are not limited to, knowledge of the body’s thermoregulatory mechanisms, acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss.
9. Explain the accepted guidelines, recommendations, and policy and position statements of applicable governing agencies related to activity during extreme weather conditions.
10. Interpret data obtained from a wet bulb globe temperature (WGBT) or other similar device that measures heat and humidity to determine the scheduling, type, and duration of activity.
11. Explain the importance and use of standard tests, test equipment, and testing protocol for the measurement of cardiovascular and respiratory fitness, body composition, posture, flexibility, muscular strength, power, and endurance.
12. Explain the components and purpose of periodization within a physical conditioning program.
13. Identify and explain the various types of flexibility, strength training, and cardiovascular conditioning programs. This should include the expected effects (the body’s anatomical and physiological adaptation), safety precautions, hazards, and contraindications of each.
14. Explain the precautions and risks associated with exercise in special populations.
15. Describe the components for self-identification of the warning signs of cancer.
16. Explain the basic principles associated with the use of protective equipment, including standards for the design, construction, fit, maintenance and reconditioning of protective equipment; and rules and regulations established by the associations that govern the use of protective equipment; and material composition.
17. Explain the principles and concepts related to prophylactic taping, wrapping, bracing, and protective pad fabrication.
18. Explain the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints. This includes, but is not limited to, evaluating or identifying the need, selecting the appropriate manufacturing material, manufacturing the orthosis or splint, and fitting the orthosis or splint.
19. Explain the basic principles and concepts of home, school, and workplace ergonomics and their relationship to the prevention of illness and injury.
21. Instruct the patient how to properly perform fitness tests to assess his or her physical status and readiness for physical activity. Interpret the results of these tests according to requirements established by appropriate governing agencies and/or a physician. These tests should assess:
   a. Flexibility
   b. Strength
c. Power

d. Muscular Endurance

e. Agility

f. Cardiovascular Endurance

g. Speed

22. Develop a fitness program appropriate to the patient’s needs and selected activity or activities that meet the requirements established by the appropriate governing agency and/or physician for enhancing:

a. Flexibility

b. Strength

c. Power

d. Muscular Endurance

e. Agility

f. Cardiovascular Endurance

g. Speed

23. Instruct a patient regarding fitness exercises and the use of weight training equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.

24. Select and fit appropriate standard protective equipment on the patient for safe participation in sport and/or physical activity. This includes but is not limited to:

a. Shoulder pads

b. Helmet/headgear

c. Footwear

d. Mouthguard

e. Prophylactic knee brace

f. Prophylactic ankle brace

25. Select, fabricate, and apply appropriate preventive taping and wrapping procedures, splints, braces, and other special protective devices. Procedures and devices should be consistent with sound anatomical and biomechanical principles.

26. Obtain, interpret, and make decisions regarding environmental data. This includes, but is not limited to the ability to:

a. Operate a sling psychrometer and/or wet bulb globe index

b. Formulate and implement a comprehensive, proactive emergency action plan specific to lightning safety

c. Access local weather/environmental information

d. Assess hydration status using weight charts, urine color charts, or specific gravity measurements

27. Plan, implement, evaluate, and modify a fitness program specific to the physical status of the patient. This will include instructing the patient in proper performance of the activities and the warning signs and symptoms of potential injury that may be sustained. Effective lines of communication shall be established to elicit and convey information about the patient’s status and the prescribed program. While maintaining patient confidentiality, all aspects of the fitness program shall be documented using standardized record-keeping methods.

28. Select, apply, evaluate, and modify appropriate standard protective equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient’s situation and the importance of protective devices to prevent and/or minimize injury.

29. Demonstrate the ability to develop, implement, and communicate effective policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.
Goal II
Prepare the individual in the knowledge and values related to the pathology of injuries and illnesses required of the entry-level athletic trainer

Objectives
Upon completion of the athletic training education program the individual will be able to:
1. Describe the essential components of a typical human cell. Include the normal structure and the function of each component and explain the abnormal symptoms associated with injury, illness, and disease.
2. Explain gross cellular adaptations in response to stress, injury, or disease (e.g., atrophy, hypertrophy, differentiation, hyperplasia, metaplasia, and tumors).
3. Explain normal and abnormal circulation and the physiology of fluid homeostasis.
4. Identify the normal acute and chronic physiological and pathological responses (e.g., inflammation, immune response, and healing process) of the human body to trauma, hypoxia, microbiologic agents, genetic derangements, nutritional deficiencies, chemicals, drugs, and aging affecting the musculoskeletal and other organ systems, and musculoskeletal system adaptations to disuse.
5. Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and epidemiology of common orthopedic injuries, illnesses and diseases to the body’s systems.
6. Describe the body’s responses to physical exercise during common diseases, illnesses, and the injury.

Goal III
Prepare the individual in the knowledge, skills, values, and decision making related to assessment and evaluation required of the entry-level athletic trainer.

Objectives
Upon completion of the athletic training education program the individual will be able to:
1. Demonstrate knowledge of the systems of the human body.
2. Describe the anatomical and physiological growth and development characteristics as well as gender differences across the lifespan.
3. Describe the physiological and psychological effects of physical activity and their impact on performance.
4. Explain directional terms and cardinal planes used to describe the body and the relationship of its parts.
5. Describe the principles and concepts of body movement including functional classification of joints, arthrokinematics, normal ranges of joint motion, joint action terminology, and muscle groups responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesia/proprioception.
6. Describe common techniques and procedures for evaluating common injuries including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests.
7. Explain the relationship of injury assessment to the systematic observation of the person as a whole.
8. Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes.
9. Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
10. Explain the roles of special tests in injury assessment.
11. Explain the role of postural examination in injury assessment including gait analysis.
12. Describe strength assessment using resistive range of motion, break tests, and manual muscle testing.
13. Describe the use of diagnostic tests and imaging techniques based on their applicability in the assessment of an injury when prescribed by a physician.
15. Describe and identify postural deformities.
16. Explain medical terminology and abbreviations necessary to communicate with physicians and other health professionals.
17. Describe the components of medical documentation (e.g. SOAP, HIPS and HOPS).
18. Obtain a medical history of the patient that includes a previous history and a history of the present injury.
19. Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.
20. Perform inspection/observation of postural, structural, and biomechanical abnormalities.
21. Palpate the bones and soft tissues to determine normal or pathological characteristics.
22. Measure the active and passive joint range of motion using commonly accepted techniques, including the use of a goniometer and inclinometer.
23. Grade the resisted joint range of motion/manual muscle testing and break tests.
24. Apply appropriate stress tests for ligamentous or capsular stability, soft tissue and muscle, and fractures.
25. Apply appropriate special tests for injuries to the specific areas of the body as listed above.
26. Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
27. Document the results of the assessment including the diagnosis.
28. Demonstrate a musculoskeletal assessment of upper extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the student will diagnose the patient’s condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient’s status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.
   a. Foot and toes
   b. Ankle
   c. Lower leg
   d. Knee
   e. Thigh
   f. Hip/Pelvis/Sacroiliac Joint
   g. Lumbar Spine
   h. Thoracic Spine
   i. Ribs
   j. Cervical Spine
   k. Shoulder Girdle
   l. Upper Arm
   m. Elbow
   n. Forearm
   o. Wrist
   p. Hand. Fingers, Thumb
   q. Temporomandibular Joint

Goal IV
Prepare the individual in the knowledge, skills, values, and decision making related to understanding medical conditions and disabilities associated with physically active individuals required of the entry-level athletic trainer.

Objectives
Upon completion of the athletic training education program the individual will be able to:
1. Describe and know when to refer common congenital or acquired abnormalities, physical disabilities, and diseases affecting people who engage in physical activity throughout their life span (e.g., arthritis, diabetes).
2. Understand the effects of common illnesses and diseases in physical activity.
3. Describe common techniques and procedures for evaluating common medical conditions and disabilities including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques (e.g., assessing heart, lung and bowel sounds), and neurological and circulatory tests.
4. Describe and know when to refer common eye pathologies from trauma and/or localized infection (e.g., conjunctivitis, hyphema, corneal injury, stye, scleral trauma).
5. Describe and know when refer common ear pathologies from trauma and/or localized infection (e.g., otitis, ruptured tympanic membrane, impacted cerumen).
6. Describe and know when to refer common pathologies of the mouth, sinus, oropharynx, and nasopharynx from trauma and/or localized infection (e.g., gingivitis, sinusitis, laryngitis, tonsillitis, pharyngitis).

7. Describe and know when to refer common and significant respiratory infections, thoracic trauma, and lung disorders. (e.g., influenza, pneumonia, bronchitis, rhinitis, sinusitis, upper-respiratory infection (URI), pneumothorax, hemothorax, pneumomediastinum, exercise-induced bronchospasm, exercise-induced anaphylaxis, asthma).

8. Explain the importance and proper use of a peak flowmeter or similar device in the evaluation and management of respiratory conditions.

9. Describe strategies for reducing the frequency and severity of asthma attacks.

10. Explain the possible causes of sudden death syndrome.

11. Describe and know when to refer common cardiovascular and hematological medical conditions from trauma, deformity, acquired disease, conduction disorder, and drug abuse (e.g., coronary artery disease, hypertrophic cardiomyopathy, heart murmur, mitral valve prolapse, commotion cordis, Marfan’s syndrome, peripheral embolism, hypertension, arrhythmogenic right ventricular dysplasia, Wolf-Parkinson-White syndrome, anemias, sickle cell anemia and sickle cell trait [including rhabdomyolysis], hemophilia, deep vein thrombosis, migraine headache, syncope).

12. Describe and know when to refer common medical conditions that affect the gastrointestinal and hepatic-biliary systems from trauma, chemical and drug irritation, local and systemic infections, psychological stress, and anatomic defects (e.g., hepatitis, pancreatitis, dyspepsia, gastroesophageal reflux, peptic ulcer, gastritis and gastroenteritis, inflammatory bowel disease, irritable bowel syndrome, appendicitis, sports hernia, hemorrhoids, splenomegaly, liver trauma).

13. Describe and know when to refer common medical conditions of the endocrine and metabolic systems from acquired disease and acute and chronic nutritional disorders (e.g., diabetes mellitus and insipidus, hypothyroidism, Cushing’s syndrome, thermoregulatory disorders, gout, osteoporosis).

14. Describe and know when to refer common medical conditions of the renal and urogenital systems from trauma, local infection, congenital and acquired disease, nutritional imbalance, and hormone disorder (e.g., kidney stones, genital trauma, gynecomasia, monorchidism, scrotum and testicular trauma, ovarian and testicular cancer, breast cancer, testicular torsion, varicoceles, endometriosis, pregnancy and ectopic pregnancy, female athlete triad, primary amenorrhea, oligomenorrhea, dysmenorrhea, kidney laceration or contusion, cryptorchidism).

15. Describe and know when to refer common and/or contagious skin lesions from trauma, infection, stress, drug reaction, and immune responses (e.g., wounds, bacteria lesions, fungal lesions, viral lesions, bites, acne, eczema dermatitis, ringworm).

16. Describe and know when to refer common medical conditions of the immune system from infection, congenital and acquired disease, and unhealthy lifestyle. (e.g., arthritis, gout, upper respiratory tract infection [URTI], influenza, pneumonia, myocardiitis, gastrointestinal infection, urinary tract infection [UTI], sexually transmitted diseases [STDs], pelvic inflammatory disease, meningitis, osteomyelitis, septic arthritis, chronic fatigue and overtraining, infectious mononucleosis, human immunodeficiency virus (HIV) infection and AIDS, hepatitis B virus infection, allergic reaction and anaphylaxis, childhood infectious diseases [measles, mumps, chickenpox]).

17. Describe and know when to refer common neurological medical disorders from trauma, anoxia, drug toxicity, infection, and congenital malformation (e.g., concussion, postconcussion syndrome, second-impact syndrome, subdural and epidural hematoma, epilepsy, seizure, convulsion disorder, meningitis, spina bifida, cerebral palsy, chronic regional pain syndrome [CRPS], cerebral aneurysm).

18. Describe and know when to refer common psychological medical disorders from drug toxicity, physical and emotional stress, and acquired disorders (e.g., substance abuse, eating disorders/disordered eating, depression, bipolar disorder, seasonal affective disorder, anxiety disorders, somatoform disorders, personality disorders, abusive disorders, and addiction).

19. Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.

20. Describe and know when to refer common cancers (e.g., testicular, breast).

21. Describe and know when to refer common injuries or conditions of the teeth (e.g., fractures, dislocations, caries).

22. Explain the importance and proper procedures for measuring body temperature (e.g., oral, axillary, rectal).
23. Obtain a medical history of the patient that includes a previous history and a history of the present condition.
24. Perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin abnormalities.
25. Palpate the bones and soft tissues, including the abdomen, to determine normal or pathological characteristics.
26. Apply commonly used special tests and instruments (e.g., otoscope, stethoscope, ophthalmoscope, peak flowmeter, chemical “dipsticks” [or similar devices]) and document the results for the assessment of:
   a. Vital signs including respiration (including asthma), pulse and circulation, and blood pressure
   b. Heart, lung, and bowel sounds
   c. Pupil response, size and shape, and ocular motor function
   d. Body temperature
   e. Ear, nose, throat and teeth
   f. Urinalysis
27. Demonstrate a general and specific (e.g., head, torso and abdomen) assessment for the purpose of (a) screening and referral of common medical conditions, (b) treating those conditions as appropriate, and (c) when appropriate, determining a patient’s readiness for physical activity. Effective lines of communication should be established to elicit and convey information about the patient’s status and the treatment program. While maintaining confidentiality, all aspects of the assessment, treatment, and determination for activity should be documented using standardized record-keeping methods.
   a. Derma
   b. Head, including the brain
   c. Face, including the maxillofacial region
   d. Abdomen, including the abdominal organs, the renal and urogenital systems
   e. Eyes
   f. Ear, nose and throat

Goal V
Prepare the individual in the knowledge, skills, values, and decision making related to recognition, assessment and patient treatment for acute injuries and illnesses and provide appropriate medical referral required of the entry-level athletic trainer.

Objectives
Upon completion of the athletic training education program the individual will be able to:
1. Explain the legal, moral, and ethical parameters that define the scope of first aid and emergency care and identify the proper roles and responsibilities of the certified athletic trainer.
2. Describe the availability, content, purpose, and maintenance of contemporary first aid and emergency care equipment.
3. Determine what emergency care supplies and equipment are necessary for circumstances in which the athletic trainer is the responsible first responder.
4. Know and be able to use appropriately standard nomenclature of injuries and illnesses.
5. Describe the principles and rationale of the initial assessment including the determination of whether the accident scene is safe, what may have happened, and the assessment of airway, breathing, circulation, level of consciousness and other life-threatening conditions.
6. Differentiate the components of a secondary assessment to determine the type and severity of the injury or illness sustained.
7. Identify the normal ranges for vital signs.
8. Describe pathological signs of acute/traumatic injury and illness including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.
9. Describe the current standards of first aid, emergency care, rescue breathing, and cardiopulmonary resuscitation for the professional rescuer.
10. Describe the role and function of an automated external defibrillator in the emergency management of acute heart failure and abnormal heart rhythms.
11. Describe the role and function of supplemental oxygen administration as an adjunct to cardiopulmonary resuscitation techniques.
12. Describe the characteristics of common life-threatening conditions that can occur either spontaneously or as the result of direct trauma to the throat, thorax and viscera, and identify the management of these conditions.
13. Describe the proper management of external hemorrhage, including the location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.
14. Identify the signs and symptoms associated with internal hemorrhaging.
15. Describe the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.
16. Describe the injuries and illnesses that require medical referral.
17. Explain the application principles of rest, cold application, elevation, and compression in the treatment of acute injuries.
18. Describe the signs, symptoms, and pathology of acute inflammation.
19. Identify the signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological function, cranial nerve assessment, and other symptoms that indicate underlying trauma.
20. Explain the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.
21. Define cerebral concussion, list the signs and symptoms of concussions, identify the methods for determining the neurocognitive status of a patient who sustains a concussion and describe contemporary concepts for the management and return-to-participation of a patient who sustains a concussion.
22. Identify the signs and symptoms of trauma to the cervical, thoracic and lumbar spines, the spinal cord, and spinal nerve roots, including neurological signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.
23. Describe cervical stabilization devices that are appropriate to the circumstances of an injury.
24. Describe the indications, guidelines, proper techniques and necessary supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.
25. Describe the effective management, positioning, and immobilization of a patient with a suspected spinal cord injury.
26. Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.
27. Identify the signs, symptoms, possible causes, and proper management of the following:
   a. Different types of shock
   b. Diabetic coma
   c. Seizures
   d. Toxic drug overdose
   e. Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)
28. Identify the signs and symptoms of serious communicable diseases and describe the appropriate steps to prevent disease transmission. Identify the signs and symptoms of serious communicable diseases and describe the appropriate steps to prevent disease transmission.
29. Identify the signs, symptoms, and treatment of patients suffering from adverse reactions to environmental conditions.
30. Identify information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention.
31. Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.
32. Describe the proper ambulatory aid and technique for the injury and patient.
33. Describe home care and self-treatment plans of acute injuries and illnesses.
34. Survey the scene to determine whether the area is safe and determine what may have happened.
35. Perform an initial assessment to assess the following, but not limited to:
   a. Airway
   b. Breathing
   c. Circulation
   d. Level of consciousness
   e. Other life-threatening conditions
36. Implement appropriate emergency treatment strategies, including but not limited to:
   a. Activate an emergency action plan
b. Establish and maintain an airway in an infant, child, and adult

c. Establish and maintain an airway in a patient wearing shoulder pads, headgear or other protective equipment and/or with a suspected spine injury

d. Perform one – an two-person CPR on an infant, child, and adult

e. Utilize a bag-valve mask on an infant, child, and adult

f. Utilize an automated external defibrillator (AED) according to current accepted practice protocols

g. Normalize body temperature in situations of severe/life-threatening heat or cold stress

h. Control bleeding using universal precautions

i. Administer an EpiPen for anaphylactic shock

37. Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including but not limited to:

a. Open and closed wounds (using universal precautions)

b. Closed-head trauma (using standard neurological tests and tests for cranial nerve function)

c. Environmental illness

d. Seizures

e. Acute asthma attach

f. Different types of shock

g. Thoracic, respiratory, and internal abdominal injury or illness

h. Acute musculoskeletal injuries (i.e. sprains, strains, fractures, dislocations)

i. Spinal cord and peripheral nerve injuries

j. Diabetic coma

k. Toxic drug overdose

l. Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites

38. Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.

**Goal VI**

Prepare the individual in the knowledge, skills, values, and decision making related to therapeutic modalities required of the entry-level athletic trainer.

**Objectives**

Upon completion of the athletic training education program the individual will be able to:

1. Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the selection and application of therapeutic modalities used in a treatment and/or rehabilitation program.

2. Explain the principles of physics, including basic concepts associated with the electromagnetic and acoustic spectra (e.g., frequency, wavelength) associated with therapeutic modalities.

3. Explain the terminology, principles, basic concepts, and properties of electric currents as they relate to therapeutic modalities.

4. Describe contemporary pain-control theories.

5. Describe the role and function of the common pharmacological agents that are used in conjunction with therapeutic modalities.

6. Explain the body's physiological responses during and following the application of therapeutic modalities.

7. Describe the electrophysics, physical properties, biophysics, patient preparation and modality set-up (parameters), indications, contraindications, and specific physiological effects associated with commonly used therapeutic modalities.

8. Identify appropriate therapeutic modalities for the treatment and rehabilitation of injuries and illness.

9. Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies to determine appropriate treatment and rehabilitation and to evaluate readiness to return to the appropriate level of activity. This includes the ability to:
a. Describe and interpret appropriate measurement and assessment procedures as they relate to the selection and application of therapeutic modalities.
b. Interpret objective measurement results as a basis for developing individualized therapeutic modality application and set-up (parameters).
c. Interpret the results of injury assessment and determine an appropriate therapeutic modality program to return the patient to physical activity.
d. Determine the appropriate therapeutic modality program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
e. Determine the criteria for progression and return to activity based on the level of functional outcomes.
f. Describe appropriate methods of assessing progress when using therapeutic modalities and interpret the results.
g. Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a treatment plan.
h. Describe appropriate medical documentation for recording progress in a therapeutic modality program.
10. Identify manufacturer’s, institutional, state, and federal standards for the operation and safe application of therapeutic modalities.
11. Identify manufacturer’s, institutional, state and federal guidelines for the inspection and maintenance of therapeutic modalities.
12. Assess patient to identify indications, contraindications, and precautions applicable to the application of therapeutic modalities.
13. Obtain and interpret baseline and posttreatment objective physical measurements to evaluate and interpret results.
15. Position and prepare the patient for the application of therapeutic modalities.
16. Select and apply appropriate therapeutic modalities according to evidence-based guidelines.
17. Document treatment goals, expectations, and treatment outcomes.
18. Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, patient set-up, and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of communication should be established to elicit and convey information about the patient’s status and the prescribed modality(s). While maintaining patient confidentiality, all aspects of the treatment plan should be documented using standardized record-keeping methods.
   a. Infrared modalities
   b. Electrical stimulation modalities
   c. Therapeutic modalities
   d. Mechanical modalities
   e. Massage and other manual techniques

**Goal VII**
Prepare the individual in the knowledge, skills, values, and decision making related to therapeutic exercise required of the entry-level athletic trainer.

**Objectives**
Upon completion of the athletic training education program the individual will be able to:
1. Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the development, progression and implementation of a therapeutic exercise program.
2. Describe the mechanical principles applied to the design and use of therapeutic exercise equipment and techniques (leverage, force, kinesiology and biomechanics).
3. Describe common surgical techniques, pathology, and any subsequent anatomical alterations that may affect the implementation of a therapeutic exercise program.
4. Describe the appropriate selection and application of therapeutic exercises taking the following 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 anatomical and/or biomechanical alterations resulting from acute and chronic injury and improper mechanics
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

5. Describe the indications, contraindications, theory, and principles for the incorporation and application of various contemporary therapeutic exercise equipment and techniques, including aquatic therapy, manual therapy and mobilization.


7. Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies in order to determine appropriate treatment and rehabilitation plans and to evaluate the readiness to return to the appropriate level of activity. This includes the ability to:
   a. Describe and interpret appropriate measurement and functional testing procedures as they relate to the selection and application of therapeutic exercise.
   b. Interpret objective measurement results (muscular strength/endurance, range of motion) as a basis for developing an individualized therapeutic exercise program.
   c. Interpret the results of a physical assessment and determine an appropriate therapeutic exercise program to return the patient to physical activity.
   d. Determine the appropriate therapeutic exercise program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
   e. Determine the criteria for progression and return to activity based on the level of functional outcomes.
   f. Describe appropriate methods of assessing progress in a therapeutic exercise program and interpret the results.
   g. Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a therapeutic exercise program.
   h. Describe appropriate medical documentation for recording progress in a therapeutic exercise program.

8. Explain the effectiveness of taping, wrapping, bracing, and other supportive/protective methods for facilitation of safe progression to advanced therapeutic exercises and functional activities.

9. Describe manufacturer’s, institutional, state and federal guidelines for the inspection and maintenance of therapeutic exercise equipment.

10. Assess a patient to determine specific therapeutic exercise indications, contraindications, and precautions.

11. Obtain and interpret baseline and postexercise objective physical measurements to evaluate therapeutic exercise progression and interpret results.

12. Inspect therapeutic exercise equipment to ensure safe operating condition.

13. Demonstrate the appropriate application of contemporary therapeutic exercises and techniques according to evidence-based guidelines.


17. Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity, lower extremity, trunk, and spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient’s status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.

18. Program for injuries to the upper and lower extremity, trunk and spine
   a. Exercises and Techniques to Improve Joint Range of Motion
b. Exercises to Improve Muscular Strength

c. Exercises to Improve Muscular Endurance

d. Exercises to Improve Muscular Speed

e. Exercises to Improve Muscular Power

f. Exercises to Improve Balance, Neuromuscular Control, and Coordination

g. Exercises to Improve Agility

h. Exercises to Improve Cardiorespiratory Endurance

i. Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening

Goal VIII
Prepare the individual in the knowledge, skills, values, and decision making related to pharmacology required of the entry-level athletic trainer.

Objectives
Upon completion of the athletic training education program the individual will be able to:

1. Explain the laws, regulations, and procedures that govern storing, transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).

2. Identify appropriate pharmaceutical terminology and abbreviations used in the prescription, administration, and dispensing of medications.

3. Identify information about the indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications (including herbal medications) using current pharmacy resources.

4. Explain the concepts of pharmacokinetics (absorption, distribution, metabolism, and elimination) and the suspected influence that exercise might have on these processes.

5. Explain the concepts related to bioavailability, half-life, and bioequivalence.

6. Explain the general pharmacodynamic principles as they relate to the mechanism of drug action and therapeutic effectiveness (e.g. receptor theory, dose-response relationship, potency, and drug interactions).

7. Describe the common routes used to administer medications (e.g., oral, inhalation, and injection) and their advantages and disadvantages.

8. Explain the relationship between generic or brand name pharmaceuticals.

9. Identify medications that might cause possible poisoning, and describe how to activate and follow the locally established poison control protocols.

10. Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used performance-enhancing substances.

11. Identify which therapeutic drugs and nontherapeutic substances are banned by sport and/or workplace organizations in order to properly advise patients about possible disqualification and other consequences.

12. Obtain and communicate patient education materials regarding physician-prescribed medications, over-the-counter drugs, and performance-enhancing substances using appropriate references.

13. Abide by federal, state, and local regulations for the proper storage, transportation, dispensing (administering where appropriate), and documentation of commonly used medications.

14. Activate and effectively follow locally established poison control protocols.

Goal IX
Prepare the individual in the knowledge, skills, values, and decision making related to psychosocial intervention and referral required of the entry-level athletic trainer.

Objectives
Upon completion of the athletic training education program the individual will be able to:

1. Explain the psychosocial requirements (i.e., motivation and self-confidence) of various activities that relate to the readiness of the injured or ill individual to resume participation.
2. Explain the stress-response model and the psychological and emotional responses to trauma and forced inactivity.
3. Describe the motivational techniques that the athletic trainer must use during injury rehabilitation and reconditioning.
4. Describe the basic principles of mental preparation, relaxation, visualization, and desensitization techniques.
5. Describe the basic principles of general personality traits, associated trait anxiety, locus of control, and patient and social environment interactions.
6. Explain the importance of providing health care information to patients, parents/guardians, and others regarding the psychological and emotional well being of the patient.
7. Describe the roles and function of various community-based health care providers (to include, but not limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.
8. Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, their patients, and others involved in the health care of the patient.
9. Explain the basic principles of counseling (discussion, active listening, and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.
10. Identify the symptoms and clinical signs of common eating disorders and the psychological and sociocultural factors associated with these disorders.
11. Identify and describe the sociological, biological and psychological influences toward substance abuse, addictive personality traits, the commonly abused substances, the signs and symptoms associated with the abuse of these substances, and their impact on an individual’s health and physical performance.
12. Describe the basic signs and symptoms of mental disorders (psychoses), emotional disorders (neuroses, depression), or personal/social conflict (family problems, academic or emotional stress, personal assault or abuse, sexual assault, sexual harassment), the contemporary personal, school, and community health service agencies, such as community-based psychological and social support services that treat these conditions and the appropriate referral procedures for accessing these health service agencies.
13. Describe the acceptance and grieving processes that follow a catastrophic event and the need for a psychological intervention and referral plan for all parties affected by the event.
14. Explain the potential need for psychosocial intervention and referral when dealing with populations requiring special consideration (to include but not limited to those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, unilateral organs, physical and/or mental disability.
15. Describe the psychosocial factors that affect persistent pain perception (i.e., emotional state, locus of control, psychodynamic issues, sociocultural factors, and personal values and beliefs) and identify multidisciplinary approaches for managing patients with persistent pain.
16. Demonstrate the ability to conduct an intervention and make the appropriate referral of an individual with a suspected substance abuse or other mental health problem. Effective lines of communication should be established to elicit and convey information about the patient’s status. While maintaining patient confidentiality, all aspects of the intervention and referral should be documented using standardized record-keeping methods.
17. Demonstrate the ability to select and integrate appropriate motivational techniques into a patient’s treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.

Goal X
Prepare the individual in the knowledge, skills, values, and decision making related to nutritional aspects of injuries and illnesses required of the entry-level athletic trainer.

Objectives
Upon completion of the athletic training education program the individual will be able to:
1. Describe personal health habits and their role in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.

2. Describe the USDA’s “My Pyramid” and explain how this can be used in performing a basic dietary analysis and creating a dietary plan for a patient.

3. Identify and describe primary national organizations responsible for public and professional nutritional information.

4. Identify nutritional considerations in rehabilitation, including nutrients involved in healing and nutritional risk factors (e.g., reduced activity with the same dietary regimen and others).

5. Describe common illnesses and injuries that are attributed to poor nutrition (e.g., effects of poor dietary habits on bone loss, on injury, on long-term health, and on other factors).

6. Explain energy and nutritional demands of specific activities and the nutritional demands placed on the patient.

7. Explain principles of nutrition as they relate to the dietary and nutritional needs of the patient (e.g., role of fluids, electrolytes, vitamins, minerals, carbohydrates, protein, fat, and others).

8. Explain the physiological processes and time factors involved in the digestion, absorption, and assimilation of food, fluids, and nutritional supplements. Further, relate these processes and time factors to the design and planning of preactivity and postactivity meals, menu content, scheduling, and the effect of other nonexercise stresses before activity.

9. Describe the principles, advantages, and disadvantages of ergogenic aids and dietary supplements used in an effort to improve physical performance.


11. Identify and interpret pertinent scientific nutritional comments or position papers (e.g., healthy weight loss, fluid replacement, pre-event meals, and others).

12. Explain principles of weight control for safe weight loss and weight gain, and explain common misconceptions regarding the use of food, fluids, and nutritional supplements in weight control.


14. Describe disordered eating and eating disorders (i.e., signs, symptoms, physical and psychological consequences, referral systems).

15. Identify effects of macronutrients (e.g., saturated fats, incomplete proteins, and complex carbohydrates) on performance, health, and disease.

16. Describe signs, symptoms, and physiological effects of mineral deficiency (e.g., iron, and calcium), and identify foods high in specific mineral content.

17. Identify and explain food label Daily Value recommendations and common food sources of essential vitamins and minerals in using current USDA Dietary Guidelines.

18. Describe the principles and methods of body composition assessment (e.g., skinfold calipers, bioelectric impedance, body mass index [BMI]) to assess a patient’s health status and to monitor progress in a weight loss or weight gain program for patients of all ages and in a variety of settings.

19. Explain the relationship between basal metabolic rate, caloric intake, and energy expenditure in the use of the Food Pyramid Guidelines.

20. Identify the nutritional benefits and costs of popular dietary regimen for weight gain, weight loss, and performance enhancement.

21. Assess body composition by validated technique (e.g., skinfold calipers, bioelectric impedance, BMI, etc.) to assess a patient’s health status and to monitor progress during a weight loss or weight gain program.

22. Calculate energy expenditure, caloric intake, and BMR.

23. Provide educational information about basic nutritional concepts, facts, needs, and food labels for settings associated with physically active individuals of a wide range of ages and needs.

24. Demonstrate the ability to counsel a patient in proper nutrition. This may include providing basic nutritional information and/or an exercise and nutrition program for weight gain or weight loss. The student will demonstrate the ability to take measurements and figure calculations for a weight control plan (e.g., measurement of body composition and BMI, calculation of energy expenditure, caloric intake, and BMR). Armed with basic nutritional data, the student will demonstrate the ability to develop and implement a preparticipation meal and an appropriate exercise and nutritional plan for an active individual. The student will develop an active listening relationship to effectively communicate with the patient and, as appropriate, refer the patient to other medical professionals (physician, nutritionist, counselor or psychologist) as needed.
25. Demonstrate the ability to recognize disordered eating and eating disorders, establish a professional helping relationship with the patient, interact through support and education, and encourage vocal discussion and other support through referral to the appropriate medical professionals.

Goal XI
Prepare the individual in the knowledge, skills, values, and decision making related to health care administration required of the entry-level athletic trainer.

Objectives
Upon completion of the athletic training education program the individual will be able to:

1. Describe organization and administration of preparticipation physical examinations and screening including, but not limited to, developing assessment and record-keeping forms that include the minimum recommendations from recognized health and medical organizations, scheduling of appropriate health and medical personnel, and efficient site use.

2. Identify components of a medical record (e.g., emergency information, treatment documentation, epidemiology, release of medical information, etc.), common medical record-keeping techniques and strategies, and strengths and weaknesses of each approach and the associated implications of privacy statutes (Health Insurance Portability and Accountability Act [HIPAA] and Federal Educational Rights Privacy Act [FERPA]).

3. Identify current injury/illness surveillance and reporting systems.


5. Describe duties of personnel management, including (1) recruitment and selection of employees, (2) retention of employees, (3) development of policies-and-procedures manual, (4) employment performance evaluation, 5) compliance with nondiscriminatory and unbiased employment practices.

6. Identify principles of recruiting, selecting, and employing physicians and other medical and allied health care personnel in the deployment of health care services.

7. Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the athletic trainer.

8. Identify key accrediting agencies for health care facilities (e.g., Joint Commission on Accreditation of Healthcare Organizations [JCAHO], Commission on Accreditation of Rehabilitation Facilities [CARF] and allied health education programs (e.g., Commission on Accreditation of Athletic Training Education [CAATE]) and describe their function in the preparation of health care professionals and the overall delivery of health care.

9. Identify and describe technological needs of an effective athletic training service and the commercial software and hardware that are available to meet these needs.

10. Describe the various types of health insurance models (e.g., health maintenance organization [HMO], preferred provider organization [PPO], fee-for-service, cash, and Medicare) and the common benefits and exclusions identified within these models.

11. Describe the concepts and procedures for third-party insurance reimbursement including the use of diagnostic (ICD-9-CM) and procedural (CPT) coding.

12. Explain components of the budgeting process, including purchasing, requisition, bidding, and inventory.

13. Describe basic architectural considerations that relate to the design of safe and efficient clinical practice settings and environments.

14. Describe vision and mission statements to focus service or program aspirations and strategic planning (e.g., “weaknesses, opportunities, threats and strengths underlying planning” [WOTS UP], “strengths, weaknesses, opportunities and threats” [SWOT]) to critically bring out organizational improvement.

15. Explain typical administrative policies and procedures that govern first aid and emergency care (e.g., informed consent and incident reports).

16. Identify and describe basic components of a comprehensive emergency plan for the care of acutely injured or ill patients, which include (1) emergency action plans for each setting or venue; (2) personnel education and rehearsal; (2) emergency care supplies and equipment appropriate for each venue; (3) availability of emergency care facilities; (4) communication with onsite personnel and
notification of EMS; (5) the availability, capabilities, and policies of community-based emergency care facilities and community-based managed care systems; (6) transportation; (7) location of exit and evacuation routes; (8) activity or event coverage; and (9) record keeping.

17. Explain basic legal concepts as they apply to a medical or allied health care practitioner’s responsibilities (e.g., standard of care, scope of practice, liability, negligence, informed consent and confidentiality, and others).

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

19. Describe strategic processes and effective methods for promoting the profession of athletic training and those services that athletic trainers perform in a variety of practice settings (e.g., high schools and colleges, professional and industrial settings, hospitals and community-based health care facilities, etc.).

20. Differentiate the roles and responsibilities of the athletic trainer from those of other medical and allied health personnel who provide care to patients involved in physical activity and describe the necessary communication skills for effectively interacting with these professionals.

21. Describe role and functions of various community-based medical, paramedical, and other health care providers and protocols that govern the referral of patients to these professionals.

22. Describe basic components of organizing and coordinating a drug testing and screening program, and identify the sources of current banned-drug lists published by various associations.

23. Develop risk management plans, including facility design, for safe and efficient health care facilities.

24. Develop a risk management plan that addresses issues of liability reduction; security, fire, and facility hazards; electrical and equipment safety; and emergency preparedness.

25. Develop policy and write procedures to guide the intended operation of athletic training services within a health care facility.

26. Demonstrate the ability to access medical and health care information through electronic media.

27. Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others).

28. Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members.

29. Use a comprehensive patient-file management system that incorporates both paper and electronic media for purposes of insurance records, billing, and risk management.

30. Develop operational and capital budgets based on a supply inventory and needs assessment.

**Goal XII**

Prepare the individual in the knowledge, skills, values, and decision making related to professional development and responsibilities required of the entry-level athletic trainer.

**Objectives**

Upon completion of the athletic training education program the individual will be able to:

1. Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.

2. Describe the process of attaining and maintaining national and state athletic training professional credentials.

3. Describe the current professional development requirements for the continuing education of athletic trainers and how to locate available, approved continuing education opportunities.

4. Describe the role and function of the governing structures of the National Athletic Trainers’ Association.

5. Differentiate the essential documents of the national governing, certifying, and accrediting bodies, including, but not limited to, the Athletic Training Educational Competencies, Standards of Practice, Code of Ethics, Role Delineation Study, and the Standards for the Accreditation of Entry-Level Athletic Training Education Programs.

6. Summarize the position statements regarding the practice of athletic training.

7. Describe the role and function of the professional organizations and credentialing agencies that impact the athletic training profession.
8. Summarize the current requirements for the professional preparation of the athletic trainer.
9. Identify the objectives, scope of practice and professional activities of other health and medical organizations and professions and the roles and responsibilities of these professionals in providing services to patients.
10. Identify the issues and concerns regarding the health care of patients (e.g., public relations, third-party payment, and managed care).
11. Identify and access available educational materials and programs in health-related subject matter areas (audiovisual aids, pamphlets, newsletters, computers, software, workshops, and seminars).
12. Summarize the principles of planning and organizing workshops, seminars, and clinics in athletic training and sports medicine for health care personnel, administrators, other appropriate personnel, and the general public.
13. Describe and differentiate the types of quantitative and qualitative research and describe the components and process of scientific research (including statistical decision-making) as it relates to athletic training research.
14. Interpret the current research in athletic training and other related medical and health areas and apply the results to the daily practice of athletic training.
15. Identify the components of, and the techniques for constructing, a professional resume.
16. Summarize the history and development of the athletic training profession.
17. Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, patients, administrators, health care professionals, parents/guardians, and other appropriate personnel.
18. Collect and disseminate injury prevention and health care information to health care professionals, patients, parents/guardians, other appropriate personnel and the general public (e.g., team meetings, parents’ nights, parent/teacher organization [PTO] meetings, booster club meetings, workshops, and seminars).
19. Access by various methods the public information policy-making and governing bodies used in the guidance and regulation of the profession of athletic training (including but not limited to state regulatory boards, NATA, BOC).
20. Develop and present material (oral, pamphlet/handout, written article, or other media type) for an athletic training-related topic.
21. Develop a research project (to include but not limited to case study, clinical research project, literature review) for an athletic training-related topic.

Date of Origin: 8/01
Reviewed: 8/02, 7/03
Revised: 8/02, 8/07
Accreditation Status

The Athletic Training Education Program (ATEP) is fully accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

Date of Origin: 8/02
Revised: 7/03, 11/03, 08/06
Faculty Information

Program Administration

Tricia J. Hubbard (2005) Program Director, Assistant Professor in Dept. of Kinesiology; B.S., University of Florida, M.S., University of Florida, PhD., Pennsylvania State University.

Bret A. Wood (2000) Clinical Coordinator, Lecturer in Dept. of Kinesiology; B.S., West Virginia University; M.Ed., University of North Carolina at Charlotte

Erik Wikstrom (2008) Assistant Professor in Dept. of Kinesiology; B.S., Roanoke University, M.S., University of Florida, M.S., University of Florida.

Mitchell L. Cordova (2005) Department Chair, Professor in the Dept. of Kinesiology; B.S., East Stroudsburg University, M.A., Indiana State University, PhD., The University of Toledo.

Robert L. Jones (2001), Medical Director, Adjunct Assistant Professor in Dept. of Kinesiology; B.A., Creighton University; M.D., University of Cincinnati

Lecturers

Linda Probst (2000), Lecturer in Dept. of Kinesiology; B.S., University of Vermont; MAT, University of North Carolina at Chapel Hill

Origin: 8/02
Reviewed: 7/03
Revised 2/05
INTRODUCTION TO ATHLETIC TRAINING

The Athletic Training Profession

The evolution of athletic training can be traced back many, many years. The most rapid part of this evolution occurred after World War I with the appearance of the athletic trainer in intercollegiate athletics. The evolution of the profession continued to grow throughout the 1920’s and 1930’s with the attempt to start a national organization. In the 1940’s many athletic trainers began to organize into regional conferences. Finally in 1950, just over 100 athletic trainers met in Kansas City, MO and officially formed the National Athletic Trainers’ Association. The goal for this organization was to outline professional standards for the athletic trainer.

The National Athletic Trainers’ Association defines the certified athletic trainer (ATC) as a highly skilled professional, specializing in athletic health care. In cooperation with physicians and other allied health professionals, the certified athletic trainer is an integral member of athletic health care in a variety of settings. Those settings are, but not limited to, secondary schools, colleges and universities, clinics, industrial, and professional athletic teams.

Regulation of Athletic Training

The profession of athletic training is regulated by the National Athletic Trainers’ Association (NATA) and its Code of Ethics (www.nata.org). Certification as an athletic trainer is regulated by the National Athletic Trainers’ Association Board of Certification (NATABOC) (www.nataboc.org). Certification is obtained after an individual passes the NATABOC exam and is maintained through attaining a set amount of Continuing Education Units every three years. An individual must remain in good standing with the NATA and NATABOC to assume the title of Certified Athletic Trainer or ATC.

There is no federal law that regulates the practice of athletic training. That responsibility is left up to state legislature. The State of North Carolina regulates the practice of athletic training through the North Carolina Board of Athletic Trainer Examiners. One must be licensed by this board to assume the title of ATC-L and practice as a Certified Athletic Trainer (www.ncbate.org) Students graduating from UNC Charlotte who obtain the ATC credential are REQUIRED by state law to obtain their North Carolina State License in order to practice athletic training in this State. Failure to do so will result in legal action by the State.

Date of Origin: 8/02
Revised: 7/03
Essential Functions of an Athletic Trainer

The National Athletic Trainers’ Association Board of Certification has defined the profession of athletic training by breaking it down into six performance domains. This role delineation study was completed in 1999.

The six domains are as follows:

1. Prevention of athletic injuries
2. Recognition, evaluation, and assessment of injuries
3. Immediate care of injuries
4. Treatment, rehabilitation, and reconditioning of athletic injuries
5. Health care administration
6. Professional development and responsibility

The National Athletic Trainers’ Association defines the Certified Athletic Trainer (ATC) as a highly educated and skilled professional that specializes in the prevention, treatment and rehabilitation of athletic injuries. The Commission on Accreditation of Athletic Training Education (CAATE) defines an athletic trainer as a qualified allied health care professional educated and experienced in the management of health care problems associated with sports participation. CAATE goes on to describe an ATC as someone who functions in cooperation with medical personnel, athletic administrators, coaches, and parents in the development and coordination of efficient and responsive athletic health care delivery systems.


Date of Origin: 8/02
Revised: 7/03, 8/06
Prerequisite Requirements

Students applying for admission to the Athletic Training Major must meet the following minimum academic requirements. *(Meeting minimum requirements *DOES NOT* guarantee admission).*

- Cumulative GPA of 2.5 or better in all college course work.
- Completion of 60 credit hours.
- Successful (grade of C or better) in all prerequisites for Athletic Training:
  - BIOL 1273, BIOL 1273L
  - BIOL 1274, BIOL 1274L
  - CHEM 1251, CHEM 1251L
  - CHEM 1252, CHEM 1252L
  - STAT 1222,
  - MATH 1100
  - HLTH 2101 or LBST 2214, ATRN/EXER 2150
  - ATRN/EXER 2290, ATRN/EXER2294
  - ATRN/EXER 2295, ATRN/EXER 2298

- Proof of current certification in CPR for the professional rescuer along with AED training
- Completion of physical examination for athletic training students, proof of immunizations required of all UNC Charlotte students, and HBV immunizations, TB tests or signed declination.
- Completion of criminal background check and drug screen.
- Completion of all Athletic Training Major prerequisites prior to the fall for which application is being made.
- Completion of observational experience during the spring semester you are applying for the program.

