

Minot State University
Athletic Training Program
Handbook

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Description of the Institution

Minot State University is the third largest university in the North Dakota University System. Minot State University is located in Minot, a city of over 46,000 residents. Minot State University is located in the north central region of North Dakota. Minot State University draws its' student population from all over the nation and has a large population of Canadian students. Minot's trade and commerce is comprised of the urban residents, the Minot Air Force Base located 12 miles north of the city, and the rural residents of the region.

Minot State University resides on 102 acres of land that provide ample opportunities for student interaction and an inviting atmosphere. The campus is comprised of over 20 buildings for student living, learning, and life. The University's seven classroom buildings are centrally located between the five residence halls, the library and the arts and athletic venues. Minot State University employs over 400 people to accommodate student life. The campus organization provides students with a campus life that is student-centered and well rounded.

The Department of Teacher Education and Kinesiology is looking to seize the opportunity to enhance its programming by offering an Athletic Training Program. Students who wish to become certified athletic trainers must take the national certification examination offered by the Board of Certification. The Board of Certification requires that exam candidates graduate from an education program that is accredited by The Commission on Accreditation of Athletic Training Education. Minot State University was accredited the CAATE in 2012. The Athletic Training Program allows students that attend Minot State University the opportunity to major in athletic training.

Description of the Teacher Education and Kinesiology Program

The Teacher Education and Kinesiology Department offers degrees in physical education, corporate fitness, and athletic training. The National Athletic Trainers' Association states that students are to be educated in the following areas human anatomy, human physiology, exercise physiology, kinesiology/biomechanics, nutrition, statistics and research design, strength training and reconditioning, acute care of injury and illness, risk management and injury/illness prevention, pathology of injury/illness, assessment of injury/illness, general medical conditions and disabilities, therapeutic modalities, therapeutic exercise and rehabilitation, health care administration, weight management and body composition, psychosocial interventions and referral, medical ethics and legal issues, pharmacology, and professional development and responsibilities. The Athletic Training major's curriculum is responsible for providing classroom instruction, clinical education, and tracking of students' progress using an outcomes-based approach. Minot State University also has a close relationship with community schools and businesses that lend ample opportunities for students to have real world work experience. The Kinesiology Program has 5 full time tenure tract faculty that have diverse backgrounds in strength and conditioning, athletic training, physical education, business and industry.

Description of the Students

The learner population at Minot State University is made up of North Dakota residence, military personnel or military dependents, and non-residents from numerous states and countries. The diverse population of students enhances the educational opportunity for students at Minot State University.

Description of the Program

The Athletic Training Program offers an undergraduate major for athletic training at Minot State University. The athletic training program will require 120 credits within the major including the student's general education courses. The courses are aligned with the Commission on Accreditation of Athletic Training Education standards and the Athletic Training Educational Competencies set forth by the National Athletic Trainers' Association.

Program Mission and Goals

The Minot State University Athletic Training Program's mission is to provide students with an educational experience that will allow them to successfully complete the Board of Certification, Inc. exam. The Mission of the Athletic Training Program at Minot State University incorporates the University mission to advance knowledge, as well as the critical and creative thinking skills of the Athletic Training Majors.

Minot State University Athletic Training Program Goals

1. To provide a comprehensive Athletic Training Program that will allow students to successfully complete the Board of Certification, Inc. exam.
2. To prepare competent Athletic Trainers who are involved in acting and reflecting on the athletic training educational competencies and content knowledge that they have acquired.
3. To educate students on the National Athletic Trainers' Association's Code of Ethics.
4. To provide students with the clinical and sideline skills required to successfully performing the duties of an Athletic Trainer.

Student Agreement Statement

I, _____ (Student's Name), agree to abide by the National Athletic Trainers' Code of Ethics and to present myself in a professional manner while I am in the Athletic Trainers Program at Minot State University. I understand that I am representing Minot State University's Athletic Training Program and the Athletic Training Profession while I am attending events, practices, clinical experiences, conferences, and other educational/competition settings. I understand the policies and procedures set forth by the Athletic Training Program and I by signing this form agree to the program policies and procedures. I understand that not abiding by the NATA Code of Ethics, the policies and procedures of the Athletic Trainer's Program at Minot State University, or acting in a manner that reflects badly on Minot State University or the profession of Athletic Training may result in disciplinary action.

(Printed name of student)

(Signature of Student)

(Date XX-XX-XXX)

Section One: Academic Requirements

Program Admission Prerequisites and Procedures

Immunization Requirements

Transfer Student Policy

Professional Rescuer CPR/AED Training

OSHA/Blood borne Pathogens Training

Significant Infectious Diseases Policy

Technical Standards for Admission

Travel Policy

Clinical Supervision Policy

Program Requirements

Academic Curriculum

Clinical Education

Responsibilities of the Student Mentors

Program Admission Prerequisites and Procedures

Student Application for Program Admission Information

Students interested in the Athletic Training Major should meet with the Athletic Training Program Director and enroll in ATR 128 Introduction to Athletic Training Course in the Fall Semester. In Addition students should enroll in ATR 208, and BIOL 220 during their first year of course work. Prospective students enrolled in the ATR 128 Introduction to Athletic Training Course will be required to keep a journal that will be utilized for selection materials for the program. The journal is a reflection documentation of the observation hours spent in contact with an athletic trainer. The journal will contain information regarding the type of observation, the dates of observation, the times of the observation, signatures of the athletic trainer for the observed dates, and a reflection on what occurred during the observations.

The applicants will be ranked according to the information that was submitted in the Application Packet in the following manner.