Date of origin: 8/02
Revised 3/03, 5/03, 7/03, 2/05, 8/06, 5/07, 7.09
Course Sequence – Upper Division Athletic Training Major

Junior

Fall
ATRN 3260 Nutrition and Health Fitness
ATRN 3280 Exercise Physiology: Foundation and Theory
ATRN 3291 Therapeutic Modalities
ATRN 3292 Therapeutic Modalities Lab
ATRN 3290 Lower Body Injury Evaluation
ATRN 3295 Lower Body Injury Evaluation Lab
ATRN 3400 Athletic Training Clinical I

Spring
ATRN 3286 Exercise Testing
ATRN 3287 Exercise Testing Lab
ATRN 3288 Upper Body Injury Evaluation
ATRN 3289 Upper Body Injury Evaluation Lab
ATRN 3293 General Medical & Psychosocial Aspects
ATRN 3298 Therapeutic Exercise Foundations
ATRN 3401 Athletic Training Clinical II

Senior

Fall
ATRN 4290 Therapeutic Exercise Techniques
ATRN 4291 Therapeutic Exercise Lab
ATRN 4121 Pharmacology for the Physically Active
ATRN 4293 Biomechanics
ATRN 4400 Athletic Training Clinical III

Spring
ATRN 4292 Athletic Training Administration
ATRN 4401 Athletic Training Clinical IV

Date of origin: 8/02
Revised 3/03, 5/03, 7/03, 2/03, 8/06, 8/08, 7/09, 7/10
**Suggested 4-year Course Sequence**

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**Bolded courses indicate prerequisites for admission to the upper division**

Date of origin: 8/02
Revised 3/03, 5/03, 8/06, 5/07, 8/08, 7/09, 7/10
Total Credit Hours for Athletic Training Major: 120 hours (includes prerequisites for admission and upper division)

Notes:
1. All prerequisites must be successfully completed with a grade of C or better before taking a course.
2. All requirements in Pre-Kinesiology must be completed before application into Athletic Training Major.
3. Students must submit an application to be accepted into the Athletic Training Major and enrollment is limited.
4. Students must complete an observational experience in one of the athletic training rooms here on campus during the spring semester they are applying to the program. This is set up through the program director.
5. All requirements in Pre-Kinesiology, including ATRN/EXER 2294 and ATRN/EXER 2295 must be completed for Athletic Training Major application.
6. Pre-Kinesiology Majors must complete 60 credit hours with a minimum of a 2.5 grade point average.
7. Courses required by the major must receive a grade of C or better to be accepted.
8. The following courses CAN NOT be transferred in, and must be taken at UNC Charlotte:
   - ATRN/EXER 2290
   - ATRN/EXER 2294
   - ATRN/EXER 2295
   - ATRN/EXER 2298
9. Students in the Athletic Training Major must have at least 120 credit hours to graduate

Date of origin: 8/02
Revised 3/03, 5/03, 8/06, 05/07
Course Descriptions

HLTH 2101. Healthy Lifestyles. (3) A health survey course with emphasis on health behavior, decision making and knowledge. (Fall, Spring, Summer)

ATRN/EXER 2290. General Safety and First Aid Procedures. (3) Issues associated with safety management, identification and evaluation of trauma situations to support implementation of effective emergency procedures. American Red Cross Standard First Aid and Cardiopulmonary Resuscitation requirements may be met. (Fall, Spring, Summer)

ATRN/EXER 2294. Care and Prevention of Athletic Injuries. (3) Prerequisite or corequisite: KNES 2290. Focus on the health care competencies necessary for the prevention, emergency management and acute care of athletic related injuries. Also provides an introduction to the allied health care role of the Certified Athletic Trainer. (Spring)

ATRN/EXER 2295. Care and Prevention of Athletic Injuries Laboratory. (1) Corequisite: KNES 2294. Focus on the psychomotor competencies and clinical proficiencies necessary for the prevention, emergency management and acute care of athletic related injuries. (Spring)

ATRN/EXER 2298. Applied Kinesiology. (3) Study of human musculoskeletal anatomy and how it relates to normal body function. (Spring)

ATRN 3260. Nutrition and Health Fitness. (3) Prerequisites: CHEM 1204, 1204L and KNES 2101. Introduction to principles and concepts of nutrition and how dietary practices affect health and disease. (Fall)

ATRN 3280. Exercise Physiology: Foundation and Theory. (3) Prerequisite: must be an EXER or ATRN major. The physiological responses to exercise, adaptations to exercise training and the mechanisms responsible for them in relation to both health fitness and athletic performance. (Fall)

ATRN 3286. Exercise Testing. (3) Prerequisite Successful completion of KNES 3280 and KNES 3281. Corequisite: KNES 3287. This course is designed to teach methods and protocols for collecting and interpreting information collected on individuals concerning various fitness parameters for the future development of individual and group conditioning programs. (Spring)

ATRN 3287. Exercise Testing Lab. (1) Corequisite: KNES 3286. Practitioner lab in the use of appropriate data collection methods and protocols. (Spring)

ATRN 3288. Upper Body Injury Evaluation. (3) Prerequisite: Acceptance into the Athletic Training Education Program. An upper division athletic training course focusing on orthopedic evaluation competencies for assessing athletic related injuries to the upper extremities, cervical and thoracic spine. (Spring)

ATRN 3289. Upper Body Injury Evaluation Laboratory. (1) Corequisite: KNES 3288. Practitioner lab focusing on the psychomotor competencies and clinical proficiencies related to upper extremity, cervical and thoracic spine injury evaluations. (Spring)

ATRN 3290. Lower Body Injury Evaluation. (3) Prerequisites: Acceptance into the Athletic Training Education Program. An upper division athletic training course focusing on orthopedic evaluation competencies for assessing athletic related injuries to the lower extremities and lumbar spine. (Fall)

ATRN 3291. Therapeutic Modalities (3). Prerequisites: KNES 3288, KNES 3289, KNES 3290, and KNES 3295. A study of the theories and techniques of therapeutic modalities within the scope of athletic training. (Fall)

ATRN 3292. Therapeutic Modalities Laboratory. (1) Corequisite: KNES 3291. Practitioner lab focusing on the psychomotor competencies and clinical proficiencies related to the use of therapeutic modalities within the scope of athletic training. (Fall)

ATRN 3293. General Medical and Psychosocial Aspects of Athletic Training. (3) Prerequisites: KNES 3288, KNES 3289, KNES 3290, KNES 3295. Study of cognitive, psychomotor, and affective competencies and proficiencies that the entry-level certified athletic trainer must possess to recognize, treat, and refer, when appropriate, the general medical conditions, psychosocial situations, and disabilities of athletes and others involved in physical activity. (Spring)
ATRN 3295. Lower Body Injury Evaluation Laboratory. (1) Corequisite: KNES 3290. Practitioner lab focusing on the psychomotor competencies and clinical proficiencies related to lower extremity. *(Spring)*

ATRN 3298. Therapeutic Exercise Foundations. (3) Study of the theory and principles that guide the application of therapeutic exercise. *(Spring)*

ATRN 3400. Athletic Training Clinical I. (2) Prerequisites: Acceptance into the Athletic Training Education Program. Acquisition and application of clinical proficiencies and psychomotor competencies necessary for the entry-level athletic trainer. Students must complete 15-20 hours of clinical experience per week at an assigned athletic training clinical agency. *(Fall)*

ATRN 3401. Athletic Training Clinical II. (2) Prerequisite: KNES 3400. Continuation of KNES 3400. Students must complete 15-20 hours of clinical experience per week at an assigned athletic training clinical agency. *(Spring)*

ATRN 4121. Pharmacology for the Physically Active. (3) Prerequisite: KNES 2101. The course entails an examination of the historical aspects of use, abuse, and addiction within the realm of health and human performance. This course will expose students to a wide variety of drug issues and the unique use and abuse patterns of individuals in the health fitness arena. *(Fall)*

ATRN 4290. Therapeutic Exercise. (3) Prerequisites: KNES 3291 and KNES 3292. Study of the theories and techniques of therapeutic exercise within the scope of athletic training. *(Fall)*

ATRN 4291. Therapeutic Exercise Laboratory. (1) Corequisite: KNES 4290. Practitioner lab focusing on the psychomotor competencies and clinical proficiencies related to the use of therapeutic exercise within the scope of athletic training. *(Fall)*

ATRN 4292. Administration of Athletic Training Programs (3). Prerequisites: KNES 3291, KNES 3294. Athletic training organization and administration. *(Spring)*

ATRN 4293. Biomechanics. (3) Prerequisites: BIOL 1273, 1273L, 1274, 1274L and KNES 3280. Corequisite: KNES 4294. Mechanical and anatomical kinesiology as it relates to human movement with emphasis on anatomical structures, mechanics, and common injuries involved with selected sport movements. Requires preparation of a paper on a biomechanical analysis of a sport movement or injury. *(Fall)*

ATRN 4400. Athletic Training Clinical III. (2) Prerequisite: KNES 3401. Acquisition and application of advanced clinical proficiencies and psychomotor competencies necessary for the entry-level athletic trainer. Students must complete 15-20 hours of clinical experience per week at an assigned athletic training clinical agency. *(Fall)*

ATRN 4401. Athletic Training Clinical IV. (2) Prerequisite: KNES 4400. Continuation of KNES 4400. Students must complete 15-20 hours of clinical experience per week at an assigned athletic training clinical agency. *(Spring)*

Date of Origin: 8/02, Revised 3/03, 5/03, 7/03, 8/06, 8/08, 7/10
Athletic Training Education Program
Clinical Coursework

Clinical Rotation Schedule

Each student will have eight (8) eight-week rotations in their clinical instruction beginning with full acceptance into the program. These rotations are a requirement of the athletic training clinical courses listed below. Each course is worth 2 academic credits. Each student is assigned to a clinical instructor and a clinical rotation in one of the following settings: intercollegiate (excluding football), interscholastic (excluding football), intercollegiate or interscholastic football, and clinic based. All students that are fully admitted into the athletic training program will qualify for clinical placement. Initial placements will be random. Subsequent placement will be based on student performance and proficiency master as well as clinical objectives of each corresponding clinical course. Additionally, all students will gain exposure to a variety of different populations including genders, varying levels of risk, protective equipment, and medical experiences. Students are required to gain a minimum average of 15-20 hours of experience a week in the clinical setting.

Clinical Courses Associated with Proficiency Evaluation (See course syllabi for objectives, evaluations, and objective course and clinical rotation completion criteria)

Clinical experiences are contained in the following individual courses which are taken over the junior and senior year:
ATRN 3400- Athletic Training Clinical I
ATRN 3401- Athletic Training Clinical II
ATRN 4400- Athletic Training Clinical III
ATRN 4401- Athletic Training Clinical IV

Direct Supervision

Each student must be directly supervised by their approved clinical instructor (ACI) or clinical instructor (CI) while in the clinical setting. Direct supervision is defined as constant visual and auditory interaction between the student and clinical instructor. The instructor shall be physically present for proficiency instruction and evaluation and to intervene on behalf of the athlete/patient. At no clinical site will there be more then 8 students assigned to an ACI or CI to ensure an effective education.

Instruction and Evaluation of Clinical Proficiencies and Psychomotor Competencies

Clinical proficiencies and psychomotor competencies are instructed and evaluated in the classroom, in lab settings, and at clinical sites. ACI’s evaluate students on previously instructed and evaluated skills from the previous semester at the 4 and 8-week marks in each clinical rotation. The student, clinical instructor, and Program Director and/or Clinical Coordinator review the evaluations and they are kept in the Clinical Coordinator’s office. Additionally, the clinical coordinator will have regular planned communication with the ACI and CI’s. Students are not allowed to perform clinical skills for which they have not received formal instruction.
Evaluation:

The final grade of the clinical courses will be based on evaluating the student’s progress and learning, as well as evaluating the effectiveness of the clinical instructor and site. To achieve this the following will be used:

**Clinical Education Log**
Each student is required to log their clinical experiences. Students must submit their log to the Clinical Coordinator every two weeks.

**Clinical Education Forms**
Students are required to submit the following forms **ON TIME** during each 8 week clinical rotation:

- Clinical Site Orientation Form
- Clinical Calendar
- Clinical Instructor Evaluation
- Clinical Site Evaluation

**Clinical Proficiency Evaluations**
Students will be evaluated by their assigned ACI’s on proficiencies related to competencies previously instructed and evaluated during the previous semester using the evaluation instrument specific to the clinical course they are enrolled. Students must become proficient on all clinical proficiencies assigned to the course. Both a formative and summative evaluation will be submitted for each clinical course.

**In-class Proficiency Evaluations**
Students will be tested in the Athletic Training Laboratory on clinical proficiencies using case study, scenarios, and problem based learning exams.

**Attendance**
Students are required to complete a minimum of 280 hours per semester in their assigned clinical setting. These hours occur during the normal 16 week academic semester. Clinical hours outside of the academic semester are not required. Additionally, when school is not in session (holidays, breaks, school cancelations) you are not required to attend your clinical rotation. Additionally, all students must have at least one day off per week. Three unexcused absences during a clinical rotation will result in the lowering of the final clinical course grade by one letter. Five unexcused absences will result in failure of the clinical course. It is the student’s responsibility to keep up with their scheduled clinical responsibilities and events. If an athletic training student cannot make a scheduled clinical responsibility or event, it is his or her responsibility to communicate directly with their supervising clinical instructor in a timely fashion. Athletic training students are to be prompt and on time for all clinical responsibilities and events. Three tardies for a clinical assignment will equal one unexcused absence.

Date of Origin: 6/02
Reviewed: 8/02, 7/03
Revised: 8/02, 3/03, 8/06, 08/07
Athletic Training Education Program
Clinical Education Faculty

Clinical Instructor Educators

Bret Wood  UNC Charlotte Dept. of Kinesiology

Approved Clinical Instructors

Carlton Anderson  UNC Charlotte Athletics
Alda Burston  UNC Charlotte Athletics
Sarak Hang  UNC Charlotte Athletics
Dan Jacobs  UNC Charlotte Athletics
Beth Hayford  Davidson College Athletics
Brian Wheeler  Davidson College Athletics
Ray Beltz  Davidson College Athletics
Janah Fletcher  Davidson College Athletics
Gerry Waddle  Davidson College Athletics
Megan Hughes  Davidson College Athletics
La Tanja Batiste  Queens College
Rebecca Rich  Queens College
Mandy Porter  Concord High School
Steve Ashby  Mt Pleasant High School
Cara Ashby  Mt Pleasant High School
Stephanie Miller  Charlotte Country Day School
Monica Erb  Charlotte Country Day School
Tim Kelly  Charlotte Latin School
Melissa Sparks  JM Robinson High School
Brian Long  JM Robinson High School
Erik Zirkle  Hickory Ridge High School
Nate Sowle  Central Cabarrus High School
Sandy Rose  Carolinas Sport Performance
Leah Backshall  Healthsouth of Charlotte
Libby Nichols  OrthoCarolina Physical Therapy
Roscchella Stephens  OrthoCarolina Physical Therapy
Tim Botic  JC Smith College
Katie Hanes-Romano  JC Smith College
Kate Levsen  Select PT
Craig Bratlie  Select PT
Chris Kent  Carolinas PT
Jessen Houston  Providence Day School

Date of Origin: 8/02
Revised: 3/03, 8/06, 1/08, 8/08, 7/09, 7/10
Athletic Training Education Program
Affiliated Clinical Sites

A. UNC Charlotte Department of Athletics
B. Davidson College
C. Queens College
D. Charlotte Country Day School
E. Charlotte Latin School
F. Mt Pleasant High School
G. JM Robinson High School
H. Concord High School
I. Hickory Ridge High School
J. Central Cabarrus High School
K. Carolinas’ Sports Performance Center
L. Healthsouth of Charlotte
M. OrthoCarolina Physical Therapy University
N. Select PT
O. Carolinas PT
P. JC Smith College
Q. Providence Day School
R. Student Health Center

Date of Origin: 8/02
Reviewed: 7/03
Revised: 3/03, 8/06, 1/08, 8/08, 7/10
ATHLETIC TRAINING EDUCATION PROGRAM
STUDENT POLICIES AND PROCEDURES

Academic Advising

The Office of Student Services is responsible for equitably assigning undergraduate student advisees to advising faculty with each new admission cycle and for maintaining a current list of undergraduate advisees for each advising faculty member.

Faculty members are responsible for providing academic advice for assigned students and for maintaining current student records in accord with College, School and University forms.

*Each student is responsible for the proper completion of his or her academic program, for familiarity with the University Catalog, for maintaining the grade average required and for meeting all other degree requirements. The advisor will counsel, but the final responsibility remains that of the student.* (University Catalog)

Students are responsible for communicating with their advisor throughout their enrollment at the university.

Date of Origin: 8/02
New students who meet the University’s admission requirements are admitted to Pre-Kinesiology. Pre-Kinesiology accounts for the first two years of the program. During that time, students complete prerequisite courses in chemistry, biology, math, computer science, psychology, philosophy, and communications along with a number of courses that meet the University’s General Education Requirements. Upon the completion of all prerequisite courses students apply for a change of major into the upper division of the Athletic Training major.

The athletic training program considers application for admission without regard to race, color, national origin, religion, sex, sexual orientation, age or disability.

Students who have completed all of the Athletic Training Major prerequisites may apply for the upper division of the program. Students are admitted to the major for the fall semester only and admission is competitive. Admission decisions are made by a committee within the Department of Kinesiology. This selection committee is comprised of the Program Director of Athletic Training Education, the Clinical Coordinator, and one additional faculty member. Approximately sixteen students are chosen to enter the program each year, in compliance with guidelines concerning clinical instructor-to-student ratios. Selection into the program is competitive and satisfaction of the minimum requirements does not guarantee admission. After evaluating the credentials of all applicants meeting the minimum academic requirements, the selection committee offers admission to students whose credentials demonstrate the highest level of academic achievement.

Admission to the Athletic Training Program is based on the following:

- Overall GPA
- GPA in ATRN 2290, 2294, 2295, 2298, BIOL 1273 and lab, 1274 and lab.
- Recommendations of observation clinical supervisor
- Recommendations of faculty members
- Interview
Athletic Training Education Program
Application Requirements

Complete a formal letter of application addressed to Dr. Tricia Hubbard, Program Director. Applicants should indicate their reasons for applying to the Athletic Training Education Program. Please include a statement of your employment goals upon completion of the BS in Athletic Training degree.

Completion of the “Athletic Training Education Program Application.”

Successful completion of the following courses with a “C” or better at the time of application. Please note that applicants who are currently enrolled in required classes may still apply but formal admission will be contingent upon successful completion of those classes prior to the fall semester.

- Anatomy and Physiology (BIOL 1273, 1273L, 1274, 1274L)
- Chemistry CHEM 1251, 1251L, 1252, 1252L
- College Algebra (MATH 1100)
- Statistics (STAT 1222)
- Introduction to Kinesiology (ATRN/EXER 2150)
- First Aid (ATRN/EXER 2290)
- Issues of health and quality of life (LBST 2214) or HLTH 2101
- Care and Prevention of Athletic Injuries (ATRN/EXER 2294)
- Care and Prevention of Athletic Injuries Lab (ATRN/EXER 2295)
- Applied Kinesiology (ATRN/EXER 2298)

A cumulative GPA of 2.5 or higher (note: GPA must remain at 2.5 or higher at the end of the semester you are applying).

Successfully completed 60 hours of coursework (note: successful completion means with at least a “C” in all prerequisite courses listed above).

Completion (50 hours) of an observational experience during the spring semester they are applying to the program.
Athletic Training Education Program
Procedures for Admission

1. Submit all of the required information listed above in a sealed envelope to the Department of Kinesiology Secretary (Belk 226) by the date required, check with program director for date each spring semester. If an application is not received before the deadline it will be deferred to the next admission cycle in the following spring semester.

2. All applicants will be briefly interviewed by the Athletic Training Education Program Selection Committee during the two weeks following the application deadline. Applicants will be notified via e-mail of their interview time. Please do not call the Program Director or the Department secretary to find out your interview time.

3. Applicants will be notified at the end of the spring semester of their status in the Athletic Training Education Program.

4. If you are formally accepted into the Athletic Training Education Program you will be required to submit the following information prior to beginning your first clinical education rotation in the fall semester: (this will be given to you in your acceptance packet).
   a. Certificate of liability insurance (purchased by the student)
   b. Completed physical exam form/meet Technical Standards (Appendix B)
   c. Proof of current CPR/AED certification
   d. Proof of Hepatitis B vaccination or waiver
   e. Criminal background check/drug screen may be required for certain clinical sites (see Appendix C)

5. All students admitted to the athletic training program must have a valid state of North Carolina driver’s license and access to a safe working vehicle so they can travel to their clinical assignments.

Date of Origin: 1/03
Revised: 5/03, 7/03, 8/06, 5/07, 8/08
Athletic Training Education Program
Required Costs

As part of the athletic training program the following costs are required in addition to normal UNC Charlotte tuition and fees.

**Liability insurance:** Each student must purchase liability insurance. The cost for liability insurance is $29 the junior year, and $29 the senior year.

**Uniform Costs:** Each student must purchase athletic training education program t-shirts and collared shirts to wear to their clinical assignments. The cost is $80 for the junior year and then $60 for the senior year.

**CPR/AED Recertification:** Each student must maintain CPR/AED certification and blood borne pathogen training each year. Cost for recertification and training is $20 in the beginning of Junior and $20 in the beginning of the senior year.
Progression

Students enrolled in the upper division of the Athletic Training Education Program should complete the required courses in the sequence identified on page 15. Courses specific only to the BS in Athletic Training degree must be completed in the identified sequence. A summary of that sequence is as follows:

Junior Year – Fall Semester
ATRN 3290  Lower Body Injury Evaluation
ATRN 3295  Lower Body Injury Evaluation Lab
ATRN 3291  Therapeutic Modalities
ATRN 3292  Therapeutic Modalities Lab
ATRN 3400  Athletic Training Clinical I

Junior Year – Spring Semester
ATRN 3288  Upper Body Injury Evaluation
ATRN 3289  Upper Body Injury Evaluation Lab
ATRN 3293  General Medical & Psychosocial Aspects of Athletic Training
ATRN 3401  Athletic Training Clinical II
ATRN 3298  Therapeutic Exercise Foundations

Senior Year – Fall Semester
ATRN 4290  Therapeutic Exercise
ATRN 4291  Therapeutic Exercise Lab
ATRN 4400  Athletic Training Clinical III

Senior Year – Spring Semester
ATRN 4292  Athletic Training Administration
ATRN 4401  Athletic Training Clinical IV

Students will not be permitted to progress to the next athletic training degree specific course if they do not receive at least a “C” in a course (this includes all upper division courses). Students are allowed to repeat a maximum of ONE course that is required for the BS in Athletic Training degree. That includes any course that is required in the upper division of the Athletic Training Education Program.
Retention

In order to meet retention standards for the Athletic Training Education Program students must meet the following requirements:

1. Maintain a minimum GPA of 2.5
   a. If a student’s GPA falls below 2.5 at any time during the upper division s/he will be placed on probation within the Athletic Training Education Program. The student must obtain an overall GPA of 2.5 within one semester of being on probation or they may be expelled from the degree program.

2. Pass all required courses with a minimum course grade of “C.”

3. Not violate anything listed in the Dismissal policy.

Date of Origin: 8/02
Reviewed: 7/03
Revised: 3/03, 5/03, 8/06
Bachelor of Science in Athletic Training Degree
Graduation Requirements

1. Complete a minimum of 120 semester hours. See the Curriculum for the suggested course of study.
2. Complete all courses required by the university and the program.
3. Achieve a grade of "C" or better in all required courses.
4. Complete upper division courses successfully and in the sequence indicated.
5. Maintain at least a 2.5 grade point average.
6. Complete at least 4 semesters of clinical education under the supervision of Approved Clinical Instructors (designated under the Athletic Training Clinical courses). Students must achieve at least 800 hours of clinical experience during this time to prepare for eligibility for licensure application in various states.
7. Possess English language proficiency. If the student uses English as a second language, they must meet the minimum University requirement of at least 180 on the computer-based TOEFL test.
8. No transfer credit for upper level athletic training courses will be accepted, or for ATRN 2290, ATRN 2294, ATRN 2295, ATRN 2298.
Athletic Training Education Program
Dismissal Policy

I. The faculty members of the UNC Charlotte Athletic Training Education Program have an academic, legal, and ethical responsibility to protect members of the public and of the health care community from unsafe or unprofessional Athletic Training practices. This policy reflects that obligation.

II. A student may be dismissed from the program if he or she:

1. Has a GPA that falls below 2.5 and remains below 2.5 after one semester of probation within the Athletic Training Education Program.

2. Receives 2 or more D or F grades (in any upper division courses)

3. Demonstrates behavior which conflicts with safety essential to Athletic Training practice

4. Presents physical or emotional problems which conflict with safety essential to Athletic Training practice and does not respond to appropriate treatment or counseling within a reasonable period of time

5. Engages in conduct which violates the North Carolina Athletic Training State Practice Act

6. Engages in conduct which violates the Code of Ethics for Athletic Trainers of the National Athletic Trainers’ Association which has been adopted by the Athletic Training Educational Program as its standard for ethical conduct by faculty and students

7. Engages in Athletic Training practice for which the student has not been authorized or for which the student has not been educated at the time of the incident

8. Engages in conduct which threatens or has the potential to threaten the physical, emotional, mental, or environmental health or safety of a client, a clients family member or substitute familial person, another student, a faculty member, another health care provider, or the student himself or herself

9. Substantially disrupts the programs of the Athletic Training Education Program or its affiliates

10. Fails to participate in or complete clinical work for any reason or fails to perform clinical work which is consistent with professional Athletic Training practice, including satisfactory performance of any critical behaviors specified on the evaluation tool for each course
11. Fails to adhere to College and clinical site policies and procedures.

12. Does not pass the criminal background check/drug screen, and we can not find a clinical site that will accept the student (See Appendix C).

All students are regularly evaluated against the above standards in relation to clinical practice and may be dismissed from any course or from the Athletic Training program upon violation of any of the stated standards, regardless of course grades.

III. Where the Director of the Athletic Training Education Program or her designee determines that a student may have violated one or more of the standards defined in Section II, that administrator will determine whether the violation warrants dismissal (Section IV), or should be addressed through warning and follow-up (Section V). The Director of the Athletic Training Education Program may temporarily suspend the student from further clinical activity pending the outcome of the procedure for dismissal (Section IV), or issuance of the written and oral warning (Section V).

IV. Where the Director of the Athletic Training Education Program or designee determines that the procedure for dismissal from the program should be invoked, she will provide the student a written statement of the facts upon which the proposal to dismiss is based. The student will have the opportunity to appear before the Director of the Athletic Training Education Program and a panel of Athletic Training Education Program faculty members to refute the facts, offer other information, or make any other statement concerning the proposed dismissal. The Director of the Athletic Training Education Program and panel will consider that information together with the information upon which the proposal to dismiss was based and determine whether adequate cause for dismissal has been established. The Director of the Athletic Training Education Program will notify the student of the decision.

V. Where the Director of the Athletic Training Education Program or designee determines that violation of any of the standards should be addressed through warning and follow-up, the faculty member or clinical instructor involved will provide the student with oral and written warnings outlining the exact nature of the behavior and possible consequences. The unsafe or unprofessional behavior shall be corroborated by a second person, a staff member at the athletic training clinical site, another faculty member, or by documentation of unsafe or unprofessional behavior in a prior course evaluation.
In appropriate circumstances the student may be afforded opportunities to correct the behavior, as agreed upon by the faculty member or clinical supervisor in consultation with the Program Director and the Department Chair. Written evaluation of each clinical day’s work by the student shall be carried out by the faculty member or clinical instructor involved and shared with and signed by the student. Should the student subsequently fail to meet any of the academic standards stated, dismissal from the course with a failing grade and/or from the College may be invoked. The review of students’ behaviors related to the above shall be carried out in a course team meeting.

Date of Origin: 8/01
Reviewed: 8/02, 7/03
Revised: 5/03, 5/07

VI. POST-DISMISSAL PROCEDURE

Upon dismissal from a course or from the Athletic Training Education Program, the student may invoke the "Academic Grievance Policy of the College of Health and Human Services." The written grievance must be submitted within seven (7) working days of receipt of the written dismissal and be sent to the Director of the Athletic Training Education Program, following steps 1 and 2 of the "Academic Grievance Policy."

Date of Origin for Nursing: 12/85
Reviewed: 4/94, 2/96, 7/02
Reviewed: 5/00, 8/02
Adapted for Athletic Training: 6/02
Reviewed: 5/03
Reviewed: 7/03
Policy Appeals
A student who wishes to appeal a policy of the Department of Kinesiology or the Athletic Training Education Program may do so by submitting a written appeal to the Department Chairperson. This appeal will be reviewed and judgment made by the faculty of the department. Students should refer to the grievance and appeals policy in the College of Health and Human Services Student Handbook.

Final Grade Appeals
Final grades must follow the UNC Charlotte final grade appeal procedure described at http://www.uncc.edu/unccatty/policystate/GradeAppeal.html

Date of Origin: 8/01
Reviewed: 8/02, 7/03
Revised: 8/02
Athletic Training Education Program
Attendance Policy

The University of North Carolina at Charlotte does not have a mandatory attendance policy. Attendance policy is set at the discretion of each individual professor for his or her classes. Class attendance is highly recommended.

Attendance is required and mandatory for all scheduled clinical assignments. Students are required to complete an average minimum of 15-20 hours per week in the clinical setting. Three unexcused absences during a clinical rotation will result in the lowering of the final clinical course grade by one letter. Five unexcused absences will result in failure of the clinical course. It is the student’s responsibility to keep up with their scheduled clinical responsibilities and events. If an athletic training student cannot make a scheduled clinical responsibility or event, it is his or her responsibility to communicate directly with their supervising Clinical Instructor in a timely fashion. Athletic training students are to be prompt and on time for all clinical responsibilities and events. Three tardies for a clinical assignment will equal one unexcused absence.

Date of Origin: 8/01
Reviewed: 8/02, 7/03
Revised: 5/03
All athletic training students are expected to present themselves in a professional manner. Your appearance reflects you as a person as well as determining how you are perceived by the public. While attending your clinical site and representing the University of North Carolina at Charlotte each student is expected to adhere appropriate dress code. The dress code is as follows:

1. Only UNC Charlotte Athletic Training T-shirts, golf shirts, or sweat shirts are permitted for on campus clinical assignments. Students assigned to an off-campus clinical site are permitted to wear official athletic training attire provided by that clinical site. Students assigned to clinic-based settings should follow the dress code established by that site.
2. All students are required to purchase UNC Charlotte athletic training t-shirts and 2 polo shirts as part of their clinical site uniform each year. Additional clothing is available for purchase if the students are interested.
3. All shirts advertising alcohol, tobacco, or the like are absolutely prohibited.
4. Charlotte Athletic Training Polo Shirt, Khaki shorts/pants, and athletic shoes are required attire for all games and official functions unless otherwise approved or instructed by supervising Certified Athletic Trainer.
5. Shirts shall be worn tucked in at all times.
6. Sweatshirts, Sweatpants, and Warm-ups fall under the same restrictions as listed above.
7. No Jeans or cut-offs will be allowed at any time in the clinical setting.
8. Overly short-shorts are prohibited.
9. Halter-tops, Tank-tops, etc. are not permitted.
10. Socks shall be worn with tennis shoes.
11. Sandals or Flip-flops are not allowed during clinical or field experience.
12. Hats are limited to UNC Charlotte advertising or one approved by your clinical instructor.
13. Hair is to be kept neat and clean and of appropriate length. Men should keep facial hair neatly trimmed and clean.
14. Travel attire is at the discretion of the Supervising Certified Athletic Trainer. Appearance must be professional.
15. Jewelry must be kept to a minimum and should not interfere with duties as an athletic training student.

Date of Origin: 8/01
Reviewed: 8/02
Revised: 8/02, 3/03, 5/07
Athletic Training Education Program
First Aid and CPR Certification Requirements

For all clinical courses, it is the student's responsibility to obtain and maintain AED, First Aid and professional rescuer CPR Certification (adult, infant and child). Evidence of current CPR Certification must be submitted to the Program Director annually. Students that do not provide proof of certification will not be permitted to participate in any athletic training clinical courses.

Students must complete their First Aid and professional rescuer CPR Certification at UNC-Charlotte through an approved provider.

Date of origin: 8/02
Revised: 7/03, 8/06
Personal health insurance is not required for individuals attending the University of North Carolina at Charlotte. However it is highly recommended that students attending the university have some form of health insurance. Various low-cost policies can be purchased through the student health center found on campus.

**All students who participate in clinical rotations are required to have personal liability insurance.** (see appendix B) Proof of liability insurance must be presented prior to the start of clinical rotations. This insurance must provide coverage of not less than $1 million per incident and $3 million aggregate. The policy must be in effect for any course with a clinical component, including research activities. Information on obtaining personal liability insurance can be provided by Athletic Training Program Director. Liability insurance information can be accessed [www.hpsso.com](http://www.hpsso.com)

Date of Origin: 8/02
Reviewed: 7/03
Athletic Training Education Program
Latex Response Plan

When working in the clinical setting or labs, students may be exposed to latex and other allergens.

Procedure:
For students with known sensitivity/allergy to latex or any other element in the lab environment, it is recommended that you:

- obtain consultation from your health care provider about your sensitivity/allergy, risks and treatment.
- inform the lab or clinical faculty of your sensitivity.
  - Latex-free gloves may be provided. However, the lab environment is not latex free.
- inform the faculty member of your plan to handle a reaction.
- in case of a life-threatening reaction, an ambulance will be summoned.
  - Any faculty member or student may **dial 911 on the phone in the lab, state that you have a life threatening emergency and need an ambulance.**
  - Student/faculty member will be transferred to a hospital in the community.
  - Neither emergency transportation or care is provided at Brocker Health Center.

Faculty with known sensitivities are to inform the Director of the Athletic Training Education Program and their department chair as above.

Adapted from Nursing: 8/02
Reviewed: 7/03
Athletic Training Education Program
Readmission Policy

Intent to Re-enroll following a Non-academic Absence
Permission to re-enroll is contingent on space availability. Any undergraduate athletic training
student who plans to enroll in an athletic training course after a non-academic absence of one or
more semesters (or one 8 week course period) from any athletic training course must notify the
Program Director in writing no later than by February 1 for admission to any fall course and
October 15 for admission to any spring course.

Date of Origin: 4/88
Revised: 2/91, 5/00
Adapted for Athletic Training: 6/02
Reviewed: 8/02, 7/03
Athletic Training Education Program
Student Folders

Academic and Health History Folder Policy
The College of Health and Human Services adheres to the requirement of the law regarding review of student folders (See university policy statement No. 69, “The Privacy of Educational Records”).

Students may review the contents of their academic folders only in the presence of a College faculty member or secretary. The student reviewing his/her folder must sign and date the College Student Folder Review Sheet.

Right of access to student academic folders is limited to College Health and Human Services faculty who require access to the information in the folder to make decisions about College business or for advising or evaluation purposes.

Any person outside the College of Nursing and Health Professions who wishes to review a student's folder must comply with university policy statement No. 69, “The Privacy of Educational Records.”

Athletic Training Majors: Health History information is maintained in a different folder then the Academic folder. Review of the Health History folder is subject to the same policy and procedures as the Academic Folder.

Results of Drug Testing and Criminal Background checks will be maintained in the Health History Folder. Refer to the Drug Testing and Criminal Background Check Policy for further information.

Date of origin: 4/84
Revised: 4/88, 2/96, 5/00, 7/02
Adapted for Athletic Training: 6/02
Reviewed: 8/02, 7/03, 5/07
Athletic Training Education Program
Student Health Screening

Prior to admission to the major, all students must submit evidence of a physical examination. Students must present documentation of a completed series of HBV immunizations * prior to any contact with patients/clients, or sign a declination form indicating a refusal of the vaccination. This information must be submitted and maintained in the office of the program director.

* Students may enter the program by showing proof of two HBV immunizations. The final immunization must be completed at the earliest possible date to continue their program.

Date of Origin: 8/01
Reviewed: 8/02
Revised 3/03, 7/03
Athletic Training Education Program
Student Technical Standards

Technical Standards define the attributes that are considered necessary for students to possess in order to complete their educational program. These Technical Standards are used to assist each prospective student in determining whether accommodations or modifications are necessary in accordance with the Americans with Disabilities Act. These Technical Standards are determined to be pre-requisite for entrances to, continuation in, and graduation from a student’s chosen discipline in the College of Health and Human Services.

Students must possess aptitude, ability and skills in the following four areas:

Psychomotor Ability (Coordination/Mobility): Physical ability sufficient to move within the client environment; gross and fine motor skills sufficient to provide safe and effective services.

Senses (Visual, hearing, tactile, olfactory): Sensory ability necessary to observe and perform skills essential in providing safe and effective services.

Communication (Verbal, Non-verbal, Written): Communication abilities sufficient for interaction with others in verbal and written form in classroom, lab, and service settings. Interpersonal verbal and nonverbal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

Behavioral/Social Attributes: Ability to fulfill professional behavioral and social responsibilities in the role of a student, with faculty, professional staff, clients, and peers.

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.

The Department of Disability Services will evaluate a student who states he or she could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he or she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

Date of Origin: 8/01, Revised: 8/02, 7/03
Athletic Training Education Program
Student Employment Policy

Student work is not a part of the UNC Charlotte Athletic Training Education Program. Students are required to participate in supervised clinical and field experiences. If work opportunities related to athletic training, i.e., first responder for athletic related games and practices, become available to the student, the student must contract with the employer for such services. **This employment is not a part of the educational program.**

If the athletic department at UNC Charlotte employs athletic training program students as first responders, the employment of such students would be regulated by the University’s policies for student employment. Athletic training students choosing to seek employment as First Responders in the UNC Charlotte Department of Athletics or other affiliated sites MUST NOT refer to themselves as “athletic trainers”, “athletic training students”, or “student athletic trainers.” Such employment is NOT affiliated with the Athletic Training Education Program. External employment of the athletic training student must not interfere with the student’s educational program. Students seeking employment by the University must follow the University’s Student Employment Policy described below.

**UNC Charlotte Student Employment Policy**

**Class Enrollment**
In order to work on campus as a student employee, you must be enrolled in at least one class during the semester in which you will be working. If a student employee withdraws from the University, he/she must cease working on the actual date of the official withdrawal.

**I-9 Packet**
Every employee at the University is required by federal law to establish their identity and eligibility for employment by completing an I-9 Packet. This packet contains the Immigration and Naturalization Service Form, Selective Service Form, and the State and Federal withholding forms. This packet must be completed before any student can begin work. Students who have not completed this packet will not be allowed to begin their position.

To complete this packet the student must be able to present an original social security card and some form of picture identification. These verification documents comply with IRS regulations and the hiring requirements of the University.

The I-9 packet may be completed in the employing department/office or the On-Campus Student Employment Office. I-9's may be completed during normal business hours 8:00am - 5:00pm M-F. Due to increased work volume at the beginning of the fall semester, I-9's will be completed during the following scheduled times from August 14, 2001 thru October 5, 2001:

- **Monday** 11:00am to 12:30pm
- **Tuesday** 9:00am to 10:30am
- **Wednesday** 2:00pm to 3:30pm
- **Thursday** 8:30am to 10:00am
International students who are attending the University on an F-1 Visa or a J-1 Visa must complete their I-9 Packet in the International Programs Office located in room 118 of the Denny Building.

**Hours Students May Work**
Students who work on campus are employed to perform duties that complement, not replace, full-time employees. The student's first responsibility and priority is their academic success. Since the student's class schedule and academic responsibility must dictate his/her work schedule, it is recommended that students are to work no more than 20 hours a week when classes are in session.

Students may not work at any position on campus if their class is in session. In the event that your class is canceled, you may contact your employing department to see if additional work time is available.

Students may work two or more on-campus jobs concurrently (Federal Work Study and/or Student Temporary Wage). The combined total hours should not exceed 40 hours per week when class is not in session, or 20 hours per week when class is in session.

**Job References**
All students are evaluated on their work performance. These evaluations are placed in a student's employment folder and are used for work references. All students can be terminated from their position for poor job performance, dishonest practices, breech of confidentiality, or failure to report to work. If you are terminated for any reason this may affect your future employment at the University.

Please visit the UNC Charlotte Human Resources office or visit the web at http://www.uncc.edu/humanres_is/Students/

Date of Origin: 8/02
Revised: 7/03
Athletic training students are required to contact their assigned clinical instructor for information regarding the infectious/communicable disease control policy at their clinical site. All students must receive annual blood borne pathogen training at the start of each academic year. The Program faculty provides formal instruction in Universal Precautions and records of such training is maintained in the students’ folders in the Program Director’s office. Students should ensure they are familiar and have access to appropriate blood-borne pathogen barriers, proper sanitary precautions, and biohazard disposal equipment and procedures at each clinical site.

The following information provides general guidelines for student protection should an exposure incident occur. STUDENTS MUST OBTAIN INFORMATION FOR EACH CLINICAL SITE REGARDING EXPOSURE CONTROL.

If an exposure is thought to occur, the athletic training student should report the incident to their assigned clinical instructor. This report should include information regarding how, when and where the exposure happened and whose blood or body fluid the student contacted. The student may get a blood test, (i.e., HIV, HBV) or may refuse. The blood should be stored for 90 days—blood testing can be completed at any time within this period. The source individual’s blood may also be tested, if known or available. Medical records will be kept confidential, except as required by law.

Date of Origin: 8/02
Reviewed: 7/03, 1/08
Athletic Training Education Program
Severe Weather Policy

Students should follow the UNC Charlotte severe weather guidelines for class attendance. In the case of severe weather that results in the cancellation of University classes, students are not required to report to their clinical assignments. Students are responsible for obtaining information about school closings and delays. The University provides a weather hotline for obtaining such information.

In the event of inclement weather, please call
704-687-2877
for information about closings or delays.

The following television and radio stations also will broadcast closing or delay information:

- WBTV Channel 3 (CBS)
- WCNC-TV Channel 6 (NBC)
- WSOC-TV Channel 9 (ABC)
- WCCB-TV Fox 18
- WBT-AM (1110 AM)
- WBT-FM (99.3 FM)
- WDAV-FM (89.9 FM)
- WFAE-FM (90.7 FM)
- WCHH-FM (92.7 FM)
- WWMG-FM (96.1 FM)
- WKKT-FM (96.9 FM)
- WRFX-FM (99.7 FM)
- WLYT-FM (102.9 FM)
- WSOC-FM (103.7 FM)

If a student is assigned to an off-campus clinical site they should contact their clinical instructor in the event of inclement weather. Students should review the severe weather policy for their assigned clinical site with their clinical instructor and develop a plan of action should unsafe conditions arise.

Date of Origin: 3/03
Reviewed: 7/03
NATA Recommendations for
Lightning Safety

The state of North Carolina is notorious for severe thunderstorms during the spring and summer months as well as an active hurricane season that lasts well into the fall months. With such weather comes the risk of fatal lightning strikes. The National Athletic Trainers’ Association has provided the following recommendations for lightning safety.

1. Establish a chain of command that identifies who is to make the call to remove individuals from the field.

2. Name a designated weather watcher (a person who actively looks for the signs of threatening weather and notifies the chain of command if severe weather becomes dangerous).

3. Have a means of monitoring local weather forecasts and warnings.

4. Designate a safe shelter for each venue.

5. Use the flash-to-bang count to determine when to go to safety. By the time the flash-to-bang count approaches thirty seconds all individuals should be already inside a safe structure.

6. Once activities have been suspended, wait at least thirty minutes following the last sound of thunder or lightning flash prior to resuming an activity or returning outdoors.

7. Avoid being the highest point in an open field, in contact with, or proximity to the highest point, as well as being on the open water. Do not take shelter under or near trees, flagpoles, or light poles.

8. Assume the lightning safe position (crouched on the ground, weight on the balls of the feet, feet together, head lowered, and ears covered) for individuals who feel their hairs stand on end, skin tingle, or hear crackling noises. Do NOT lie flat on the ground.

9. Observe the following basic first aid procedures in managing victims of a lightning strike:
   - Survey the scene for safety
   - Activate local EMS
   - Lightning victims do not carry a charge and are safe to touch.
   - If necessary, move the victim with care to a safer location.
   - Evaluate airway, breathing, and circulation, and begin CPR if necessary.
   - Evaluate and treat for hypothermia, shock, fractures, and/or burns.

10. All individuals have the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty from anyone.
Safe Shelter

1. A safe location is any substantial, frequently inhabited building. The building should have four solid walls (not a dug out), electrical and telephone wiring, as well as plumbing, all of which aid in grounding a structure.

2. The secondary choice for a safer location from the lightning hazard is a fully enclosed vehicle with a metal roof and the windows completely closed. It is important to not touch any part of the metal framework of the vehicle while inside it during ongoing thunderstorms.

3. It is not safe to shower, bathe or talk on landline phones while inside of a safe shelter during thunderstorms (cell phones are ok).