1. ATR 128 Course Journal - 10 pts
2. Grade Point Average - 20 pts

20 pts. 3.81-4.0	12 pts. 2.74-2.60
19 pts. 3.65-3.80	11 pts. 2.59-2.50
18 pts. 3.49-3.64	10 pts. 2.49-2.0
17 pts. 3.33- 3.48	0 pts. less than 2.0
16 pts. 3.17 - 3.32	
15 pts. 3.01 - 3.16	
14 pts. 3.00-2.81	
13 pts. 2.80-2.75	
3. Proof of First Aid/CPR Certification for the Professional Rescuer or Enrollment in KIN 210 Prior to first clinical experience
4. Immunization Documentation 5 pts
5. Recommendations - 10 pts
6. Written Goal Statement - 10 pts
7. Technical Standards - 10 pts
8. Interview - 10 pts
9. Criminal Background Clearance

Applicants who submit the application requirements (1-7 above) and obtain a minimum of 42 points out of the 65 points will be granted an interview with the Athletic Training Program Selection Committee (ATPSC), the ATPSC may grant interviews upon their discretion if the 42/65 points are not met if the committee has a majority consensus on this topic. The ATPSC may elect to conditionally admit a student to the ATP. Any student conditionally admitted to the ATP will receive written notification on the stipulations for the conditional admittance with instructions on what needs to be done to become fully admitted to the ATP. Students will be expected to act and dress for a professional interview. All interviewed applicants will be ranked according to their cumulative scores on items 1-8 above. Applicants must complete an FBI and North Dakota Bureau of Criminal Investigation (BCI) criminal background check. Refer to the section titled *Criminal Background Check* for further information regarding the background investigation. Background investigations take on average 4-5 weeks to be returned and therefor

will be handed in after the admission notifications have been received by the students with the dates for criminal background check paperwork to be returned to the program director stated in the admissions letter. Students will be tentatively admitted pending the Criminal Background Investigation results and given that the grade verification at the end of the semester meets the course grade/ grade point average requirements. The student's tentative admission status will become full admission status based upon background investigation results and grade verification at the beginning of the next semester. Up to ten students will be admitted each spring semester. The ATPSC has the authority to increase or decrease the number of applicants admitted based on the number of preceptors available and the current enrollment in the Athletic Training Program. After the top ten applicants are ranked the remaining applicants will be listed as "alternates" for the current semester. If for some reason one of the top ten ranked applicants does not take their position, the ATPSC may offer admission to the highest ranked student from the alternate list. Students will receive a letter regarding the admittance decision within 4 weeks after the interview process.

The application deadline is November 1st of each year.

Program Admission Prerequisites and Procedures

Prior to admission students must complete and meet course admission and prerequisites. Students are required to submit proof of immunization with the course admission packet to the Director of the Athletic Training Program. Student who choose not to take HBV immunizations need to provide in writing that they have chosen to decline HBV Immunization (by signing a declination statement). At the current time there are no immunizations for hepatitis C and HIV. Students will be compliant with the influenza immunization policies of the agencies where attending clinical. All students who decline a flu shot will sign a declination form which will be kept on file in the ATP office. If a student declines vaccinations, they will be required to be compliant with the policies of the clinical sites non-vaccinated health care provider policy. Prior to beginning clinical experiences students must comply with TB testing policies of the agencies where attending their clinical experience. The medical examination form must be completed prior to student's admission to the program and turned in to the Program Director of the Athletic Training Program. Passing of the medical examination does not ensure acceptance into the program.

Immunization Requirements

“Definition and Procedure: For the purpose of this policy, significant infectious diseases are defined as bloodborne pathogens and reportable communicable diseases (for example: influenza, meningitis, tuberculosis, mumps). Minot State University will follow the policies and recommendations of the Centers for Disease Control of the U.S. Public Health Service and the North Dakota State Health Department and will work in cooperation with local health authorities to prevent the spread of significant infectious diseases and will promote, through education, the prevention of such diseases.” (MSU Faculty Handbook Section F, IV). In addition, Athletic Training Program students are required to submit proof of HBV immunization to the Student Health Center and then provide documentation on the Athletic Training Program Student Immunization Form to the Athletic Training Program Director. Student who choose not to take HBV or Influenza immunizations need to provide in writing that they have chosen to decline immunizations (by signing a declination statement turned in to the Athletic Training Program

Director). Students will submit an Athletic Training Program Student Immunization form to the Athletic Training Program Director.

Immunization Requirements for admission to Minot State University:

The following information taken from <http://www.minotstateu.edu/health/immunization.shtml>, retrieved on September 28th, 2016. North Dakota State Board of Higher Education requires verification of two (2) measles, mumps, and rubella (MMR) immunizations or immune titers for **ALL** students born after 12/31/56.

Effective fall 2012, newly admitted students ages 21 and under residing in MSU campus housing must provide documentation of immunity against meningococcal disease with evidence of at least one dose of meningococcal conjugate vaccine after age 16.

Official documentation must be submitted to the Student Health Center. **SOURCES** of immunization records may be obtained from your physician, public health clinic, high school, college, or military records.

If you have had a MMR titer, the Student Health Center will need the official documentation of the three titers and the results of the Lab work. If you do not have documentation of immunity to any or all of these diseases, you will be required to have either a blood test to measure your immunity (called a titer), and/or have the immunizations. You can be immunized at your local public health or private health care provider. These vaccines can be obtained at the Student Health Center and the cost charged to your student account at the business office. A hold will be placed on the registration process of non-compliant students attempting to register for their next term at MSU.

Exemptions:

According to the NDUS policy, students enrolled only in distance learning courses, courses taught off campus, continuing education or noncredit courses, and students in attendance at camps, workshops or programs and classes delivered under contract to a third party are exempt from this policy. Campuses shall grant additional exemptions upon application to and approval by the authorized institution official, under established campus procedures, when: (a) immunization is contraindicated by illness, pregnancy, allergies, or other medical condition certified by a licensed physician; (b) the student has had one immunization and agrees to have a second one no less than one month later; or (c) the student's beliefs preclude participation in an immunization program.

Tuberculosis:

All incoming students are requested to complete the TB screening documentation form and forward to the Student Health Center prior to registration. Depending on your screening Minot State University may require that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. Athletic training students will be compliant with the TB policies of the agencies where attending clinical. Athletic training students complete their clinical experiences with athletic trainers employed by Trinity Health and therefore students must follow the Trinity Health Policy of TB testing. TB testing must be completed prior to contact with patients/ athletes in a clinical setting and therefore must be completed prior to students return to complete clinical hours for fall practices with proper documentation submitted to the Student Health Center.

In addition, as per the <http://catalog.minotstateu.edu/graduate/admission-requirements/> website: Students ages 21 and younger residing in campus housing must provide documentation

of immunity against meningococcal disease, as required by the State Board of Higher Education. The **meningitis** immunization must be received within 5 years of enrollment.

Registration Holds:

The University can disallow you to register for the next term's classes for a variety of reasons - e.g., failure to pay fees or to comply with a University requirement. The process of disallowing you to register for classes is called "a hold." The specific department responsible for monitoring compliance with the policies it enforces determines whether a hold is appropriate. A student may therefore have holds placed by multiple departments if he/she is non-compliant in more than one area. Fortunately, holds can be removed quickly once you have documented that you are in compliance.

The SHC is responsible for monitoring student compliance with health policies. If you fail to provide SHC with documentation of required immunizations before the designated pre-registration period for next term's classes, the SHC will enter a code into the People Soft System that will prevent you from registering. The computer will inform you that you have a hold placed by the SHC. Should this happen to you, call the Student Health Center at 858-3371, or come directly to the SHC to find out why we have placed the hold and what you must do to have it removed.

Hepatitis B

Prior to admission students must complete and meet course admission and prerequisites. Students are required to submit proof of immunization with the course admission packet to the Director of the Athletic Training Program. Student who choose not to take HBV immunizations need to provide in writing that they have chosen to decline HBV Immunization (by signing a declination statement). At the current time there are no immunizations for hepatitis C and HIV.

Influenza

“CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers get vaccinated annually against influenza.” Retrieved from

<http://www.cdc.gov/flu/healthcareworkers.htm>, September 28, 2016. Student who choose not to take influenza vaccination need to provide in writing that they have chosen to decline Influenza vaccination (by signing a declination statement). Influenza Immunization annually per CDC recommendations. Students will be compliant with the influenza immunization policies of the agencies where attending clinical. All students who decline a flu shot will sign a declination form which will be kept on file in the ATP office. If students decline the influenza vaccination they will be required to be compliant with the policies of the clinical sites non- vaccinated health care provider policy.

Records

- a. Immunizations, tuberculin and titer records should be mailed or taken directly to the office of the MSU Student Health Center.
- b. Immunization/TB and titer test records are maintained in the office of the MSU Student Health Center.
- c. Students and Faculty will be informed of deficiencies by the MSU Student Health Center.
- d. Additional forms/statements required by cooperating agencies will be submitted to that agency.

Athletic training students who are exhibiting any signs or symptoms of communicable/ infectious disease (body aches, diarrhea, vomiting, fever, chills, any specific signs/symptoms from above listed communicable diseases, from ect.) are to consider the implications of attending classes, clinical experiences and activities to themselves and those around them prior to attendance. If an athletic training student is exhibiting any signs or symptoms of communicable/ infectious disease they are to seek medical attention at the cost of the student. The student is responsible for obtaining a medical release from a medical professional prior to returning to the clinical setting.

Bloodborne pathogen training is conducted on a yearly basis to assist in limiting the incidents of exposure to athletic training students through the use of proper bloodborne pathogen protocols. However, there exists a risk in the health care setting of exposure to a bloodborne pathogen. Students with blood and body fluid exposures are to follow the clinical settings agency protocol. The cost will be the responsibility of the student. MSU Protocol is at on page 75 of this handbook. The cost will be the responsibility of the student.

Transfer Student Policy

Students considering a transfer to Minot State University may request an unofficial transcript review by contacting the Registrar's Office at 701-858-3345. Students transferring to Minot State University must request that an official college or university transcript be sent to Minot State University Enrollment Services or Minot State Universities Registrar's Office for evaluation at crystal.michels@minotstateu.edu. Students should also submit an official transcript to the Athletic Training Program Director for review of program specific courses to determine eligibility for application to the Athletic Training Program (ATP). Transfer students will need to apply for admission to Minot State University and complete the admissions requirements. Transfer students are required to meet the same requirements for admission to the ATP as students applying that are enrolled at Minot State University (see Athletic Training Program Application Checklist). Transfer students are required to go through the process for application for admission to the Athletic Training Program, as are all new students, acceptance of courses does not mean that a student will automatically be admitted to the Athletic Training Program. Transfer students will be required to take all Athletic Training Program specific course work at Minot State University. Students may be able to transfer in the following course work contingent upon syllabus and course catalog audits: BIOL 220 Anatomy and Physiology I, BIOL 221 Anatomy and Physiology II, PHYS, and CHEM (determined by registrars office for general education requirements and Program Director for ATP requirements).

The Transfer Process

- Apply for admission, pay \$35 application fee and complete the admissions requirements.
- Submit your official transcript(s) and review your Transcript Credit Summary Report to see how courses were transferred. You may also see Transfer Credit Guidelines to see course equivalents, how courses are approved and how courses will be reviewed.
- Participate in orientation. All transfer students are required to participate in new student orientation.
- Enroll in classes, get your student ID, arrange your housing and purchase your parking pass.

Request an Unofficial Transfer Credit Evaluation

Students who are considering transferring to MSU may request an unofficial transfer review. To make a request, please call the Registrar's Office at 858-3345. The request will be held for 30 days until an unofficial transcript is received by mail or fax (858-3386) to the Registrar's Office.

Professional Rescuer CPR/AED Training

Students may obtain Professional Rescuer CPR/AED Training through KIN 210 or may elect to become certified through the Red Cross or American Heart Association. Students are required to have this training prior to clinical experiences and must maintain certification throughout the entire program. Proof of CPR/AED professional rescuer training will be housed with the Director of the Athletic Training Program; the Clinical Education Coordinator, and must be handed in prior to the beginning of the clinical experience for the semester.

OSHA/Bloodborne Pathogens Training

OSHA/Blood borne pathogen training will be completed on a yearly basis. Proof of OSHA/Blood borne pathogen training will be kept on file with the Director of Athletic Training Program or CEC's Office. The proof will contain, date, time, names of those attended; place training took place, the organization offering the training, and the credentials of the individual/s providing the training or the BBP card.

Significant Infectious Diseases Policy

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If you have had a MMR titer, the Student Health Center will need the official documentation of the three titers and the results of the Lab work. If you do not have documentation of immunity to any or all of these diseases, you will be required to have either a blood test to measure your immunity (called a titer), and/or have the immunizations. You can be immunized at your local public health or private health care provider. These vaccines can be obtained at the Student Health Center and the cost charged to your student account at the business office. A hold will be placed on the registration process of non-compliant students attempting to register for their next term at MSU.

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camps, workshops or programs and classes delivered under contract to a third party are exempt from this policy. Campuses shall grant additional exemptions upon application to and approval by the authorized institution official, under established campus procedures, when: (a) immunization is contraindicated by illness, pregnancy, allergies, or other medical condition certified by a licensed physician; (b) the student has had one immunization and agrees to have a second one no less than one month later; or (c) the student's beliefs preclude participation in an immunization program.

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In addition, as per the <http://catalog.minotstateu.edu/graduate/admission-requirements/> website: Students ages 21 and younger residing in campus housing must provide documentation of immunity against meningococcal disease, as required by the State Board of Higher Education. The **meningitis** immunization must be received within 5 years of enrollment.

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If students decline vaccinations, they will be required to be compliant with the policies of the clinical sites non-vaccinated health care provider policy.