Flash-to-Bang

- To use the flash-to-bang method, begin counting when sighting a lightning flash.
- Counting is stopped when the associated bang (thunder) is heard.
- Divide this count by five to determine the distance to the lightning flash (in miles).
  
  For example, a flash-to-bang count of 30 seconds equates to a distance of 6 miles.
- Lightning can strike from as far away as 10 miles from the storm center.
- **If you hear it, clear it; if you see it, flee it**

Postpone or suspend activity if a thunderstorm appears imminent before or during an activity or contest, (irrespective of whether lightning is seen or thunder heard) until the hazard has passed. Signs of imminent thunderstorm activity are darkening clouds, high winds, and thunder or lightning activity.


Date of origin: 3/03
Athletic Training Education Program
Student Travel Policy

Students assigned to clinical instructors who work with athletic teams often have the opportunity to travel with those teams. This is a very valuable aspect of the clinical experience and students should work with their clinical instructors to establish a clinical schedule that allows for travel experience. **Under no circumstances are students permitted to travel with a team alone.**

Date of origin: 1/03
Reviewed: 7/03
Athletic Training Student Organizations

In the Fall of 2006 the Athletic Training Student Organization (ATSO) was formed to encourage socialization within the field of athletic training. ATSO works along with the Kinesiology Student Association (KSA). Potential students and students currently enrolled in the Athletic Training Education Program are encouraged to become a member of ATSO to develop leadership and collaboration skills.

Athletic Training Student Organization

CONSTITUTION

Article I: Name
This organization shall be known as the Athletic Training Student Organization or ATSO at the University of North Carolina at Charlotte (UNCC).

Article II: Club/Organization Purpose
Section I: The ATSO will involve Pre-Athletic Training majors, Athletic Training Majors, and other UNC Charlotte students interested in gaining knowledge and experience in the field of Athletic Training.

Section II: ATSO will encourage the application of knowledge, community interaction, and awareness of current sports medicine practices.

Section III: The ATSO will abide by all rules and regulations set forth by UNC Charlotte, as well as all Federal, State and Local laws at all times.

Article III: Club/Organization Membership

Section I: Any UNC Charlotte student can become a member of the ATSO. All members will be expected to attend meetings, pay dues and participate in committee-related activities.

Section II: The ATSO will hold at least three meetings each semester. Members will be required to attend scheduled meetings.

Section III: Dues shall be determined on a yearly basis by the executive board of the ATSO. Dues shall be payable at the first meeting in September. Failure to pay dues will result in the termination of membership.

Section IV: Each member is required to participate on at least one committee or in one committee-related event.
Section V: Any member can withdraw their membership by contacting the executive board at any time. However, dues will not be refunded.

Section VI: In keeping with the UNC Charlotte’s policy of nondiscrimination, ATSO does not discriminate on the basis of race, color, religion, gender, national origin, age, sexual orientation, and physical or mental ability or disability.

Article IV: Executive Board

Section I: The ATSO shall be governed by five officers. The ATSO does reserve the right to create other positions should the need arise. Officially, the five officers will be called President, Vice President, Secretary, Treasurer, and Fundraising Chair. The officers and faculty advisor will comprise the executive board of ATSO. Any other committee will be created as needed by the executive board and will be legislated by the authority of the executive board.

Section II: The President of ATSO shall be responsible for overseeing all other officers and committee chairs.

Section III: The Vice President of ATSO will assist the President. If the President is unable to perform his/her duties, the Vice President will assume all Presidential responsibilities.

Section IV: The Secretary of ATSO will be responsible for recording minutes at meetings and taking attendance.

Section V: The Treasurer of ATSO will handle all monetary issues (dues, fund-raisers, etc.). If a member fails to pay the semester dues, the Treasurer should take appropriate action (financial suspension from organization).

Section VI: The Fundraising Chair of ATSO shall be responsible for fundraising ideas and organization of fundraisers. They will also handle all advertisement and information updates on the reserved bulletin board and around the community.

Article V: ATSO Function/Operation

Section I: Officers are elected by majority by open floor nominations. Any current member of ATSO in good standing is eligible to be an executive officer.

Section II: Nominations are to be held during the April meeting at the end of the spring semester. Any current member in good standing is able to make nominations for executive board positions.
Section III: All ATSO members will participate in secret ballot vote. The votes will be counted by the Advisor and President.

Section IV: Officers will serve on term (Fall through spring semester). The elections will be held at the April meeting.

Section V: If office is vacated during the term, elections will be held for that office.

Section VI: Officers can be impeached by two-thirds vote of ATSO members.

Section VII: The role of ATSO advisor shall be to guide members through all activities and decisions made by ATSO members.

Article VI: Finances

Section I: ATSO plans to finance its activities through semester dues and fund-raisers contributed by present members.

Section II: ATSO is currently working on a budget to submit to SGA’s Ways and Means Committee (Financial Branch of SGA).

Article VII: Constitutional Amendments

Section I: Amendments (changes or additions to the current constitutional amendments) can be proposed by any executive board member and can be requested by any current member of ATSO.

Section II: Rules regarding the proposal of the amendments are:

1) Amendments may be requested by any current member of ATSO.
2) Amendments must be proposed by the executive board.
3) Amendments must be submitted in writing at the previous meeting to executive board.
4) The by-laws may be amended at any monthly meeting.

Section III: The amendment shall be voted on as follows: The amendment requires two-thirds majority of those present and voting.

Date of origin: 8/02
Revised: 7/03, 5/07
The National Athletic Trainers’ Association Code of Ethics

The National Athletic Trainers’ Association’s Code of Ethics were written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code of Ethics is to assure a high quality of health care. The standards set forth by the Code of Ethics presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code of Ethics as a whole. Whenever there is a conflict between the Code of Ethics and legality, the laws prevail. The guidelines set forth in this Code of Ethics are subject to continual review and revision as the athletic training profession develops and changes.

Principle 1:

Members shall respect the rights, welfare and dignity of all individuals

1.1-Members shall not discriminate against any legally protected class.

1.2-Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.

1.3-Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care unless the person consents to such release or release is permitted by law.

Principle 2:

Members shall comply with the laws and regulations governing the practice of athletic training.

2.1-Members shall comply with applicable local, state, and federal laws and institutional guidelines.

2.2-Members shall be familiar with and adhere to all National Athletic Trainers’ Association guidelines and ethical standards.

2.3-Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority

2.4-Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.
**Principle 3:**

**Members shall accept responsibility for the exercise of sound judgment.**

3.1- Members shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

3.2- Members shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.

3.3- Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

**Principle 4:**

**Members shall maintain and promote high standards in the provision of services.**

4.1- Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.

4.2- Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3- Members who have the responsibility for evaluating the performance of employees, supervisees, or students, are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4- Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5- Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6- When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.
Principle 5:

Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

5.1- The private conduct of the member is a personal matter to the same degree as is any other person’s except when such conduct compromises the fulfillment of professional responsibilities.

5.2- Members of the National Athletic Trainers’ Association and others serving on the Association’s committees or acting as consultants shall not use, directly or by implication, the Association’s name or logo or their affiliation with the Association in the endorsement of products or services.

5.3- Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4- Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.
The General Education Program

The General Education Program is central to UNC Charlotte’s basic mission of providing all of its undergraduates with a liberal arts education. The Program approaches the liberal arts in its traditional meaning of learning the arts appropriate for living the educated, responsible life of a free (*liberalis*) citizen. It provides all undergraduate students, regardless of their majors, with the foundations of the liberal education they will need to be informed people who have the ability to act thoughtfully in society, the ability to make critical judgments, and the ability to enjoy a life dedicated to learning and the pleasures of intellectual and artistic pursuits.

The Program is designed to address four areas of liberal education. First, it helps students develop the foundational skills necessary for obtaining the full benefits of a college education: basic college-level writing, basic use of information technology, and basic college-level mathematical and logical skills. Second, it helps provide students with an understanding of the methods of scientific inquiry and the ways that knowledge is acquired and accredited in the life sciences, physical sciences, and social sciences. Third, the General Education Program addresses major themes related to living as a liberally educated person in the twenty-first century. Students take four Liberal Studies courses designed especially for the General Education Program. These courses are organized around major themes of liberal education: the arts, literature, the western cultural tradition, global understanding, citizenship, ethics, issues of health, and issues of science, technology, and society. Fourth, it helps students develop more specialized skills for disciplinary writing and oral presentations.

I. Development of Fundamental Skills of Inquiry (9-12 semester hours)

Basic writing courses: Students take two courses, ENGL 1101 and ENGL 1102. Entering freshmen who qualify for the accelerated course in writing and rhetoric may meet this requirement by completing one course, ENGL 1103. After completing these courses students are expected to be able to write clearly and concisely in standard English and to be generally prepared to do college-level writing and editing.
Mathematical and logical reasoning: One course in mathematics (MATH) and a second course selected from mathematics (MATH), statistics (STAT), or deductive logic (PHIL 2105). Most undergraduates at UNC Charlotte major in programs that require mathematics or statistics as related work. For these students, the related mathematics requirements determine the courses taken to meet the general education requirement. Students in majors that do not require related work in mathematics normally take MATH 1100, followed by either MATH 1102 or PHIL 2105.

Basic skills of information technology: By the end of their first semester at UNC Charlotte, students are expected to have developed the basic skills necessary to access and create computer based information. These skills include the use of word processing, email, file management, internet searches, and library database searches. These skills are developed in English 1101 and 1103. Tutorial help is available at campus computer labs, and help with bibliographical search skills is available in the information commons of Atkins library. Students are expected to exhibit ethical behavior in the use of computers. More advanced information technology skills are required by individual departments and majors.

II. Inquiry in the Sciences

One course in the social sciences. These courses introduce students to the methods of the social sciences and to the applications of these methods for gaining a scientific understanding of the social world. Selected from:

Anthropology (ANTH 1101)
Geography (GEOG 1105)
Economics (ECON 1101 or 2101)
Political Science (POLS 1110)
Sociology (SOCY 1101)
III. Themes of Liberal Education for Private and Public Life (12 semester hours)

The UNC Charlotte faculty has selected eight themes of a liberal arts education around which to offer a core of Liberal Studies courses dedicated exclusively to general education. All of these courses include the consideration of gender, race, and ethnic diversity, as appropriate for understanding the individual themes of these courses.

Each student must take four of these courses as follows:

**One course in the arts and society.** Art is indispensable to the structure and fabric of all societies, and each course examines this fundamental connection from the perspective a specific art form. Selected from:
- LBST 1101 The Arts and Society: Dance
- LBST 1102 The Arts and Society: Film
- LBST 1103 The Arts and Society: Music
- LBST 1104 The Arts and Society: Theater
- LBST 1105 The Arts and Society: Visual Arts

**One course in the Western tradition.** Each section of this course examines a major aspect of western culture through the process of analyzing the present in terms of the past.
- LBST 2101 Western Cultural and Historical Awareness

**One course in global understanding.** All liberally educated people need to have the ability to understand the world from the point of view of more than one culture and be able to analyze issues from a global perspective.
- LBST 2102 Global and Intercultural Connections
One course dealing with ethical issues and cultural critique. Each of these courses deals with an important contemporary issue, and each one gives significant attention to ethical analysis and cultural critique in the liberal arts. Selected from:
LBST 2211 Ethical Issues in Personal, Professional, and Public Life
LBST 2212 Literature and Culture
LBST 2213 Science, Technology, and Society
LBST 2214 Issues of Health and Quality of Life
LBST 2215 Citizenship

**Writing Intensive Course**

Writing in the disciplines: Six semester hours, including at least three semester hours in the major. These courses are spread throughout the curriculum and are indicated with a (W) after the course title. These courses assume that students have already developed the basic grammatical and compositional skills needed to write college-level English, and they build on these skills to develop writing strategies appropriate to the discipline of the department offering the course. Athletic Training courses that meet this requirement are:

- ATRN 3281 (1)
- ATRN 3287 (1)
- ATRN 4294 (1)
- ATRN 4292 (3)
The University of North Carolina at Charlotte  
Department of Kinesiology  

ATHLETIC TRAINING EDUCATION PROGRAM  
APPLICATION REQUIREMENTS AND PROCEDURES FOR ADMISSION  

APPLICATION REQUIREMENTS

Turn in the following materials with your application packet!!

___ Submit a formal letter of application addressed to Dr. Tricia Hubbard, Program Director. Applicants should indicate their reasons for applying to the Athletic Training Education Program. Please include a statement of your career goals upon completion of the BS in Athletic Training degree.

___ Complete the “Athletic Training Education Program Application.”

___ Complete a conditional pre-registration form

___ Submit an unofficial transcript, with the courses listed below highlighted!!

___ Submit a change of major form (you need to get this)

___ Successful completion of the following courses with a “C” or better at the time of application. Please note that applicants who are currently enrolled in required classes may still apply but formal admission will be contingent upon successful completion of those classes prior to the fall semester.
   ___ Anatomy and Physiology (BIOL 1273, 1273L, 1274, 1274L)
   ___ Chemistry (CHEM 1203, 1203L, 1204, 1204L) or (CHEM 1251, 1251L, 1252, 1252L)
   ___ Healthy Lifestyles (HLTH 2101 or LBST 2214)
   ___ College Algebra (MATH 1100)
   ___ Statistics (STAT 1222)
   ___ Introduction to Kinesiology (ATRN 2150)
   ___ First Aid & Safety Procedures (ATRN 2290)
   ___ Care and Prevention of Athletic Injuries (ATRN 2294)
   ___ Care and Prevention of Athletic Injuries Lab (ATRN 2295)
   ___ Applied Kinesiology (ATRN 2298)

___ Obtain a cumulative GPA of 2.5 or higher (note: GPA must remain at 2.5 or higher at the end of the semester you are applying).

___ Successfully complete 60 hours of coursework (note: successful completion means with at least a “C” in all prerequisite courses listed above).

___ Participated in observational experience through UNC Charlotte athletics department.
PROCEDURES FOR APPLICATION

6. Submit all of the required information in a sealed envelope to the Department of Kinesiology Secretary (Belk 226) or to Dr. Hubbard (check for due date). If an application is not received before the deadline it will be deferred to the next admission cycle in the following spring semester.

7. All applicants will be briefly interviewed by the Athletic Training Education Program Selection Committee during the three weeks following the application deadline. Applicants will be notified via e-mail of their interview time. Please do not call the Program Director or the Department secretary to find out your interview time.

OVERVIEW OF SELECTION PROCESS

1. Selection for admission to the Athletic Training Education Program is an objective process that includes independent evaluation by at least three faculty members from the Department of Kinesiology. Candidates will be evaluated and scored on the following items:
   a. Letter of application
   b. Training room evaluation
   c. Interview
   d. Overall GPA
   e. Science GPA
   f. Course grades in ATRN 2290, 2294, 2295, and 2298

2. Applicants will be notified during the beginning of summer semester of their status in the Athletic Training Education Program.
   a. Full admission: student is fully admitted into the AT major
   b. Provisional: student’s application file is incomplete due to courses in-progress, a final admissions decision will be made at the end of summer school
   c. Denied: student is denied admission to the AT major

3. If you are formally accepted into the Athletic Training Education Program you will be required to submit the following information, prior to beginning your first clinical education rotation in the fall semester:
   a. Certificate of liability insurance (purchased by the student) www.hpsso.com
   b. Completed physical exam form
   c. Proof of current CPR certification
   d. Proof of Hepatitis B vaccination or waiver (students must have 2/3 of the vaccination series complete prior to their first clinical rotation)
   e. AT clinical uniform payment.
The University of North Carolina at Charlotte
Department of Kinesiology
ATHLETIC TRAINING EDUCATION PROGRAM
APPLICATION FOR ADMISSION

Applicant Name: _______________________ Student ID #: ___________________

Local Address: ____________________________________________________________

Summer Address: __________________________________________________________

E-mail address: _______________________

Local Phone#: ______________________  Summer Phone#: _____________________

Total credit hours **completed** at the time of application: __________  Current GPA: __________

List any additional majors or minors you are pursuing:

  Majors: ____________________________________________
  Minors: ____________________________________________

Are you pursuing a NC Teaching Certificate?  ____Yes  ____No

Please read the Athletic Training Student Handbook as well as the College of Health and Human Services Student Handbook located at the Student Services Link at the following web address www.health.uncc.edu

I verify that I am aware of and have read the Athletic Training Student Handbook as well as the College of Health and Human Services Student Handbook. I understand that I will be held accountable based on the policies and procedures presented in these handbooks.

Student Signature ____________________________ Date: ____________

I verify that I have read and understand the technical standards and recognize that they must be satisfied in this educational program. I understand that I will be evaluated on my compliance with these technical standards as part of the Physical Examination required if I am admitted into the Athletic Training Education Program.

Student Signature: ____________________________ Date: ____________

The University of North Carolina at Charlotte is an equal opportunity institution and subscribes to all requirements of federal law not to discriminate with respect to students, employees or applicants on the basis of sex, race, color, national origin, religion, handicapped status or age.
Application for Conditional Pre-registration for ATHLETIC TRAINING Classes

Directions: Due to the final admissions decisions for the Athletic Training major being in the summer, students will be allowed to conditionally enroll in upper division athletic training courses. Fill this form out completely, attach a copy of your unofficial transcript to it, and attach a completed Application for Change from Pre-Kinesiology to Athletic Training. Turn this form into the Kinesiology Department as part of your Athletic Training Education Program Application Packet.

Applicant Name __________________________________________
Mailing Address____________________________________________
Telephone _____________________ e-mail_______________________

<table>
<thead>
<tr>
<th>Completed</th>
<th>Number</th>
<th>Course name</th>
<th>Grade in Course</th>
<th>If you have not taken or will retake when?</th>
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<td>Anatomy &amp; Physiology I</td>
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<td>BIOL 1274</td>
<td>Anatomy &amp; Physiology II</td>
<td></td>
<td></td>
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<td>Anatomy &amp; Physiology II Lab</td>
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<tr>
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<td>YES</td>
<td>HLTH 2101 or LBST 2214</td>
<td>Healthy Lifestyles</td>
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<td>NO</td>
<td>MATH 1100</td>
<td>College Algebra</td>
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<td>NO</td>
<td>COMM 1101</td>
<td>Introductory Speech</td>
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<td>NO</td>
<td>ATRN 2150</td>
<td>Introduction to Kinesiology</td>
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<td>NO</td>
<td>ATRN 2290</td>
<td>First Aid &amp; Safety Procedures</td>
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<td>NO</td>
<td>ATRN 2294</td>
<td>Care &amp; Prevention of Athletic Injuries</td>
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<td>NO</td>
<td>ATRN 2295</td>
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<tr>
<td>NO</td>
<td>ATRRN 2298</td>
<td>Applied Kinesiology</td>
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</table>

By filling out and signing this form, you are agreeing to the following: "My ability to remain enrolled in Athletic Training major courses is contingent upon formal admission into the Athletic Training Education Program. If I am not granted full admission to the Athletic Training Education Program by the end of Summer School, I will be withdrawn from any and all Athletic Training major classes without further notification. I understand that it is my responsibility to ensure that the requirements for advancing into the Athletic Training major have been attained before the start of classes for the upcoming fall semester.

Signature________________________________________ Date____________________
PHYSICAL EXAMINATION

In order to ensure the safety of students and patients, a recent (within 6 months of beginning a clinical course) physical is required for Athletic Training students. The examination may be completed by a physician, nurse practitioner or physician’s assistant.

Based upon this examination, this individual has been examined and found to be: (check one)

- [ ] able to participate without restrictions in the activities of an allied health professional in a clinical setting as outlined in the Technical Standards (attached).
- [ ] unable to participate without restrictions in the activities of an allied health professional in a clinical setting as outlined in the Technical Standards (attached).

Explain: (attach explanation)

This student has known allergies to: ________________________________________________________________

Signature of Physician/NP/PA

Printed Name

Date

Office Address

Area Code/Phone Number

### REQUIRED IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Immunization</th>
<th>mo/day/year</th>
<th>mo/day/year</th>
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<td>#2</td>
<td>#3</td>
<td>#4</td>
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<tr>
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<td>Polio</td>
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<td>#2</td>
<td>#3</td>
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</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>#1</td>
<td>#2</td>
<td>Rubella only if born before 1957:</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>or:</td>
<td>Titer Date &amp; Result (attach proof)</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
<td></td>
</tr>
<tr>
<td>Varicella (chicken pox)</td>
<td>#1</td>
<td>#2</td>
<td>or: Titer Date &amp; Result (attach proof)</td>
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### OPTIONAL IMMUNIZATIONS

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<th>Immunization</th>
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<tr>
<td>Meningococcal</td>
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<td>Hepatitis A Series</td>
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</tr>
<tr>
<td>Other</td>
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</tbody>
</table>
College of Health and Human Services
Technical Standards for Undergraduate Programs

Technical standards define the attributes that are considered necessary for students to possess in order to complete their education and training, and subsequently enter clinical practice. These technical standards are determined to be prerequisites for entrance to, continuation in, and graduation from a student's chosen program in the University of North Carolina at Charlotte College of Health and Human Services.

Students must possess aptitude, ability, and skills in four areas: Psychomotor (coordination/mobility); Senses (visual, auditory, tactile, olfactory); Communication (verbal, nonverbal, written); Behavioral/Social Attributes.

The technical standards described by a student's chosen program are critically important to the student and must be autonomously performed by the student. Contact specific programs for detailed technical standards. Reasonable accommodation of disability will be provided after the student notifies the department of the disability and appropriate professionals have documented the disability.

<table>
<thead>
<tr>
<th>Standard</th>
<th>College Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychomotor (Coordination/Mobility)</td>
<td>Physical ability sufficient to move within the client environment; gross and fine motor skills sufficient to provide safe &amp; effective services</td>
</tr>
<tr>
<td>Senses (Visual, auditory, tactile, olfactory)</td>
<td>Sensory ability necessary to observe and perform skills essential in providing safe &amp; effective services</td>
</tr>
<tr>
<td>Communication (verbal, non-verbal, written)</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form in classroom, lab and service settings.</td>
</tr>
<tr>
<td>Behavioral/Social Attributes</td>
<td>Ability to fulfill professional behavioral and social responsibilities in the role of a student, both with faculty and clients</td>
</tr>
</tbody>
</table>

Definitions adapted from:

Date of Origin: April 24, 2000
August 14, 2008

Dear CHHS Student:

As a student in the College of Health and Human Services, you will complete clinical assignments, field placements, internships, or other applications of your health and human service disciplines in health care facilities, social service agencies, or school systems. Most of these agencies are requiring that our students in nursing, athletic training, exercise physiology, health fitness, public health, social work, and health administration complete criminal background checks and drug screening prior to entering the agency for any educational experience. Therefore, to complete your program requirements with an agency above, you must obtain a criminal background check and drug screen, the cost of which is your responsibility.