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- b. Immunization/TB and titer test records are maintained in the office of the MSU Student Health Center.
- c. Students and Faculty will be informed of deficiencies by the MSU Student Health Center.
- d. Additional forms/statements required by cooperating agencies will be submitted to that agency.

Athletic training students who are exhibiting any signs or symptoms of communicable/infectious disease (body aches, diarrhea, vomiting, fever, chills, any specific signs/symptoms from above listed communicable diseases, from ect.) are to consider the implications of attending classes, clinical experiences and activities to themselves and those around them prior to attendance. If an athletic training student is exhibiting any signs or symptoms of communicable/ infectious disease they are to seek medical attention at the cost of the student. The student is responsible for obtaining a medical release from a medical professional prior to returning to the clinical setting.

Bloodborne pathogen training is conducted on a yearly basis to assist in limiting the incidents of exposure to athletic training students through the use of proper bloodborne pathogen protocols. However, there exists a risk in the health care setting of exposure to a bloodborne pathogen. Students with blood and body fluid exposures are to follow the clinical settings agency protocol. The cost will be the responsibility of the student. MSU Protocol is at on page 75 of this handbook. The cost will be the responsibility of the student.

Expenses

Students will be required to pay a \$250 fee that it is assessed each semester of the academic year that the student is enrolled in courses including the summer semester regardless if KIN/ATR courses are taken or not. The program fee helps to offset the costs of professional clothing for the program (1 Polo and 2 t-shirts), name tags for identification, a sports medicine kit, a Ther Ex Notes Clinical Pocket Guide, a Sports Notes Clinical Pocket

Guide, student membership fees for NATA and NDATA, ATRACK fees, ACES training workshop for seniors, annual recertification in First Aid and CPR, expendable supplies, teaching lab equipment purchasing and upkeep, software licensing related to labs and fieldwork, etc. There are additional fees related to student travel to clinical sites, supplies, professional certifications, books, and exams as explained in the other expenses category. Other expenses may be found on the program and institution websites.

TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Program at Minot State University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to and enrolled in the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program or be allowed to remain enrolled in, or to graduate from the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the certification exam.

Candidates to be admitted or to maintain enrollment in the Athletic Training Program the must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments, and to be able to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record physical examination results and treatment plans clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.

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

Candidates for selection to the Athletic Training Program are required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

If a student's ability to meet the standards changes while enrolled in the program, as deemed so by the program director, a hearing with the student, program director, additional faculty member, and a representative from the Office Of Disability Services will be held to determine the best course of action.

The *Minot State University Office of Disability Services, Lura Manor-South lower level or 858-3371*, will coordinate medical documentation and evaluation of a student who states he/she could meet the program's technical standards with accommodation. The student must provide appropriate documentation of a qualified disability and properly request a reasonable accommodation pursuant to applicable laws. If the stated condition is a qualified disability, the University will confer with the student and appropriate medical professionals to identify possible reasonable accommodations and determine whether the student can meet the technical standards with a reasonable accommodation. The accommodation shall not jeopardize clinician/patient safety, or the educational process of the student or the University, including all coursework, clinical experiences and internships deemed essential to graduation.

Students are asked to certify that they have read and understand the technical standards for admission listed above, and that they believe to the best of their knowledge that they meet each of these standards without accommodation. Students also verify that understand that if they are unable to meet these standards that they will not be admitted or be allowed to remain enrolled in the program. Students may also certify that through an alternative statement they request reasonable accommodations to assist them in meeting the technical standards. The statement students certify is as follows:

I certify that I have read and understand the technical standards for admission listed above, and I believe to the best of my knowledge that I can meet each of these standards with a reasonable accommodation. I will contact the Minot State University Office of Disability Services, Lura Manor-South lower level or 858-3371, to document my disability, and request and identify reasonable accommodations. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted or allowed to remain enrolled in the program.

Travel Policy

Athletic training students are not allowed to travel with teams unless they are traveling with their preceptor and must adhere to the clinical supervision policy. Athletic training students must be under direct supervision by the preceptor while traveling with teams.

Clinical Supervision Policy

During the student's clinical rotations, students are not permitted to practice any technique on a patient that has not been approved by the preceptor and will only be allowed after students have shown competency in the skill. Direct supervision is required for all clinical experiences. Direct supervision means that the preceptor must be in sight and sound of the athletic training student who is interacting with an athlete, and the preceptor must be able to intervene when necessary for the well-being of the athlete.

Program Requirements

The Athletic Training Program offers an undergraduate major at Minot State University. The athletic training program requires 120 credits within the major including the student's general education courses. The courses are aligned with the Commission on Accreditation of Athletic Training Education standards and the Athletic Training Educational Competencies set forth by the National Athletic Trainers' Association. Course descriptions are taken from the Minot State University online catalog.

Academic Curriculum

“ENGL 110 College Composition I 3 cr. (GE1) Guided practice in college-level reading, writing, and critical thinking. Emphasis on writing processes, and on approaches to critical reading. Does not apply toward the English major/minor.

ENGL 120 College Composition II 3 cr. (GE1) Advanced practice in college-level writing from sources and in applying rhetorical strategies. Emphasis on rhetorical strategies and incorporating research in academic writing. Does not apply toward the English major/minor. Prerequisite: ENGL 110. (January 24, 2008
http://www.minotstateu.edu/catalog_u/cd_02.shtml#16.)”

BIOL 220 Anatomy and Physiology I 4 cr. Structure and function of the human body dealing with the chemical, cellular, and tissue levels of organization and integumentary, skeletal, muscular, and nervous systems. Lecture, 3 hours; laboratory, 2 hours.

BIOL 221 Anatomy and Physiology II 4 cr. Structure and function of the human body dealing with the digestive, cardiovascular, respiratory, lymphatic, endocrine, reproductive, and urinary systems; special senses and metabolism, fluid and electrolyte, and acid-base balance; metabolism and energetics. Lecture, 3 hours; laboratory, 2 hours. Prerequisite: BIOL 220.

COMM 110 Fundamentals of Public Speaking 3 cr. (GE1) The theory and practice of public speaking with emphasis on topic selection, content, organization of material, language, methods of securing attention and maintaining interest, delivery and critical evaluation of informative and persuasive messages. May not be used as part of communication arts major, minor, or concentration.)