In response to this requirement by our education affiliation agencies (hospitals, schools, nursing homes, social service agencies, etc.), the College of Health and Human Services has revised our policy regarding criminal background checks and drug screening. (See the attached policy.) Complete and sign the Drug Screening and Criminal Background Check Acknowledgement and Agreement and return it to Dr. Hubbard in the College of Health and Human Services by the first day of classes, August 25, 2008. Obtain the results of your criminal background check and drug screening BEFORE you enter a class that requires a clinical rotation, internship, field placement, or practicum.

Criminal background checks must be done by Castle Branch. Please refer to the college’s website at http://www.health.uncc.edu/. Click on Student Services and then Clinical Agency Compliance for specific directions on obtaining a criminal background check by Castle Branch. No other agency’s criminal background check will be accepted. Drug screening information is on the same website under Clinical Agency Compliance. You, as a student, will be responsible for keeping the results of the criminal background check and the drug screen to demonstrate compliance to each affiliation agency. UNC Charlotte, College of Health and Human Services will not keep records of student results and therefore cannot verify for you or the agency if you are in compliance with the agency’s policy. If you do not have these tests, you will receive an unsatisfactory daily grade for your clinical rotation, practicum, internship, or field agency performance until you can demonstrate that you have completed these tests. If an agency rejects a student based on the results of the criminal background check or drug screen, CHHS will make one attempt to find a replacement clinical site, field placement, internship or practicum. A student may be dismissed from a program because education affiliation agencies will not accept the results from the criminal background check and/or drug screen.

Sincerely,

Dr. Tricia J. Hubbard, ATC
1. Introduction

It is a condition of initial enrollment in the College of Health and Human Services (CHHS) Programs, and a condition of eligibility to continue enrollment, that CHHS students meet all academic and other requirements imposed by CHHS, as well as all requirements of each external health and human service agency where CHHS attempts to place the student in a given semester.

CHHS must secure the cooperation of independent external health and human service agencies (“Agencies”) to provide appropriate educational, internship, clinical, or field experiences for its students. Increasingly, those Agencies will not accept students who do not meet requirements that apply to employees at the Agency, including drug tests and criminal background checks. Because criminal background checks are now required by the North Carolina Board of Nursing for all licensure applicants, and because of recommendations from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), many Agencies now require that CHHS students who will intern at their sites successfully complete criminal background checks and drug screening.

Many public and private schools and social services agencies also require criminal background and drug screening of CHHS students who interact with elementary/high school students and social service clients. Thus, in addition to meeting all CHHS academic and other requirements, students have the additional responsibility to meet requirements imposed by each Agency where they will receive clinical or field education, including internships.

A student who is rejected by one or more Agencies because of failure to meet that Agency’s criminal background and/or drug testing requirements may be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

2. Agency Criminal Background Check Requirements

a. Comply with the criminal background check requirements at each agency to which students are assigned.

In some cases, the Agency will facilitate criminal background checks. Students will usually bear all expense associated with meeting these requirements. CHHS will receive notice only that the student has been accepted or rejected by the Agency. If a student is rejected, CHHS will attempt to assign the student to another Agency. If no Agency accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

b. Undergo a criminal background check by a CHHS-approved agency.

Some Agencies require that students obtain criminal background checks on their own. In these cases, students should apply to a CHHS-approved criminal investigation agency for a criminal background check to be conducted at the student’s expense. The criminal investigation agency will provide the background check results to the student. Students are responsible for keeping the original criminal background check and sharing the results with each Agency that they are assigned to. If a student is rejected from an Agency, CHHS will
attempt to assign the student to another Agency. If no Agency accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

3. Agency Drug Screening Requirements

a. Comply with the drug screening requirements at each agency to which students are assigned.

In some cases, the Agency will facilitate drug screening. Students will usually bear all expense associated with meeting these requirements. CHHS will receive notice only that a student has been accepted or rejected by the Agency. If a student is rejected from a Agency, CHHS will attempt to assign the student to another Agency. If no Agency accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

b. Undergo drug testing by a CHHS-approved drug screening laboratory.

Some Agencies require that students obtain a drug screening on their own. In these cases, students should apply to a CHHS-approved independent drug screening laboratory for a drug test to be conducted at the student’s expense. Students will be given the original results, which they are responsible for sharing with the Agency. If the result is positive, and the Agency rejects the student, CHHS will attempt to place the student at another Agency. If no Agency accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.
DRUG SCREENING AND CRIMINAL BACKGROUND CHECK ACKNOWLEDGEMENT AND AGREEMENT
UNC CHARLOTTE COLLEGE OF HEALTH AND HUMAN SERVICES
EDUCATION PROGRAMS REQUIRING EXTERNAL HEALTH OR HUMAN SERVICE AGENCIES

Student’s Printed Name ___________________________ CHHS Program ___________________________

1. I understand and acknowledge that the UNC Charlotte College of Health and Human Services (CHHS) has affiliated with several health care and human services facilities (hereinafter “Agencies”) to provide internships, field placements or clinical experiences for students in the CHHS (hereinafter “Students”). I further understand and acknowledge that the Agencies have a compelling interest in the integrity of their services and the health and safety of their patients, others who may come into contact with Students, and the Students themselves.

2. I understand and acknowledge that in order to protect their interests, many Agencies require Students to comply with their drug testing and/or criminal background check policies and to undergo drug testing and/or criminal background checks as conditions of participating in their education programs. In addition, such Agencies often require that Students submit to the required drug testing and/or criminal background checks at the Students’ own expense. I understand that the CHHS will provide Students with information to obtain the drug testing and/or criminal background checks required by the Agencies.

3. I understand and acknowledge that a Agency may, in accordance with its policies, reject or expel a Student from its Agency based on the results of the drug testing and/or criminal background checks.

4. I am or will be enrolled as a student in the CHHS, and I plan to participate as a Student in an educational experience at an Agency.

5. Because participation in agency-related educational programs is a degree requirement for students in the CHHS program indicated above, I understand that I may be required to undergo a criminal background check and/or drug screening as a condition of my participation in an internship, field placement or clinical experience at an external health and human service agency.

6. As a condition of participating as a Student in an education program, I hereby agree to comply with the criminal background check requirements at each Agency to which I am assigned. If the Agency facilitates criminal background checks, I agree to comply with such requirements and follow the procedures set forth by the Agency. If the Agency requires that I undergo a criminal background check prior to my placement, I agree to undergo a criminal background check by a CHHS-approved agency at my own expense. I will then submit my original results to the Agency, which shall determine whether the results of my criminal background check are acceptable.

7. I hereby agree to comply with the drug screening test requirements at each Agency to which I am assigned. If the Agency facilitates drug screening, I agree to comply with such requirements and follow the procedures set forth by the Agency. If the requires that I undergo drug screening prior to my placement, I agree to undergo drug testing by a CHHS-approved testing laboratory at my own expense. I will then submit my original results to the, which shall determine whether the results of my drug screening are acceptable.

8. I have read both the CHHS Criminal Background Check and Drug Screening Policy and this Acknowledgement and Agreement, and I understand its contents. I have had the opportunity to ask questions of and discuss the Policy and this Acknowledgement and Agreement with appropriate administrators in the College of Health and Human Services. I understand that I am responsible for meeting the requirements set forth in the Policy and this Acknowledgment and Agreement.

Student’s Signature ___________________________ Date ___________________________
Date: _________________

I. ____________________________, verify that I have read and understand the policies and procedures in the UNC Charlotte Athletic Training Student Handbook.

________________________    __________
Student’s Signature         Date
ATRN/EXER 2290: First Aid: Responding to Emergencies

Risk Management and Injury Prevention (RM)

*Cognitive Competencies:*
RM-C7: Explain the importance for all personnel to maintain current certification in CPR, automated external defibrillator (AED), and first aid.

RM-C20: Recognize the clinical signs and symptoms of environmental stress.

Acute Care Of Injuries and Illness (AC)

*Cognitive Competencies:*
AC-C1: Explain the legal, moral, and ethical parameters that define the scope of first aid and emergency care and identify the proper roles and responsibilities of the certified athletic trainer.

AC-C2: Describe the availability, content, purpose, and maintenance of contemporary first aid and emergency care equipment.

AC-C3: Determine what emergency care supplies and equipment are necessary for circumstances in which the athletic trainer is the responsible first responder.

AC-C5: Describe the principles and rationale of the initial assessment including the determination of whether the accident scene is safe, what may have happened, and the assessment of airway, breathing, circulation, level of consciousness and other life-threatening conditions.

AC-C6: Differentiate the components of a secondary assessment to determine the type and severity of the injury or illness sustained.

AC-C7: Identify the normal ranges for vital signs.

AC-C8: Describe pathological signs of acute/traumatic injury and illness including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.

AC-C9: Describe the current standards of first aid, emergency care, rescue breathing, and cardiopulmonary resuscitation for the professional rescuer.

AC-C10: Describe the role and function of an automated external defibrillator in the emergency management of acute heart failure and abnormal heart rhythms.

AC-C11: Describe the role and function of supplemental oxygen administration as an adjunct to cardiopulmonary resuscitation techniques.
AC-C12: Describe the characteristics of common life-threatening conditions that can occur either spontaneously or as the result of direct trauma to the throat, thorax and viscera, and identify the management of these conditions.

AC-C13: Describe the proper management of external hemorrhage, including the location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.

AC-C14: Identify the signs and symptoms associated with internal hemorrhaging.

AC-C15: Describe the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.

AC-C16: Describe the injuries and illnesses that require medical referral.

AC-C23: Describe cervical stabilization devices that are appropriate to the circumstances of an injury.

AC-C24: Describe the indications, guidelines, proper techniques and necessary supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.

AC-C25: Describe the effective management, positioning, and immobilization of a patient with a suspected spinal cord injury.

AC-C26: Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.

AC-C27: Identify the signs, symptoms, possible causes, and proper management of the following:

AC-C27a: Different types of shock

AC-C27b: Diabetic coma

AC-C27c: Seizures

AC-C27d: Toxic drug overdose

AC-C27e: Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)

AC-C28: Identify the signs and symptoms of serious communicable diseases and describe the appropriate steps to prevent disease transmission.
AC-C31: Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.

AC-C33: Describe home care and self-treatment plans of acute injuries and illnesses.

Psychomotor Competencies:
AC-P1: Survey the scene to determine whether the area is safe and determine what may have happened.

AC-P2: Perform an initial assessment to assess the following, but not limited to:

AC-P2a: Airway
AC-P2b: Breathing
AC-P2c: Circulation
AC-P2d: Level of consciousness
AC-P2e: Other life-threatening conditions

AC-P3: Implement appropriate emergency treatment strategies, including but not limited to:

AC-P3a: Activate an emergency action plan
AC-P3b: Establish and maintain an airway in an infant, child, and adult
AC-P3d: Perform one- and two-person CPR on an infant, child, and adult
AC-P3e: Utilize a bag-valve mask on an infant, child, and adult
AC-P3f: Utilize an automated external defibrillator (AED) according to current accepted practice protocols
AC-P3g: Normalize body temperature in situations of severe/life-threatening heat or cold stress
AC-P3h: Control bleeding using universal precautions
AC-P3i: Administer an EpiPen for anaphylactic shock

AC-P4: Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including but not limited to:

AC-P4a: Open and closed wounds (using universal precautions)
AC-P4d: Seizures

AC-P4e: Acute asthma attack

AC-P4f: Different types of shock

AC-P4g: Thoracic, respiratory, and internal abdominal injury or illness

AC-P4h: Acute musculoskeletal injuries (i.e. sprains, strains, fractures, dislocations)

AC-P4i: Spinal cord and peripheral nerve injuries

AC-P4j: Diabetic coma

AC-P4k: Toxic drug overdose

AC-P4l: Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)

Orthopedic Clinical Examination and Diagnosis (DI)

Cognitive Competencies:

DI-C1: Demonstrate knowledge of the systems of the human body.

DI-C2: Describe the anatomical and physiological growth and development characteristics as well as gender differences across the lifespan.

Pharmacology (PH)

Psychomotor Competencies:

PH-P3: Activate and effectively follow locally established poison control protocols.
ATRN/EXER 2294: Care and Prevention of Athletic Injuries

Risk Management and Injury Prevention (RM)

Cognitive Competencies:

RM-C1: Explain the risk factors associated with physical activity.

RM-C2: Identify and explain the risk factors associated with common congenital and acquired abnormalities, disabilities, and diseases.

RM-C3: Identify and explain the epidemiology data related to the risk of injury and illness related to participation in physical activity.

RM-C4: Identify and explain the recommended or required components of a preparticipation examination based on appropriate authorities’ rules, guidelines, and/or recommendations.

RM-C5: Describe the basic concepts and practice of wellness screening.

RM-C6: Describe the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.

RM-C7: Explain the importance for all personnel to maintain current certification in CPR, automated external defibrillator (AED), and first aid.

RM-C8: Explain the principles of effective heat loss and heat illness prevention programs. Principles include, but are not limited to, knowledge of the body’s thermoregulatory mechanisms, acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss.

RM-C9: Explain the accepted guidelines, recommendations, and policy and position statements of applicable governing agencies related to activity during extreme weather conditions.

RM-C10: Interpret data obtained from a wet bulb globe temperature (WGBT) or other similar device that measures heat and humidity to determine the scheduling, type, and duration of activity.

RM-C13: Identify and explain the various types of flexibility, strength training, and cardiovascular conditioning programs. This should include the expected effects (the body’s anatomical and physiological adaptation), safety precautions, hazards, and contraindications of each.

RM-C16: Explain the basic principles associated with the use of protective equipment, including standards for the design, construction, fit, maintenance and reconditioning of
protective equipment; and rules and regulations established by the associations that govern the use of protective equipment; and material composition.

RM-C17: Explain the principles and concepts related to prophylactic taping, wrapping, bracing, and protective pad fabrication

RM-C20: Recognize the clinical signs and symptoms of environmental stress.

Psychomotor Competencies:
RM-P6.3: Access local weather/environmental information

RM-P6.4: Assess hydration status using weight charts, urine color charts, or specific gravity measurements

Acute Care of Injury and Illnesses (AC)

Cognitive Competencies:
AC-C1: Explain the legal, moral, and ethical parameters that define the scope of first aid and emergency care and identify the proper roles and responsibilities of the certified athletic trainer.

AC-C2: Describe the availability, content, purpose, and maintenance of contemporary first aid and emergency care equipment.

AC-C3: Determine what emergency care supplies and equipment are necessary for circumstances in which the athletic trainer is the responsible first responder.

AC-C5: Describe the principles and rationale of the initial assessment including the determination of whether the accident scene is safe, what may have happened, and the assessment of airway, breathing, circulation, level of consciousness and other life-threatening conditions.

AC-C6: Differentiate the components of a secondary assessment to determine the type and severity of the injury or illness sustained.

AC-C7: Identify the normal ranges for vital signs.

AC-C8: Describe pathological signs of acute/traumatic injury and illness including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.

AC-C17: Explain the application principles of rest, cold application, elevation, and compression in the treatment of acute injuries.

AC-C18: Describe the signs, symptoms, and pathology of acute inflammation.
AC-C29: Identify the signs, symptoms, and treatment of patients suffering from adverse reactions to environmental conditions.

AC-C30: Identify information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention.

AC-C31: Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.

AC-C32: Describe the proper ambulatory aid and technique for the injury and patient.

AC-C33: Describe home care and self-treatment plans of acute injuries and illnesses.

Orthopedic Clinical Examination and Diagnosis (DI)

Cognitive Competencies:
DI-C14: Describe the clinical signs and symptoms of environmental stress.
ATRN/EXER 2295: Care and Prevention of Athletic Injuries Laboratory

Risk Management and Injury Prevention (RM)

Psychomotor Competencies:
RM-P4: Select and fit appropriate standard protective equipment on the patient for safe participation in sport and/or physical activity. This includes but is not limited to:

RM-P4.1: Shoulder Pads
RM-P4.2: Helmet/Headgear
RM-P4.3L Footwear
RM-P4.4: Mouthguard
RM-P4.5: Prophylactic Knee Brace
RM-P4.6: Prophylactic Ankle Brace
RM-P4.7: Other Equipment (as appropriate)

RM-P5: Select, fabricate, and apply appropriate preventive taping and wrapping procedures, splints, braces, and other special protective devices. Procedures and devices should be consistent with sound anatomical and biomechanical principles.

RM-P6: Obtain, interpret, and make decisions regarding environmental data. This includes, but is not limited to the ability to:

RM-P6.1: Operate a sling psychrometer and/or wet bulb globe index
RM-P6.2: Formulate and implement a comprehensive, proactive emergency action plan specific to lightening safety

Acute Care of Injury and Illness (AC)

Psychomotor Competencies:
AC-P3c: Establish and maintain an airway in a patient wearing shoulder pads, headgear or other protective equipment and/or with a suspected spine injury

AC-P4: Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including but not limited to:

AC-P4a: Open and closed wounds (using universal precautions)
AC-P4c: Environmental illness
Medical Conditions and Disabilities (MC):

Psychomotor Competencies:
MC-P4a: Vital signs including respiration (including asthma), pulse and circulation, and blood pressure
Orthopedic Clinical Examination and Diagnosis (DI)

Cognitive Competencies:
D1-C4: Explain directional terms and cardinal planes used to describe the body and the relationship of its parts.

D1-C5: Describe the principles and concepts of body movement including functional classification of joints, arthrokinematics, normal ranges of joint motion, joint action terminology, and muscle groups responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesia/proprrioception.
Nutritional Aspects of Injuries and Illnesses (NU)

Cognitive Competencies:
NU-C1: Describe personal health habits and their role in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.

NU-C2: Describe the USDA’s “My Pyramid” and explain how this can be used in performing a basic dietary analysis and creating a dietary plan for a patient.

NU-C3: Identify and describe primary national organizations responsible for public and professional nutritional information.

NU-C4: Identify nutritional considerations in rehabilitation, including nutrients involved in healing and nutritional risk factors (e.g., reduced activity with the same dietary regimen and others).

NU-C5: Describe common illnesses and injuries that are attributed to poor nutrition (e.g., effects of poor dietary habits on bone loss, on injury, on long-term health, and on other factors).

NU-C6: Explain energy and nutritional demands of specific activities and the nutritional demands placed on the patient.

NU-C7: Explain principles of nutrition as they relate to the dietary and nutritional needs of the patient (e.g., role of fluids, electrolytes, vitamins, minerals, carbohydrates, protein, fat, and others).

NU-C8: Explain the physiological processes and time factors involved in the digestion, absorption, and assimilation of food, fluids, and nutritional supplements. Further, relate these processes and time factors to the design and planning of preactivity and postactivity meals, menu content, scheduling, and the effect of other nonexercise stresses before activity.

NU-C9: Describe the principles, advantages, and disadvantages of ergogenic aids and dietary supplements used in an effort to improve physical performance.

NU-C10: Explain implications of FDA regulation of nutritional products.

NU-C11: Identify and interpret pertinent scientific nutritional comments or position papers (e.g., healthy weight loss, fluid replacement, pre-event meals, and others).

NU-C12: Explain principles of weight control for safe weight loss and weight gain, and explain common misconceptions regarding the use of food, fluids, and nutritional supplements in weight control.
NU-C13: Explain consequences of improper fluid replacement.

NU-C14: Describe disordered eating and eating disorders (i.e., signs, symptoms, physical and psychological consequences, referral systems).

NU-C15: Identify effects of macronutrients (e.g., saturated fats, incomplete proteins, and complex carbohydrates) on performance, health, and disease.

NU-C16: Describe signs, symptoms, and physiological effects of mineral deficiency (e.g., iron, and calcium), and identify foods high in specific mineral content.

NU-C17: Identify and explain food label Daily Value recommendations and common food sources of essential vitamins and minerals in using current USDA Dietary Guidelines.

NU-C18: Describe the principles and methods of body composition assessment (e.g., skinfold calipers, bioelectric impedance, body mass index [BMI]) to assess a patient’s health status and to monitor progress in a weight loss or weight gain program for patients of all ages and in a variety of settings.

NU-C19: Explain the relationship between basal metabolic rate, caloric intake, and energy expenditure in the use of the Food Pyramid Guidelines.

NU-C20: Identify the nutritional benefits and costs of popular dietary regimen for weight gain, weight loss, and performance enhancement.

Psychomotor Competencies:
NU-P1: Assess body composition by validated technique (e.g., skinfold calipers, bioelectric impedance, BMI, etc.) to assess a patient’s health status and to monitor progress during a weight loss or weight gain program.

NU-P2: Calculate energy expenditure, caloric intake, and BMR.

NU-P3: Provide educational information about basic nutritional concepts, facts, needs, and food labels for settings associated with physically active individuals of a wide range of ages and needs.

Psychosocial Intervention and Referral (PS)

Psychomotor Competencies:
PS-C11: Identify and describe the sociological, biological and psychological influences toward substance abuse, addictive personality traits, the commonly abused substances, the signs and symptoms associated with the abuse of these substances, and their impact on an individual’s health and physical performance
ATRN 3280: Foundation of Exercise Physiology

Pathology of Injuries and Illnesses (PA)

*Cognitive Competencies:*
PA-C1: Describe the essential components of a typical human cell. Include the normal structure and the function of each component and explain the abnormal symptoms associated with injury, illness, and disease.

PA-C2: Explain gross cellular adaptations in response to stress, injury, or disease (e.g., atrophy, hypertrophy, differentiation, hyperplasia, metaplasia, and tumors).

PA-C3: Explain normal and abnormal circulation and the physiology of fluid homeostasis.
ATRN 3286: Exercise Testing

Risk Management and Injury Prevention (RM)

*Cognitive Competencies:*

RM-C1: Explain the risk factors associated with physical activity.

RM-C3: Identify and explain the epidemiology data related to the risk of injury and illness related to participation in physical activity.