CHEM 115/115L Introductory Chemistry 4 cr. (GE6) Presents knowledge of concepts of chemical principles in greater depth and with more mathematical applications than in CHEM 110. Includes studies of general inorganic principles. Lecture, 3 hours; laboratory, 2 hours. Corequisite: MATH 102 or 103. (January 24, 2008
http://www.minotstateu.edu/catalog_u/cd_01.shtml#04.)”

Clinical Experiences: The Clinical Experiences at Minot State University are designed to integrate students’ knowledge learned in the classroom with the application of clinical skills learned in the clinical experience. The Clinical Experience courses list the courses that students should have had prior to enrollment of the clinical experience, although some students may have taken the courses at a different semester. The CAATE proficiencies are embedded within the clinical courses to allow for the evaluation of the proficiencies by Preceptors. During the student’s clinical rotations, students are not permitted to practice any technique on a patient that has not been approved by the Preceptor; only after students have shown competency in the skill will they be allowed to perform the skill.

ATR 129 Athletic Training Clinical I (1) Students will be assigned to clinical rotations during this clinical course. The competencies and clinical integrated proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The emphasis this clinical course include the content areas of acute care of injury and illness, Clinical evaluation of basic injuries, prevention and health promotion which includes risk management/ prevention, basic healthcare administration, basic psychosocial skills/ knowledge, professional development and responsibility and to a limited extent nutrition. Evidence based practice is embed throughout the entire curriculum. Students in the ATR 129 clinical experience will have prior experience in ATR 208 Taping and Bracing, ATR 128 Intro to Athletic Training, Biology 220 Anatomy and Physiology, and KIN 210 First Aid and CPR to build on. Students will be enrolled in ATR 207 Prevention and Care of Injuries at the time of this clinical evaluation and will be adding to the knowledge base of their injury assessment skills. Prerequisite courses: ATR 128 Intro to Athletic Training, CPR Certification, and admission to Athletic Training Program

ATR 223 Athletic Training Clinical V II (1) Students will be assigned to clinical rotations during this clinical course. Students in the ATR 223 Clinical Experience will have prior experience in KIN 431 Kinesiology, ATR 206 Medical Conditions, and ATR 410 Advanced Athletic Injuries and Modalities, in addition to the courses listed in the ATR 129 Clinical Experience. The competencies and clinical integrated proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The emphasis this clinical course include the content areas of clinical evaluation of medical conditions and injuries, prevention and health promotion, which includes risk management/ prevention, basic healthcare administration, therapeutic intervention including pharmacology and modalities. Evidence based practice is embed throughout the entire curriculum. Prerequisite courses: KIN 431 Kinesiology, ATR 206 Medical Conditions, ATR 410 Advanced Athletic Injuries, and ATR 129 Athletic Training Clinical I

ATR 323 Athletic Training Clinical III (2) Students will be assigned to clinical rotations during this clinical course. Students in the ATR 323 Clinical Experience will have taken

ATR 270 Upper and Lower Extremity Evaluation in addition to the required courses for ATR 129 and ATR 223 Athletic Training Clinical courses. The competencies and clinical integrated proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The emphasis this clinical course include the content areas of clinical evaluation of medical conditions, injuries with experience in evaluation of upper and lower extremity injuries, prevention and health promotion, which includes risk management/ prevention/ nutrition, basic healthcare administration, and psychosocial intervention. Evidence based practice is embed throughout the entire curriculum. Prerequisite courses: ATR 270 Upper and Lower Extremity Evaluation and ATR 223 Athletic Training Clinical II

ATR 324 Athletic Training Clinical IV (2) Students will be assigned to clinical rotations during this clinical course. Students in the ATR 324 Clinical will have taken ATR 307 Head, Neck, and Spine Evaluation in addition to the required courses for ATR 129, ATR 223, and ATR 323 Athletic Training Clinical courses. The competencies and clinical integrated proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The emphasis this clinical course include the content areas of clinical evaluation of medical conditions, injuries with experience in evaluation of injuries to upper extremity, lower extremity, head, neck, spine, in addition to the evaluation skills students remain to be active in their implementation of therapeutic modalities through the practice of treating the entire patient and with clinical integration of skills and knowledge. Evidence based practice is a focus in this clinical with evidence based practice performing a literature search on topics of prevention and health promotion (which includes risk management/ prevention/ nutrition) and psychosocial intervention. Prerequisite courses: ATR 323 Athletic Training Clinical III and ATR 307 Head, Neck, and Spine Evaluation.

ATR 423 Athletic Training Clinical V (2) Students will be assigned to clinical rotations during this clinical course. Students in the ATR 423 Clinical will have taken ATR 308 Biomechanics and ATR 304 Therapeutic Exercise in addition to the required courses for ATR 129, ATR 223, ATR 323, and ATR 324. The competencies and clinical integrated proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The emphasis this clinical course include the content areas of clinical evaluation of injuries with experience in clinical evaluation and acute care of medical conditions and injuries to upper extremity, lower extremity, head, neck, spine, in addition to the evaluation skills students remain to be active in their implementation of therapeutic modalities as well as therapeutic exercise skills through the practice of treating the entire patient with clinical integration of skills and knowledge learned throughout the program. Prevention and health promotion continues to be a theme in ATR 423, which includes risk management and prevention of injuries, nutrition. In addition to the courses listed students will also have the courses listed in the ATR 129, 223, 323, and 324 Athletic Training Clinical courses. Prerequisite courses: ATR 308 Biomechanics and ATR 304 Therapeutic Exercise. and ATR 324 Athletic Training Clinical IV

ATR 424 Athletic Training Clinical Course VI (2) Students will be assigned to clinical rotations during this clinical course. Students in the ATR 424 Clinical will have taken ATR 420 Athletic Training Management in addition to the required courses for ATR 129, ATR 223, ATR 323, ATR 324, and ATR 423. The competencies and clinical integrated

proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The theme for this clinical course is embedded in the acute care of injuries and illness and the use of clinical integration proficiencies from student content throughout their program that ensure students have the skill set and knowledge to become successful entry-level athletic trainers. In addition to the courses listed students will also have the courses listed in the ATR 129, 223, 323, 324, and 424 Athletic Training Clinical Courses. Prerequisite courses: ATR 420 Athletic Training Management and ATR 423 AT Clinical V

ATR 425 Capstone (1) The capstone course is a course designated to allow students to show case their knowledge and research skills that they have learned while in the program. The theme for this course is professional development and responsibilities. The course format is a two part format with one portion of the course is devoted to allowing students to be active in creating evidence based medicine through a research project or presentation of a comprehensive literature review and the other portion devoted to preparing the athletic training student for the certification exam. The semester will start out with an introduction of the expectations for research presentations. Students will select a research topic that provides an opportunity for scholarly work. The topics will be selected by the students at the onset of the semester to allow ample opportunities for obtaining information for a presentation. The Capstone presentations will be presented in an open forum format or presented at the North Dakota Athletic Trainer's Association's annual meeting. The next portion of the course will provide students with study techniques and practice exams to prepare them for the BOC, Inc. certification exam. Instructors, prior students, and outside guests will be invited to speak to the students on athletic training topics. Prerequisite: Senior Level Status and ATR 423 Athletic Training Clinical.

History (3)

HMS 215 Principles of Pharmacology 3 cr. Provides a survey of all major drug groups as they apply to providing safe, therapeutic client care.

HMS 243 Pathophysiology 3 cr. Provide fundamental knowledge of the structural and functional changes caused by disease and alterations in body function. Emphasis is placed on understanding changes and responses that produce signs and symptoms in common health problems. Prerequisites: BIOL 220 and BIOL 221.

ATR 207 Prevention and Care of Injuries 2 cr. Provides a basic understanding of common injuries. Focus will be on the evaluation and course of treatment of the injuries presented.

ATR 208 Taping and Bracing 2 cr. This course is designed to provide students with a basic knowledge of applying tape or braces to the appropriate injuries. Students have the opportunity to develop decision-making skills regarding what taping, bracing or casting method is appropriate for different injuries.

KIN 210 First Aid and CPR 2 cr. Provides instruction in first aid, emergency care procedures, and CPR, which leads to certification by the American Red Cross.

KIN 310 Organization and Administration of PE and Athletics 2 cr. Provides a study of administration and management concepts and management responsibilities relevant to teaching and non-teaching career fields. Prerequisite: KIN 107.

KIN 334 Nutrition for Physical Performance 2 cr. Provides information on how nutritional habits affect physical performance. An emphasis will be placed on knowledge of the six basic nutrients, food groups, calories, and energy expenditure.

KIN 407 Psychology of Physical Education and Athletics 2 cr. Provides knowledge of the psychological aspects of participation in physical education fitness training and athletic events. Emphasis will be placed on the teacher/coach, student/ athlete and trainer/client relationship in regard to developing communication, leadership, motivation, self-confidence, and goal setting skills. Prerequisite: PSY 111.

ATR 410 Advanced Athletic Injuries and Modalities 3 cr. Provides specific manual examinations involved in the evaluation of athletic injuries. Use of therapeutic modalities in the treatment of athletic injuries will also be studied. Students will take part in laboratory work in order to facilitate hands on experience.

KIN 431 Kinesiology 3 cr. Provides study of boney and muscular anatomy, joint movements and muscle action as related to physical activities. Prerequisite: BIOL 115 or 220.

KIN 433 Physiology of Exercise 3 cr. Provides a comprehensive study of the physiological effect of muscular exercise and training upon the organs and systems of the body. Prerequisite: KIN 431.

KIN 441 Evaluation of Psychomotor Performance 3 cr. Designed to provide the corporate fitness and physical education major with an understanding of contemporary methods used to measure and evaluate psychomotor skills and performance. Emphasis will be placed on learning and practicing techniques necessary for proper evaluation of health and performance related to physical fitness and selected sports skills. (January 24, 2008 http://www.minotstateu.edu/catalog_u/cd_02.shtml#22.)”

ATR 128 Introduction to Athletic Train 3 cr. The purpose of this course is to familiarize student with the profession of athletic training. Students will be introduced to the NATA, the NATA Code of Ethics, the certification process, continuing education, and the NATA Educational Proficiencies. Course topics include epidemiology of injuries, PPE, and program overview.

ATR 420 Athletic Training Management 2 cr. The purpose of this course is to familiarize students with the scope and practice of managing an athletic training environment. Topics include organization and administration of an athletic training room, the reimbursement, policies and procedures of athletic training rooms, and the legal concerns. Prerequisite(s): ATR 207, BIOL 220.

ATR 308 Biomechanics (2) The purpose of this course is to introduce students to the basics of human biomechanics. The course will cover the basic terminology as well as integrate the quantitative and qualitative perspective of biomechanics. The study of biomechanics in this class will involve the study of the body's architecture with the body's abilities to function in motion. Prerequisite KIN 431.

ATR 307 Head, Neck, & Spine Evaluation 3 cr. The purpose of this course is to provide students with the knowledge and skills to perform evaluation of head, neck and spine injuries or conditions. Student's will be able to perform an observation, take a history, palpate, perform MMT, perform a neurological evaluation, evaluate ROM, perform special and functional tests for the head, neck, and spine. Prerequisite(s): ATR 207, and 431, and BIOL 220.

ATR 304 Therapeutic Exercise 3 cr. The purpose of this course is to provide a background rehabilitation, healing, physics, examination, and assessment. The course will discuss techniques of therapeutic exercise, performance enhancement, and application to regions and conditions of the body. Prerequisite(s): KIN 431.

ATR 270 Upper/Low Extremity Evaluation 3 cr. The purpose of this course is to provide students with the knowledge and skills to perform evaluation of upper and lower extremity (UE/LE) injuries or conditions. Student's will be able to perform an observation, history, palpate, perform MMT, perform a neurological evaluation, evaluate ROM, perform special and functional tests for the UE/LE. Prerequisite(s): ATR 207, and KIN 431, and BIOL 220.

ATR 206 Medical Conditions 3 cr. The purpose of this course is to provide students with the knowledge and skills to recognize and treat common medical conditions.

Humanities (6)

MATH 103, Math 104, or Math 210 (students may opt to take Math 210 in place of Psych 241 for the statistics course requirement)

“MATH 103 College Algebra 4 cr. (GE5) Solving equations and inequalities, exponential and logarithmic functions, rational and radical expressions, systems of linear equations, sequences, series and graphing. Prerequisite: MATH 102 or departmental approval.

MATH 104 Finite Mathematics 4 cr. (GE5) Systems of linear equations and inequalities, matrices, linear programming, logic, mathematics of finance, elementary probability, and descriptive statistics. Prerequisite: MATH 102 or departmental approval.

MATH 210 Applied Statistics 4 cr. An examination of introductory statistics concepts, including sampling, descriptive statistics, probability, correlation, regression, binomial and normal distributions, confidence intervals and hypothesis testing of one and two populations, ANOVA, and Chi-square tests. Technology will be used to enhance learning and mirror statistical applications and practices in the larger world.