RM-C5: Describe the basic concepts and practice of wellness screening.
Cognitive Competencies:
RM-C11: Explain the importance and use of standard tests, test equipment, and testing protocol for the measurement of cardiovascular and respiratory fitness, body composition, posture, flexibility, muscular strength, power, and endurance

Psychomotor Competencies:
RM-P1: Instruct the patient how to properly perform fitness tests to assess his or her physical status and readiness for physical activity. Interpret the results of these tests according to requirements established by appropriate governing agencies and/or a physician. These tests should assess:

RM-P1.1: Flexibility
RM-P1.2: Strength
RM-P1.3: Power
RM-P1.4: Muscular Endurance
RM-P1.6: Cardiovascular Endurance

RM-P2: Develop a fitness program appropriate to the patient’s needs and selected activity or activities that meet the requirements established by the appropriate governing agency and/or physician for enhancing:

RM-P2.1: Flexibility
RM-P2.2: Strength
RM-P2.3: Power
RM-P2.4: Muscular Endurance
RM-P2.6: Cardiovascular Endurance
ATRN 3288: Upper Body Injury Evaluation

Acute Care of Injuries and Illnesses (AC)

Cognitive Competencies:
AC-C19: Identify the signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological function, cranial nerve assessment, and other symptoms that indicate underlying trauma.

AC-C20: Explain the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.

AC-C21: Define cerebral concussion, list the signs and symptoms of concussions, identify the methods for determining the neurocognitive status of a patient who sustains a concussion and describe contemporary concepts for the management and return-to-participation of a patient who sustains a concussion.

AC-C22: Identify the signs and symptoms of trauma to the cervical, thoracic and lumbar spines, the spinal cord, and spinal nerve roots, including neurological signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.

AC-C25: Describe the effective management, positioning, and immobilization of a patient with a suspected spinal cord injury.

Diagnosis

Cognitive Competencies:
DI-C6: Describe common techniques and procedures for evaluating common injuries including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests.

DI-C7: Explain the relationship of injury assessment to the systematic observation of the person as a whole.

DI-C8: Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes.

DI-C9: Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.

DI-C10: Explain the roles of special tests in injury assessment.

DI-C12: Describe strength assessment using resistive range of motion, break tests, and manual muscle testing.
DI-C13: Describe the use of diagnostic tests and imaging techniques based on their applicability in the assessment of an injury when prescribed by a physician.

DI-C16: Explain medical terminology and abbreviations necessary to communicate with physicians and other health professionals

DI-C17: Describe the components of medical documentation (e.g. SOAP, HIPS and HOPS).

Pathology

*Cognitive Competencies:*

PA-C5: Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and epidemiology of common orthopedic injuries, illnesses and diseases to the body’s systems.
ATRN 3289: Upper Body Injury Evaluation Laboratory

Acute Care of Injuries and Illnesses (AC)

_Cognitive Competencies:_
AC-C22: Identify the signs and symptoms of trauma to the cervical, thoracic and lumbar spines, the spinal cord, and spinal nerve roots, including neurological signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.

_Psychomotor Competencies:_
AC-P4: Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including but not limited to:

AC-P4b: Closed-head trauma (using standard neurological tests and tests for cranial nerve function)

Orthopedic Clinical Examination and Diagnosis (DI)

_Psychomotor Competencies:_
DI-P1: Obtain a medical history of the patient that includes a previous history and a history of the present injury.

DI-P2: Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.

DI-P3: Perform inspection/observation of postural, structural, and biomechanical abnormalities.

DI-P4: Palpate the bones and soft tissues to determine normal or pathological characteristics.

DI-P5: Measure the active and passive joint range of motion using commonly accepted techniques, including the use of a goniometer and inclinometer.

DI-P6: Grade the resisted joint range of motion/manual muscle testing and break tests.

DI-P7: Apply appropriate stress tests for ligamentous or capsular stability, soft tissue and muscle, and fractures.

DI-P8: Apply appropriate special tests for injuries to the specific areas of the body as listed above.

DI-P9: Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
DI-P10: Document the results of the assessment including the diagnosis.

Medical Conditions and Disabilities (MC):

Psychomotor Competencies:
MC-P4c: Pupil response, size and shape, and ocular motor function
ATRN 3290: Lower Body Injury Evaluation

Orthopedic Clinical Examination and Diagnosis (DI)

*Cognitive Competencies:*
DI-C6: Describe common techniques and procedures for evaluating common injuries including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests.

DI-C7: Explain the relationship of injury assessment to the systematic observation of the person as a whole.

DI-C8: Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes.

DI-C9: Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.

DI-C10: Explain the roles of special tests in injury assessment.

DI-C12: Describe strength assessment using resistive range of motion, break tests, and manual muscle testing.

DI-C13: Describe the use of diagnostic tests and imaging techniques based on their applicability in the assessment of an injury when prescribed by a physician.

DI-C16: Explain medical terminology and abbreviations necessary to communicate with physicians and other health professionals

DI-C17: Describe the components of medical documentation (e.g. SOAP, HIPS and HOPS).

Pathology of Injuries and Illnesses (PA)

*Cognitive Competencies:*
PA-C5: Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and epidemiology of common orthopedic injuries, illnesses and diseases to the body’s systems.
Pathology of Injuries and Illnesses (PA)

Cognitive Competencies:
PA-C4: Identify the normal acute and chronic physiological and pathological responses (e.g., inflammation, immune response, and healing process) of the human body to trauma, hypoxia, microbiologic agents, genetic derangements, nutritional deficiencies, chemicals, drugs, and aging affecting the musculoskeletal and other organ systems, and musculoskeletal system adaptations to disuse.

Therapeutic Modalities

Cognitive Competencies:
TM-C1: Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the selection and application of therapeutic modalities used in a treatment and/or rehabilitation program.

TM-C2: Explain the principles of physics, including basic concepts associated with the electromagnetic and acoustic spectra (e.g., frequency, wavelength) associated with therapeutic modalities.

TM-C3: Explain the terminology, principles, basic concepts, and properties of electric currents as they relate to therapeutic modalities.

TM-C4: Describe contemporary pain-control theories.

TM-C5: Describe the role and function of the common pharmacological agents that are used in conjunction with therapeutic modalities

TM-C6: Explain the body's physiological responses during and following the application of therapeutic modalities.

TM-C7: Describe the electrophysics, physical properties, biophysics, patient preparation and modality set-up (parameters), indications, contraindications, and specific physiological effects associated with commonly used therapeutic modalities.

TM-C8: Identify appropriate therapeutic modalities for the treatment and rehabilitation of injuries and illness.

TM-C9: Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies to determine appropriate treatment and rehabilitation and to evaluate readiness to return to the appropriate level of activity. This includes the ability to:
TM-C9a: Describe and interpret appropriate measurement and assessment procedures as they relate to the selection and application of therapeutic modalities.

TM-C9b: Interpret objective measurement results as a basis for developing individualized therapeutic modality application and set-up (parameters).

TM-C9c: Interpret the results of injury assessment and determine an appropriate therapeutic modality program to return the patient to physical activity.

TM-C9d: Determine the appropriate therapeutic modality program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.

TM-C9e: Determine the criteria for progression and return to activity based on the level of functional outcomes.

TM-C9f: Describe appropriate methods of assessing progress when using therapeutic modalities and interpret the results.

TM-C9g: Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a treatment plan.

TM-C9h: Describe appropriate medical documentation for recording progress in a therapeutic modality program.

TM-C10: Identify manufacturer’s, institutional, state, and federal standards for the operation and safe application of therapeutic modalities.

TM-C11: Identify manufacturer’s, institutional, state and federal guidelines for the inspection and maintenance of therapeutic modalities.

Psychosocial Intervention and Referral (PS)

Cognitive Competencies:
PS-C15: Describe the psychosocial factors that affect persistent pain perception (i.e., emotional state, locus of control, psychodynamic issues, sociocultural factors, and personal values and beliefs) and identify multidisciplinary approaches for managing patients with persistent pain.
ATRN 3292: Therapeutic Modalities Laboratory

Therapeutic Modalities

*Cognitive Competencies:*
TM-C9a: Describe and interpret appropriate measurement and assessment procedures as they relate to the selection and application of therapeutic modalities.

TM-C9b: Interpret objective measurement results as a basis for developing individualized therapeutic modality application and set-up (parameters).

TM-C9c: Interpret the results of injury assessment and determine an appropriate therapeutic modality program to return the patient to physical activity.

TM-C9d: Determine the appropriate therapeutic modality program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.

TM-C9f: Describe appropriate methods of assessing progress when using therapeutic modalities and interpret the results.

TM-C9h: Describe appropriate medical documentation for recording progress in a therapeutic modality program.

*Psychomotor Competencies:*
TM-P1: Assess patient to identify indications, contraindications, and precautions applicable to the application of therapeutic modalities.

TM-P2: Obtain and interpret baseline and posttreatment objective physical measurements to evaluate and interpret results.

TM-P3: Inspect the therapeutic modalities and treatment environment for potential safety hazards.

TM-P4: Position and prepare the patient for the application of therapeutic modalities.

TM-P5: Select and apply appropriate therapeutic modalities according to evidence-based guidelines.

TM-P6: Document treatment goals, expectations, and treatment outcomes.
ATRN 3293: General Medical

Risk Management and Injury Prevention (RM)

*Cognitive Competencies:*
RM-C2: Identify and explain the risk factors associated with common congenital and acquired abnormalities, disabilities, and diseases.

RM-C6: Describe 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.

RM-C15: Describe the components for self-identification of the warning signs of cancer.

*Psychomotor Competencies:*
RM-P6.4: Assess hydration status using weight charts, urine color charts, or specific gravity measurements

Acute Care of Injuries and Illnesses (AC)

*Cognitive Competencies:*
AC-C27: Identify the signs, symptoms, possible causes, and proper management of the following:

AC-C27e: Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)

AC-C28: Identify the signs and symptoms of serious communicable diseases and describe the appropriate steps to prevent disease transmission.

AC-C29: Identify the signs, symptoms, and treatment of patients suffering from adverse reactions to environmental conditions.

Medical Conditions and Disabilities (MC)

*Cognitive Competencies:*
MC-C1: Describe and know when to refer common congenital or acquired abnormalities, physical disabilities, and diseases affecting people who engage in physical activity throughout their life span (e.g., arthritis, diabetes).

MC-C2: Understand the effects of common illnesses and diseases in physical activity.

MC-C3: Describe common techniques and procedures for evaluating common medical conditions and disabilities including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques (e.g., assessing heart, lung and bowel sounds), and neurological and circulatory tests.
MC-C4: Describe and know when to refer common eye pathologies from trauma and/or localized infection (e.g., conjunctivitis, hyphema, corneal injury, stye, scleral trauma).

MC-C5: Describe and know when refer common ear pathologies from trauma and/or localized infection (e.g., otitis, ruptured tympanic membrane, impacted cerumen).

MC-C6: Describe and know when to refer common pathologies of the mouth, sinus, oropharynx, and nasopharynx from trauma and/or localized infection (e.g., gingivitis, sinusitis, laryngitis, tonsillitis, pharyngitis).

MC-C7: Describe and know when to refer common and significant respiratory infections, thoracic trauma, and lung disorders. (e.g., influenza, pneumonia, bronchitis, rhinitis, sinusitis, upper-respiratory infection (URI), pneumothorax, hemothorax, pneumomediastinum, exercise-induced bronchospasm, exercise-induced anaphylaxis, asthma).

MC-C8: Explain the importance and proper use of a peak flowmeter or similar device in the evaluation and management of respiratory conditions.

MC-C9: Describe strategies for reducing the frequency and severity of asthma attacks.

MC-C10: Explain the possible causes of sudden death syndrome.

MC-C11: Describe and know when to refer common cardiovascular and hematological medical conditions from trauma, deformity, acquired disease, conduction disorder, and drug abuse (e.g., coronary artery disease, hypertrophic cardiomyopathy, heart murmur, mitral valve prolapse, commotion cordis, Marfan’s syndrome, peripheral embolism, hypertension, arrythmogenic right venricular dysplasia, Wolf-Parkinson-White syndrome, anemias, sickle cell anemia and sickle cell trait [including rhabdomyolysis], hemophilia, deep vein thrombosis, migraine headache, syncope).

MC-C12: Describe and know when to refer common medical conditions that affect the gastrointestinal and hepatic-biliary systems from trauma, chemical and drug irritation, local and systemic infections, psychological stress, and anatomic defects (e.g., hepatitis, pancreatitis, dyspepsia, gastroesophageal reflux, peptic ulcer, gastritis and gastroenteritis, inflammatory bowel disease, irritable bowel syndrome, appendicitis, sports hernia, hemorrhoids, splenomegaly, liver trauma).

MC-C13: Describe and know when to refer common medical conditions of the endocrine and metabolic systems from acquired disease and acute and chronic nutritional disorders (e.g., diabetes mellitus and insipidus, hypothyroidism, Cushing’s syndrome, thermoregulatory disorders, gout, osteoporosis).

MC-C14: Describe and know when to refer common medical conditions of the renal and urogenital systems from trauma, local infection, congenital and acquired disease,
nutritional imbalance, and hormone disorder (e.g., kidney stones, genital trauma, gynecomastia, monorchidism, scrotum and testicular trauma, ovarian and testicular cancer, breast cancer, testicular torsion, varicoceles, endometriosis, pregnancy and ectopic pregnancy, female athlete triad, primary amenorrhea, oligomenorrhea, dysmenorrhea, kidney laceration or contusion, cryptorchidism).

MC-C15: Describe and know when to refer common and/or contagious skin lesions from trauma, infection, stress, drug reaction, and immune responses (e.g., wounds, bacteria lesions, fungal lesions, viral lesions, bites, acne, eczema dermatitis, ringworm).

MC-C16: Describe and know when to refer common medical conditions of the immune system from infection, congenital and acquired disease, and unhealthy lifestyle. (e.g., arthritis, gout, upper respiratory tract infection [URTI], influenza, pneumonia, myocarditis, gastrointestinal infection, urinary tract infection [UTI], sexually transmitted diseases [STDs], pelvic inflammatory disease, meningitis, osteomyelitis, septic arthropathy, chronic fatigue and overtraining, infectious mononucleosis, human immunodeficiency virus (HIV) infection and AIDS, hepatitis B virus infection, allergic reaction and anaphylaxis, childhood infectious diseases [measles, mumps, chickenpox]).

MC-C17: Describe and know when to refer common neurological medical disorders from trauma, anoxia, drug toxicity, infection, and congenital malformation (e.g., concussion, postconcussion syndrome, second-impact syndrome, subdural and epidural hematoma, epilepsy, seizure, convulsion disorder, meningitis, spina bifida, cerebral palsy, chronic regional pain syndrome [CRPS], cerebral aneurysm).

MC-C18: Describe and know when to refer common psychological medical disorders from drug toxicity, physical and emotional stress, and acquired disorders (e.g., substance abuse, eating disorders/disordered eating, depression, bipolar disorder, seasonal affective disorder, anxiety disorders, somatoform disorders, personality disorders, abusive disorders, and addiction).

MC-C19: Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.

MC-C20: Describe and know when to refer common cancers (e.g., testicular, breast).

MC-C21: Describe and know when to refer common injuries or conditions of the teeth (e.g., fractures, dislocations, caries).

MC-C22: Explain the importance and proper procedures for measuring body temperature (e.g., oral, axillary, rectal).

*Psychomotor Competencies:*

MC-P1: Obtain a medical history of the patient that includes a previous history and a history of the present condition.
MC-P2: Perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin abnormalities.

MC-P3: Palpate the bones and soft tissues, including the abdomen, to determine normal or pathological characteristics.

MC-P4: Apply commonly used special tests and instruments (e.g., otoscope, stethoscope, ophthalmoscope, peak flowmeter, chemical “dipsticks” [or similar devices]) and document the results for the assessment of:

MC-P4a: Vital signs including respiration (including asthma), pulse and circulation, and blood pressure

MC-P4b: Heart, lung, and bowel sounds

MC-P4c: Pupil response, size and shape, and ocular motor function

MC-P4d: Body temperature

MC-P4e: Ear, nose, throat and teeth

MC-P4f: Urinalysis

Psychosocial Intervention and Referral (PS)

_Cognitive Competencies:_
PS-C1: Explain the psychosocial requirements (i.e., motivation and self-confidence) of various activities that relate to the readiness of the injured or ill individual to resume participation.

PS-C2: Explain the stress-response model and the psychological and emotional responses to trauma and forced inactivity.

PS-C3: Describe the motivational techniques that the athletic trainer must use during injury rehabilitation and reconditioning.

PS-C4: Describe the basic principles of mental preparation, relaxation, visualization, and desensitization techniques.

PS-C5: Describe the basic principles of general personality traits, associated trait anxiety, locus of control, and patient and social environment interactions.

PS-C6: Explain the importance of providing health care information to patients, parents/guardians, and others regarding the psychological and emotional well being of the patient.
PS-C7: Describe the roles and function of various community-based health care providers (to include, but not limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.

PS-C8: Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, their patients, and others involved in the health care of the patient.

PS-C9: Explain the basic principles of counseling (discussion, active listening, and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.

PS-C10: Identify the symptoms and clinical signs of common eating disorders and the psychological and sociocultural factors associated with these disorders.

PS-C11: Identify and describe the sociological, biological and psychological influences toward substance abuse, addictive personality traits, the commonly abused substances, the signs and symptoms associated with the abuse of these substances, and their impact on an individual’s health and physical performance.

PS-C12: Describe the basic signs and symptoms of mental disorders (psychoses), emotional disorders (neuroses, depression), or personal/social conflict (family problems, academic or emotional stress, personal assault or abuse, sexual assault, sexual harassment), the contemporary personal, school, and community health service agencies, such as community-based psychological and social support services that treat these conditions and the appropriate referral procedures for accessing these health service agencies.

PS-C13: Describe the acceptance and grieving processes that follow a catastrophic event and the need for a psychological intervention and referral plan for all parties affected by the event.

PS-C14: Explain the potential need for psychosocial intervention and referral when dealing with populations requiring special consideration (to include but not limited to those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, unilateral organs, physical and/or mental disability).
Orthopedic Clinical Examination and Diagnosis (DI)

_Psychomotor Competencies:_

DI-P1: Obtain a medical history of the patient that includes a previous history and a history of the present injury.

DI-P2: Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.

DI-P3: Perform inspection/observation of postural, structural, and biomechanical abnormalities.

DI-P4: Palpate the bones and soft tissues to determine normal or pathological characteristics.

DI-P5: Measure the active and passive joint range of motion using commonly accepted techniques, including the use of a goniometer and inclinometer.

DI-P6: Grade the resisted joint range of motion/manual muscle testing and break tests.

DI-P7: Apply appropriate stress tests for ligamentous or capsular stability, soft tissue and muscle, and fractures.

DI-P8: Apply appropriate special tests for injuries to the specific areas of the body as listed above.

DI-P9: Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.

DI-P10: Document the results of the assessment including the diagnosis.

Medical Conditions and Disabilities (MC)

_Psychomotor Competencies:_

MC-P2: Perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin abnormalities.
ATRN 3298: Therapeutic Exercise Foundations

Risk Management and Injury Prevention (RM)

*Cognitive Competencies:*
RM-C11: Explain the importance and use of standard tests, test equipment, and testing protocol for the measurement of cardiovascular and respiratory fitness, body composition, posture, flexibility, muscular strength, power, and endurance
RM-C12: Explain the components and purpose of periodization within a physical conditioning program
RM-C13: Identify and explain the various types of flexibility, strength training, and cardiovascular conditioning programs. This should include the expected effects (the body’s anatomical and physiological adaptation), safety precautions, hazards, and contraindications of each.
RM-C14: Explain the precautions and risks associated with exercise in special populations.
RM-C17: Explain the principles and concepts related to prophylactic taping, wrapping, bracing, and protective pad fabrication
RM-C18: Explain the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints. This includes, but is not limited to, evaluating or identifying the need, selecting the appropriate manufacturing material, manufacturing the orthosis or splint, and fitting the orthosis or splint.
RM-C19: Explain the basic principles and concepts of home, school, and workplace ergonomics and their relationship to the prevention of illness and injury.

*Psychomotor Competencies:*
RM-P1: Instruct the patient how to properly perform fitness tests to assess his or her physical status and readiness for physical activity. Interpret the results of these tests according to requirements established by appropriate governing agencies and/or a physician. These tests should assess:
RM-P1.1: Flexibility
RM-P1.2: Strength
RM-P1.3: Power
RM-P1.4: Muscular Endurance
RM-P1.5: Agility
RM-P1.6: Cardiovascular Endurance
RM-P1.7: Speed

Orthopedic Clinical Examination and Diagnosis (DI)

*Cognitive Competencies:*
DI-C3: Describe the physiological and psychological effects of physical activity and their impact on performance.
DI-C11: Explain the role of postural examination in injury assessment including gait analysis.
DI-C15: Describe and identify postural deformities.
Pathology of Injuries and Illnesses (PA)

*Cognitive Competencies:*
PA-C4: Identify the normal acute and chronic physiological and pathological responses (e.g., inflammation, immune response, and healing process) of the human body to trauma, hypoxia, microbiologic agents, genetic derangements, nutritional deficiencies, chemicals, drugs, and aging affecting the musculoskeletal and other organ systems, and musculoskeletal system adaptations to disuse.
PA-C6: Describe the body’s responses to physical exercise during common diseases, illnesses, and the injury.

Psychosocial Intervention and Referral

*Cognitive Competencies:*
PS-C1: Explain the psychosocial requirements (i.e., motivation and self-confidence) of various activities that relate to the readiness of the injured or ill individual to resume participation.
PS-C2: Explain the stress-response model and the psychological and emotional responses to trauma and forced inactivity.
PS-C3: Describe the motivational techniques that the athletic trainer must use during injury rehabilitation and reconditioning.
PS-C4: Describe the basic principles of mental preparation, relaxation, visualization, and desensitization techniques.
PS-C6: Explain the importance of providing health care information to patients, parents/guardians, and others regarding the psychological and emotional well being of the patient.
PS-C7: Describe the roles and function of various community-based health care providers (to include, but not limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.
PS-C8: Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, their patients, and others involved in the health care of the patient.
PS-C9: Explain the basic principles of counseling (discussion, active listening, and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.
PS-C10: Identify the symptoms and clinical signs of common eating disorders and the psychological and sociocultural factors associated with these disorders.
ATRN 3400: Athletic Training Clinical I

Risk Management and Injury Prevention

RM-CP2: Select, apply, evaluate, and modify appropriate standard protective equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient’s situation and the importance of protective devices to prevent and/or minimize injury.

RM-CP3: Demonstrate the ability to develop, implement, and communicate effective policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.

Acute Care of Injury and Illnesses

AC-CP1: Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.
Orthopedic Clinical Examination and Diagnosis (DI)

DI-CP1: Demonstrate a musculoskeletal assessment of upper extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the student will diagnose the patient’s condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient’s status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.