Philosophy 102 (3) or equivalent

PSY 111 Introduction to Psychology 3 cr. (GE7) A survey of the scientific study of behavior and mental processes. Topics studied include development of normal and abnormal behavior, learning, biopsychology, development, memory, personality, cognition, therapy, and social psychology. This course is a prerequisite to most other psychology courses.

PSY 241 Introduction to Statistics 3 cr. Examination of basic concepts in measurement, scaling, binomial and normal distribution, descriptive and inferential statistics, and hypothesis testing. Introduction to statistical tests for research, with special emphasis on t-test and chi-square. Prerequisites: MATH 103 (or higher) or departmental approval and PSY 111. **(January 24, 2008 http://www.minotstateu.edu/catalog_u/cd_04.shtml).**”

Clinical Education

The clinical education portion of the Athletic Training Program is designed to meet the clinical education experiences for a CAATE accredited program consistent with the Athletic Training Educational Competencies 5th Edition. Students will be evaluated by the preceptors using Clinical Education Preceptor Evaluation of Athletic Training Student Forms on ATrack and are expected to keep a professional portfolio with documentation of skills acquired that are consistent with the clinical proficiencies.

Clinical Experiences: The clinical courses at Minot State University are designed to integrate student's knowledge learned in the classroom with the application of clinical skills learned in the clinical experience. The clinical courses' descriptions detail the courses that students are required to have prior to enrollment in a clinical course, although some students may have taken the courses during a prior semester. The CAATE proficiencies are listed in the clinical course syllabus that will be evaluated during the course. Students are not permitted to practice any technique on a patient that has not been approved by the preceptor until the student has shown competency in the skill.

ATR 129 Athletic Training Clinical I (1) Students will be assigned to clinical rotations during this clinical course. The competencies and clinical integrated proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The emphasis this clinical course include the content areas of acute care of injury and illness, Clinical evaluation of basic injuries, prevention and health promotion which includes risk management/ prevention, basic healthcare administration, basic psychosocial skills/ knowledge, professional development and responsibility and to a limited extent nutrition. Evidence based practice is embed throughout the entire curriculum. Students in the ATR 129 clinical experience will have prior experience in ATR 208 Taping and Bracing, ATR 128 Intro to Athletic Training, Biology 220 Anatomy and Physiology, and KIN 210 First Aid and CPR to build on. Students will be enrolled in ATR 207 Prevention and Care of Injuries at the time of this clinical evaluation and will be adding to the knowledge base of their injury assessment skills. Prerequisite courses: ATR 128 Intro to Athletic Training, CPR Certification, and admission to Athletic Training Program

ATR 223 Athletic Training Clinical V II (1) Students will be assigned to clinical rotations during this clinical course. Students in the ATR 223 Clinical Experience will have prior experience in KIN 431 Kinesiology, ATR 206 Medical Conditions, and ATR 410 Advanced Athletic Injuries and Modalities, in addition to the courses listed in the ATR 129 Clinical Experience. The competencies and clinical integrated proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The emphasis this clinical course include the content areas of clinical evaluation of medical conditions and injuries, prevention and health promotion, which includes risk management/ prevention, basic healthcare administration, therapeutic intervention including pharmacology and modalities. Evidence based practice is embed throughout the entire curriculum. Prerequisite courses: KIN 431 Kinesiology, ATR 206 Medical Conditions, ATR 410 Advanced Athletic Injuries, and ATR 129 Athletic Training Clinical I

ATR 323 Athletic Training Clinical III (2) Students will be assigned to clinical rotations during this clinical course. Students in the ATR 323 Clinical Experience will have taken ATR 270 Upper and Lower Extremity Evaluation in addition to the required courses for ATR 129 and ATR 223 Athletic Training Clinical courses. The competencies and clinical integrated proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The emphasis this clinical course include the content areas of clinical evaluation of medical conditions, injuries with experience in evaluation of upper and lower extremity injuries, prevention and health promotion, which includes risk management/ prevention/ nutrition, basic healthcare administration, and psychosocial intervention. Evidence based practice is embed throughout the entire curriculum. Prerequisite courses: ATR 270 Upper and Lower Extremity Evaluation and ATR 223 Athletic Training Clinical II

ATR 324 Athletic Training Clinical IV (2) Students will be assigned to clinical rotations during this clinical course. Students in the ATR 324 Clinical will have taken ATR 307 Head, Neck, and Spine Evaluation in addition to the required courses for ATR 129, ATR 223, and ATR 323 Athletic Training Clinical courses. The competencies and clinical integrated proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The emphasis this clinical course include the content areas of clinical evaluation of medical conditions, injuries with experience in evaluation of injuries to upper extremity, lower extremity, head, neck, spine, in addition to the evaluation skills students remain to be active in their implementation of therapeutic modalities through the practice of treating the entire patient and with clinical integration of skills and knowledge. Evidence based practice is a focus in this clinical with evidence based practice performing a literature search on topics of prevention and health promotion (which includes risk management/ prevention/ nutrition) and psychosocial intervention. Prerequisite courses: ATR 323 Athletic Training Clinical III and ATR 307 Head, Neck, and Spine Evaluation.

ATR 423 Athletic Training Clinical V (2) Students will be assigned to clinical rotations during this clinical course. Students in the ATR 423 Clinical will have taken ATR 308 Biomechanics and ATR 304 Therapeutic Exercise in addition to the required courses for ATR 129, ATR 223, ATR 323, and ATR 324. The competencies and clinical integrated proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The emphasis this clinical course include the content areas of clinical evaluation of injuries with experience in clinical evaluation and acute care of medical conditions and injuries to upper extremity, lower extremity, head, neck, spine, in addition to the evaluation skills students remain to be active in their implementation of therapeutic modalities as well as therapeutic exercise skills through the practice of treating the entire patient with clinical integration of skills and knowledge learned throughout the program. Prevention and health promotion continues to be a theme in ATR 423, which includes risk management and prevention of injuries, nutrition. In addition to the courses listed students will also have the courses listed in the ATR 129, 223, 323, and 324 Athletic Training Clinical courses. Prerequisite courses: ATR 308 Biomechanics and ATR 304 Therapeutic Exercise. and ATR 324 Athletic Training Clinical IV