DI-CP1.1: Foot and Toes

DI-CP1.2: Ankle

DI-CP1.3: Lower Leg

DI-CP1.4: Knee (tibiofemoral and patellofemoral)

DI-CP1.5: Thigh

DI-CP1.6: Hip/Pelvis/Sacroiliac Joint

DI-CP1.7: Lumbar Spine

Nutritional Aspects of Injury and Illnesses (NU)

NU-CP1: Demonstrate the ability to counsel a patient in proper nutrition. This may include providing basic nutritional information and/or an exercise and nutrition program for weight gain or weight loss. The student will demonstrate the ability to take measurements and figure calculations for a weight control plan (e.g., measurement of body composition and BMI, calculation of energy expenditure, caloric intake, and BMR). Armed with basic nutritional data, the student will demonstrate the ability to develop and implement a preparticipation meal and an appropriate exercise and nutritional plan for an active individual. The student will develop an active listening relationship to effectively communicate with the patient and, as appropriate, refer the patient to other medical professionals (physician, nutritionist, counselor or psychologist) as needed.

NU-CP2: Demonstrate the ability to recognize disordered eating and eating disorders, establish a professional helping relationship with the patient, interact through support and education, and encourage vocal discussion and other support through referral to the appropriate medical professionals.
Therapeutic Modalities (TM)

TM-CP1: Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, patient set-up, and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of communication should be established to elicit and convey information about the patient’s status and the prescribed modality(s). While maintaining patient confidentiality, all aspects of the treatment plan should be documented using standardized record-keeping methods.

TM-CP1.1 Infrared Modalities

TM-CP1.2: Electrical Stimulation Modalities

TM-CP1.3: Therapeutic Ultrasound
TM-CP1.4: Mechanical Modalities

TM-CP1.5: Massage and other Manual Techniques
ATRN 4121: Pharmacology for the Physically Active

Pharmacology (PH)

Cognitive Competencies:

PH-C1: Explain the laws, regulations, and procedures that govern storing, transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).

PH-C2: Identify appropriate pharmaceutical terminology and abbreviations used in the prescription, administration, and dispensing of medications.

PH-C3: Identify information about the indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications (including herbal medications) using current pharmacy resources.

PH-C4: Explain the concepts of pharmacokinetics (absorption, distribution, metabolism, and elimination) and the suspected influence that exercise might have on these processes.

PH-C5: Explain the concepts related to bioavailability, half-life, and bioequivalence.

PH-C6: Explain the general pharmacodynamic principles as they relate to the mechanism of drug action and therapeutic effectiveness (e.g. receptor theory, dose-response relationship, potency, and drug interactions).

PH-C7: Describe the common routes used to administer medications (e.g., oral, inhalation, and injection) and their advantages and disadvantages.

PH-C8: Explain the relationship between generic or brand name pharmaceuticals.

PH-C9: Identify medications that might cause possible poisoning, and describe how to activate and follow the locally established poison control protocols.

PH-C10: Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used performance-enhancing substances.

PH-C11: Identify which therapeutic drugs and nontherapeutic substances are banned by sport and/or workplace organizations in order to properly advise patients about possible disqualification and other consequences.

Psychomotor Competencies:

PH-P1: Obtain and communicate patient education materials regarding physician-prescribed medications, over-the-counter drugs, and performance-enhancing substances using appropriate references.
PH-P2: Abide by federal, state, and local regulations for the proper storage, transportation, dispensing (administering where appropriate), and documentation of commonly used medications.

PH-P3: Activate and effectively follow locally established poison control protocols.
ATRN 4290: Therapeutic Exercise Techniques

Pathology of Injuries and Illnesses (PA)

Cognitive Competencies:
PA-C4: Identify the normal acute and chronic physiological and pathological responses (e.g., inflammation, immune response, and healing process) of the human body to trauma, hypoxia, microbiologic agents, genetic derangements, nutritional deficiencies, chemicals, drugs, and aging affecting the musculoskeletal and other organ systems, and musculoskeletal system adaptations to disuse.
PA-C6: Describe the body’s responses to physical exercise during common diseases, illnesses, and the injury.

Conditioning and Rehabilitative Exercise (EX)

Cognitive Competencies:
EX-C1: Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the development, progression and implementation of a therapeutic exercise program.
EX-C2: Describe the mechanical principles applied to the design and use of therapeutic exercise equipment and techniques (leverage, force, kinesiology and biomechanics).
EX-C3: Describe common surgical techniques, pathology, and any subsequent anatomical alterations that may affect the implementation of a therapeutic exercise program.
EX-C4: Describe the appropriate selection and application of therapeutic exercises taking the following into consideration:
EX-C4a: The physiological responses of the human body to trauma
EX-C4b: The physiological effects of inactivity and immobilization on the musculoskeletal, cardiovascular, nervous, and respiratory systems of the human body
EX-C4c: The anatomical and/or biomechanical alterations resulting from acute and chronic injury and improper mechanics
EX-C4d: The physiological adaptations induced by the various forms of therapeutic exercise, such as fast- versus slow-twitch muscle fibers
EX-C4e: The physiological responses of additional factors, such as age and disease
EX-C5: Describe the indications, contraindications, theory, and principles for the incorporation and application of various contemporary therapeutic exercise equipment and techniques, including aquatic therapy, manual therapy and mobilization.
EX-C6: Define the basic components of activity-specific rehabilitation goals, functional progressions, and functional outcomes in a therapeutic exercise program.
EX-C7: Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies in order to determine appropriate treatment and rehabilitation plans and to evaluate the readiness to return to the appropriate level of activity. This includes the ability to:
EX-C7a: Describe and interpret appropriate measurement and functional testing procedures as they relate to the selection and application of therapeutic exercise.
EX-C7b: Interpret objective measurement results (muscular strength/endurance, range of motion) as a basis for developing an individualized therapeutic exercise program.
EX-C7c: Interpret the results of a physical assessment and determine an appropriate therapeutic exercise program to return the patient to physical activity.
EX-C7d: Determine the appropriate therapeutic exercise program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
EX-C7e: Determine the criteria for progression and return to activity based on the level of functional outcomes.
EX-C7f: Describe appropriate methods of assessing progress in a therapeutic exercise program and interpret the results.
EX-C7g: Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a therapeutic exercise program.
EX-C7h: Describe appropriate medical documentation for recording progress in a therapeutic exercise program.
EX-C8: Explain the effectiveness of taping, wrapping, bracing, and other supportive/protective methods for facilitation of safe progression to advanced therapeutic exercises and functional activities.
EX-C9: Describe manufacturer’s, institutional, state and federal guidelines for the inspection and maintenance of therapeutic exercise equipment.

Psychosocial Intervention and Referral

*Cognitive Competencies:*

PS-C1: Explain the psychosocial requirements (i.e., motivation and self-confidence) of various activities that relate to the readiness of the injured or ill individual to resume participation.
PS-C2: Explain the stress-response model and the psychological and emotional responses to trauma and forced inactivity.
PS-C3: Describe the motivational techniques that the athletic trainer must use during injury rehabilitation and reconditioning.
PS-C4: Describe the basic principles of mental preparation, relaxation, visualization, and desensitization techniques.
PS-C6: Explain the importance of providing health care information to patients, parents/guardians, and others regarding the psychological and emotional well being of the patient.
PS-C7: Describe the roles and function of various community-based health care providers (to include, but not limited to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.
PS-C8: Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, their patients, and others involved in the health care of the patient.
PS-C9: Explain the basic principles of counseling (discussion, active listening, and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.
PS-C10: Identify the symptoms and clinical signs of common eating disorders and the psychological and sociocultural factors associated with these disorders.
ATRN 4291: Therapeutic Exercise Laboratory

Risk Management and Injury Prevention (RM)

Psychomotor Competencies:
RM-P2: Develop a fitness program appropriate to the patient’s needs and selected activity or activities that meet the requirements established by the appropriate governing agency and/or physician for enhancing:
RM-P2.1: Flexibility
RM-P2.2: Strength
RM-P2.3: Power
RM-P2.4: Muscular Endurance
RM-P2.5: Agility
RM-P2.6: Cardiovascular Endurance
RM-P2.7: Speed
RM-P3: Instruct a patient regarding fitness exercises and the use of weight training equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.
RM-P5: Select, fabricate, and apply appropriate preventive taping and wrapping procedures, splints, braces, and other special protective devices. Procedures and devices should be consistent with sound anatomical and biomechanical principles.

Conditioning and Rehabilitative Exercise (EX)

Cognitive Competencies:
EX-C7b: Interpret objective measurement results (muscular strength/endurance, range of motion) as a basis for developing an individualized therapeutic exercise program.
EX-C7c: Interpret the results of a physical assessment and determine an appropriate therapeutic exercise program to return the patient to physical activity.
EX-C7d: Determine the appropriate therapeutic exercise program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
EX-C7e: Determine the criteria for progression and return to activity based on the level of functional outcomes.
EX-C7f: Describe appropriate methods of assessing progress in a therapeutic exercise program and interpret the results.

Psychomotor Competencies:
EX-P1: Assess a patient to determine specific therapeutic exercise indications, contraindications, and precautions.
EX-P2: Obtain and interpret baseline and postexercise objective physical measurements to evaluate therapeutic exercise progression and interpret results.
EX-P3: Inspect therapeutic exercise equipment to ensure safe operating condition.
EX-P4: Demonstrate the appropriate application of contemporary therapeutic exercises and techniques according to evidence-based guidelines.
EX-P5: Instruct the patient in proper techniques of commonly prescribed therapeutic exercises.
EX-P6: Document rehabilitation goals, progression and functional outcomes.
EX-P7: Perform a functional assessment for safe return to physical activity.
ATRN 4292: Athletic Training Administration

Risk Management and Injury Prevention (RM)

Cognitive Competencies:
RM-C4: Identify and explain the recommended or required components of a preparticipation examination based on appropriate authorities’ rules, guidelines, and/or recommendations.

Professional Development and Responsibility (PD)

Cognitive Competencies:
PD-C1: Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.

PD-C2: Describe the process of attaining and maintaining national and state athletic training professional credentials.

PD-C3: Describe the current professional development requirements for the continuing education of athletic trainers and how to locate available, approved continuing education opportunities.

PD-C4: Describe the role and function of the governing structures of the National Athletic Trainers' Association.

PD-C5: Differentiate the essential documents of the national governing, certifying, and accrediting bodies, including, but not limited to, the Athletic Training Educational Competencies, Standards of Practice, Code of Ethics, Role Delineation Study, and the Standards for the Accreditation of Entry-Level Athletic Training Education Programs.

PD-C6: Summarize the position statements regarding the practice of athletic training.

PD-C7: Describe the role and function of the professional organizations and credentialing agencies that impact the athletic training profession.

PD-C8: Summarize the current requirements for the professional preparation of the athletic trainer.

PD-C9: Identify the objectives, scope of practice and professional activities of other health and medical organizations and professions and the roles and responsibilities of these professionals in providing services to patients.
PD-C10: Identify the issues and concerns regarding the health care of patients (e.g., public relations, third-party payment, and managed care).

PD-C11: Identify and access available educational materials and programs in health-related subject matter areas (audiovisual aids, pamphlets, newsletters, computers, software, workshops, and seminars).

PD-C12: Summarize the principles of planning and organizing workshops, seminars, and clinics in athletic training and sports medicine for health care personnel, administrators, other appropriate personnel, and the general public.

PD-C13: Describe and differentiate the types of quantitative and qualitative research and describe the components and process of scientific research (including statistical decision-making) as it relates to athletic training research.

PD-C14: Interpret the current research in athletic training and other related medical and health areas and apply the results to the daily practice of athletic training.

PD-C15: Identify the components of, and the techniques for constructing, a professional resume.

PD-C16: Summarize the history and development of the athletic training profession.

PD-C17: Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, patients, administrators, health care professionals, parents/guardians, and other appropriate personnel.

Psychomotor Competencies:

PD-P1: Collect and disseminate injury prevention and health care information to health care professionals, patients, parents/guardians, other appropriate personnel and the general public (e.g., team meetings, parents’ nights, parent/teacher organization [PTO] meetings, booster club meetings, workshops, and seminars).

PD-P2: Access by various methods the public information policy-making and governing bodies used in the guidance and regulation of the profession of athletic training (including but not limited to state regulatory boards, NATA, BOC).

PD-P3: Develop and present material (oral, pamphlet/handout, written article, or other media type) for an athletic training-related topic.

PD-P4: Develop a research project (to include but not limited to case study, clinical research project, literature review) for an athletic training-related topic.
Health Care Administration (AD)

Cognitive Competencies:
AD-C1: Describe organization and administration of preparticipation physical examinations and screening including, but not limited to, developing assessment and record-keeping forms that include the minimum recommendations from recognized health and medical organizations, scheduling of appropriate health and medical personnel, and efficient site use.

AD-C2: Identify components of a medical record (e.g., emergency information, treatment documentation, epidemiology, release of medical information, etc.), common medical record-keeping techniques and strategies, and strengths and weaknesses of each approach and the associated implications of privacy statutes (Health Insurance Portability and Accountability Act [HIPAA] and Federal Educational Rights Privacy Act [FERPA]).

AD-C3: Identify current injury/illness surveillance and reporting systems.


AD-C5: Describe duties of personnel management, including (1) recruitment and selection of employees, (2) retention of employees, (3) development of policies-and-procedures manual, (4) employment performance evaluation, 5) compliance with nondiscriminatory and unbiased employment practices.

AD-C6: Identify principles of recruiting, selecting, and employing physicians and other medical and allied health care personnel in the deployment of health care services.

AD-C7: Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the athletic trainer.

AD-C8: Identify key accrediting agencies for health care facilities (e.g., Joint Commission on Accreditation of Healthcare Organizations [JCAHO], Commission on Accreditation of Rehabilitation Facilities [CARF] and allied health education programs (e.g., Commission on Accreditation of Athletic Training Education [CAATE]) and describe their function in the preparation of health care professionals and the overall delivery of health care.

AD-C9: Identify and describe technological needs of an effective athletic training service and the commercial software and hardware that are available to meet these needs.
AD-C10: Describe the various types of health insurance models (e.g., health maintenance organization [HMO], preferred provider organization [PPO], fee-for-service, cash, and Medicare) and the common benefits and exclusions identified within these models.

AD-C11: Describe the concepts and procedures for third-party insurance reimbursement including the use of diagnostic (ICD-9-CM) and procedural (CPT) coding.

AD-C12: Explain components of the budgeting process, including purchasing, requisition, bidding, and inventory.

AD-C13: Describe basic architectural considerations that relate to the design of safe and efficient clinical practice settings and environments.

AD-C14: Describe vision and mission statements to focus service or program aspirations and strategic planning (e.g., “weaknesses, opportunities, threats and strengths underlying planning” [WOTS UP], “strengths, weaknesses, opportunities and threats” [SWOT]) to critically bring out organizational improvement.

AD-C15: Explain typical administrative policies and procedures that govern first aid and emergency care (e.g., informed consent and incident reports).

AD-C16: Identify and describe basic components of a comprehensive emergency plan for the care of acutely injured or ill patients, which include (1) emergency action plans for each setting or venue; (2) personnel education and rehearsal; (2) emergency care supplies and equipment appropriate for each venue; (3) availability of emergency care facilities; (4) communication with onsite personnel and notification of EMS; (5) the availability, capabilities, and policies of community-based emergency care facilities and community-based managed care systems; (6) transportation; (7) location of exit and evacuation routes; (8) activity or event coverage; and (9) record keeping.

AD-C17: Explain basic legal concepts as they apply to a medical or allied health care practitioner’s responsibilities (e.g., standard of care, scope of practice, liability, negligence, informed consent and confidentiality, and others).

AD-C18: Identify components of a comprehensive risk management plan that addresses the issues of security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.

AD-C19: Describe strategic processes and effective methods for promoting the profession of athletic training and those services that athletic trainers perform in a variety of practice settings (e.g., high schools and colleges, professional and industrial settings, hospitals and community-based health care facilities, etc.).

AD-C20: Differentiate the roles and responsibilities of the athletic trainer from those of other medical and allied health personnel who provide care to patients involved in
physical activity and describe the necessary communication skills for effectively interacting with these professionals.

AD-C21: Describe role and functions of various community-based medical, paramedical, and other health care providers and protocols that govern the referral of patients to these professionals.

AD- C22: Describe basic components of organizing and coordinating a drug testing and screening program, and identify the sources of current banned-drug lists published by various associations.

Psychomotor Competencies:
AD-P1: Develop risk management plans, including facility design, for safe and efficient health care facilities.

AD-P2: Develop a risk management plan that addresses issues of liability reduction; security, fire, and facility hazards; electrical and equipment safety; and emergency preparedness.

AD-P3: Develop policy and write procedures to guide the intended operation of athletic training services within a health care facility.

AD-P4: Demonstrate the ability to access medical and health care information through electronic media.

AD-P5: Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others).

AD-P6: Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members.

AD-P7: Use a comprehensive patient-file management system that incorporates both paper and electronic media for purposes of insurance records, billing, and risk management.

AD-P8: Develop operational and capital budgets based on a supply inventory and needs assessment.

Pharmacology (PH)

Cognitive Competencies:
PH-C1: Explain the laws, regulations, and procedures that govern storing, transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).
Orthopedic Clinical Examination and Diagnosis (DI)
DI-CP1: Demonstrate a musculoskeletal assessment of upper extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the student will diagnose the patient’s condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient’s status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.

DI-CP1.8: Thoracic Spine
DI-CP1.9: Ribs
DI-CP1.10: Cervical Spine
DI-CP1.11: Shoulder Girdle
DI-CP1.12: Upper Arm
DI-CP1.13: Elbow
DI-CP1.14: Forearm
DI-CP1.15: Wrist
DI-CP1.16: Hand, Fingers & Thumb
DI-CP1.17: Head and Face
DI-CP1.18: Temporomandibular Joint

Medical Conditions and Disabilities (MC)
MC-CP1: Demonstrate a general and specific (e.g., head, torso and abdomen) assessment for the purpose of (a) screening and referral of common medical conditions, (b) treating those conditions as appropriate, and (c) when appropriate, determining a patient’s readiness for physical activity. Effective lines of communication should be established to elicit and convey information about the patient’s status and the treatment program. While maintaining confidentiality, all aspects of the assessment, treatment, and determination for activity should be documented using standardized record-keeping methods.
MC-CP1.1: Derma

MC-CP1.2: Head, including the brain

MC-CP1.3: Face, including the Maxillofacial Region

MC-CP1.4: Thorax, including the heart and lungs

MC-CP1.5: Abdomen, including the abdominal organs, the renal and urogenital systems

MC-CP1.6: Eyes

MC-CP1.6: Ear, Nose, and Throat

Psychosocial Intervention and Referral (PS)

PS-CP1: Demonstrate the ability to conduct an intervention and make the appropriate referral of an individual with a suspected substance abuse or other mental health problem. Effective lines of communication should be established to elicit and convey information about the patient’s status. While maintaining patient confidentiality, all aspects of the intervention and referral should be documented using standardized record-keeping methods.

PS-CP2: Demonstrate the ability to select and integrate appropriate motivational techniques into a patient’s treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.
ATRN 4401: Athletic Training Clinical IV

Conditioning and Rehabilitative Exercise (EX)

EX-CP: Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity, lower extremity, trunk, and spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient’s status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.

EX-CP1: Program for injuries to the upper extremity

EX-CP1.1: Exercises and Techniques to Improve Joint Range of Motion
EX-CP1.2: Exercises to Improve Muscular Strength
EX-CP1.3: Exercises to Improve Muscular Endurance
EX-CP1.4: Exercises to Improve Muscular Speed
EX-CP1.5: Exercises to Improve Muscular Power
EX-CP1.6: Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP1.7: Exercises to Improve Agility
EX-CP1.8: Exercises to Improve Cardiorespiratory Endurance
EX-CP1.9: Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening

EX-CP2: Program for injuries to the lower extremity

EX-CP2.1: Exercises and Techniques to Improve Joint Range of Motion
EX-CP2.2: Exercises to Improve Muscular Strength
EX-CP2.3: Exercises to Improve Muscular Endurance
EX-CP2.4: Exercises to Improve Muscular Speed
EX-CP2.5: Exercises to Improve Muscular Power
EX-CP2.6: Exercises to Improve Balance, Neuromuscular Control, and Coordination

EX-CP2.7: Exercises to Improve Agility

EX-CP2.8: Exercises to Improve Cardiorespiratory Endurance

EX-CP2.8: Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening

EX-CP3: Program for injuries to the trunk

EX-CP3.1: Exercises and Techniques to Improve Joint Range of Motion

EX-CP3.2: Exercises to Improve Muscular Strength

EX-CP3.3: Exercises to Improve Muscular Endurance

EX-CP3.4: Exercises to Improve Muscular Speed

EX-CP3.5: Exercises to Improve Muscular Power

EX-CP3.6: Exercises to Improve Balance, Neuromuscular Control, and Coordination

EX-CP3.7: Exercises to Improve Agility

EX-CP3.8: Exercises to Improve Cardiorespiratory Endurance

EX-CP3.9: Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening

EX-CP4: Program for injuries to the spine

EX-CP4.1: Exercises and Techniques to Improve Joint Range of Motion

EX-CP4.2: Exercises to Improve Muscular Strength

EX-CP4.3: Exercises to Improve Muscular Endurance

EX-CP4.4: Exercises to Improve Muscular Speed

EX-CP4.5: Exercises to Improve Muscular Power

EX-CP4.6: Exercises to Improve Balance, Neuromuscular Control, and Coordination

EX-CP4.7: Exercises to Improve Agility
EX-CP4.8: Exercises to Improve Cardiorespiratory Endurance

EX-CP4.9: Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening

Psychosocial Intervention and Referral (PS)

PS-CP2: Demonstrate the ability to select and integrate appropriate motivational techniques into a patient’s treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.

Risk Management and Injury Prevention

RM-CP1: Plan, implement, evaluate, and modify a fitness program specific to the physical status of the patient. This will include instructing the patient in proper performance of the activities and the warning signs and symptoms of potential injury that may be sustained. Effective lines of communication shall be established to elicit and convey information about the patient’s status and the prescribed program. While maintaining patient confidentiality, all aspects of the fitness program shall be documented using standardized record-keeping methods.

RM-CP2: Select, apply, evaluate, and modify appropriate standard protective equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient’s situation and the importance of protective devices to prevent and/or minimize injury.