ATR 424 (2) Students will be assigned to clinical rotations during this clinical course. Students in the ATR 424 Clinical will have taken ATR 420 Athletic Training Management in

addition to the required courses for ATR 129, ATR 223, ATR 323, ATR 324, and ATR 423. The competencies and clinical integrated proficiencies for this clinical course are based on content knowledge and psychomotor skills taught in previous courses. The theme for this clinical course is embedded in the acute care of injuries and illness and the use of clinical integration proficiencies from student content throughout their program that ensure students have the skill set and knowledge to become successful entry-level athletic trainers. In addition to the courses listed students will also have the courses listed in the ATR 129, 223, 323, 324, and 424 Athletic Training Clinical courses. Prerequisite courses: ATR 420 Athletic Training Management and ATR 423 AT Clinical V

ATR 425 (1) Capstone: The capstone course is a course designated to allow students to show case their knowledge and research skills that they have learned while in the program. The theme for this course is professional development and responsibilities. The course format is a two part format with one portion of the course is devoted to allowing students to be active in creating evidence based medicine through a research project or presentation of a comprehensive literature review and the other portion devoted to preparing the athletic training student for the certification exam. The semester will start out with an introduction of the expectations for research presentations. Students will select a research topic that provides an opportunity for scholarly work. The topics will be selected by the students at the onset of the semester to allow ample opportunities for obtaining information for a presentation. The Capstone presentations will be presented in an open forum format or presented at the North Dakota Athletic Trainer's Association's annual meeting. The next portion of the course will provide students with study techniques and practice exams to prepare them for the BOC, Inc. certification exam. Instructors, prior students, and outside guests will be invited to speak to the students on athletic training topics. Prerequisite: Senior Level Status and ATR 423 Athletic Training Clinical V

Responsibilities of Student Mentors

Student mentors will be responsible for assisting their student in becoming familiar with the program requirements and Athletic Training Program students' responsibilities. Students will go through the Responsibilities of the Student Mentor Checklist to ensure that all the required issues have been covered. The student mentor will familiarize their student with the clinical site, or athletic training room they are assigned to and the athletic training room duties of ATP students. The student mentor program is to assist students in becoming familiar with the program, offering new students an additional peer resource, and assisting in the peer learning process.

Section Two: *National Athletic Trainers' Association*

NATA Certification

NATA Code of Ethics

BOC and NATA Certification

“The BOC was incorporated in 1989 to provide a certification program for entry-level Athletic Trainers. The purpose of this program is to establish standards for entry into the profession of athletic training. Additionally, the BOC has established the continuing education requirements that a Certified Athletic Trainer must satisfy in order to maintain current status as a BOC Certified Athletic Trainer.

On a regular basis, the BOC reviews the requirements for certification eligibility and the standards for continuing education. Additionally, the Board reviews and revises the certification exam in accordance with the exam specifications of the BOC Role Delineation Study that is reviewed and revised every five years. The BOC uses a criterion-referenced passing point for the anchor form of the exam. Each new exam version is equated to the anchor version to ensure that candidates are not rewarded or penalized for taking different versions of the exam.

The BOC does not discriminate against any individual on the basis of religion, gender, ethnic background or physical disability”(http://www.bocatc.org/index.php?option=com_content&task=view&id=32&Itemid=34, February 12, 2008).

NATA

“The National Athletic Trainers’ Association (NATA) was founded in 1950 when the first meeting of the NATA took place in Kansas City. About 200 athletic trainers gathered to discuss the future of their profession.

Recognizing the need for a set of professional standards and appropriate professional recognition, the NATA has helped to unify certified athletic trainers across the country by setting a standard for professionalism, education, certification, research and practice settings. Since its inception, the NATA has been a driving force behind the recognition of the athletic training profession.

Once housed in Greenville, NC, the NATA now is headquartered in Dallas, TX. From humble beginnings, the association has expanded to encompass a global membership totaling nearly 30,000, plus a full-time executive director and staff. Members serve as leaders for the association, which has multiple committees working together to help advance the profession”(http://www.nata.org/about_NATA/history.htm, February 12, 2008).

“NATA CODE OF ETHICS

September 28, 2005

PREAMBLE

The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:

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

- 1.1 Members shall not discriminate against any legally protected class.
- 1.2 Members shall be committed to providing competent care.
- 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 without a release unless required 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 abide by all National Athletic Trainers’ Association standards, rules and regulations.
- 2.3 Members shall report illegal or unethical practices related 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 maintain and promote high standards in their provision of services.

- 3.1 Members shall not misrepresent, 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 through education or experience and which are allowed by their practice acts and other pertinent regulation.
- 3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
- 3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.

3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4:

Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling"(<http://www.nata.org/codeofethics/index.htm>, February 12, 2008).

Section Three: *Policies and Procedures*

Criteria for Retention in the Athletic Training Program

Athletic Training Probation/Disciplinary Policy

Athletic Training Student Policies and Procedures

Athletic Training Facility Daily Procedures

Athletic Training Dress Code

Emergency Action Plans

Athletic Training Facility Policies and Procedures for Athletics

Taping Policy

See Addendum:

Trinity Hospital Policy/ Procedure #4 Sports Medicine Dress Code

Trinity Hospital Wide Dress code

Student Health Information

MSU ATP Non-Discrimination Policy

Minot State University Athletic Training Program's Policy on how credit hours are granted for courses that incorporate clinical experiences.

MSU ATP Employment Policy

Athletic Training Program Student Athlete Policy

Athletic Training Retention Policy

Criteria for retention in the Athletic Training Program

- Athletic Training Program students must maintain a cumulative grade point averages of at least 2.75 in all courses. At the end of each semester, grades will be reviewed; if the required grade point average is not met, the candidate will be placed on probation. Students will be permitted to continue taking courses within the Athletic Training Program during the probationary semester provided their grade point average reaches 2.75 by the end of that semester or as determined in a written agreement between the student, the advisor, and the Program Director.
- Athletic Training Program students must receive a grade of “C” or better in every course of the Athletic Training Program core. At the end of each semester, grades will be reviewed; if the student has received a grade less than a “C” in any course of the Athletic Training Program core, the student will be permitted to continue taking courses within the Athletic Training Program but must complete the course with a grade of “C” or better.
- Athletic Training Program students must earn a grade of “C” or better in all courses that are prerequisites for clinical courses. Students will not be allowed to take the clinical course until the prerequisite course has been repeated with a grade of “C” or better. The Advisor and Program Director may develop a written plan with a student that would allow for the student to take a clinical course after receiving grade less than a “C” in the prerequisite course due to extenuating circumstances, however, the student will still be required to pass the course with a “C” or better.
- Students are required to check with their advisors concerning any additional departmental requirements and to complete any additional requirements
- Students are expected to demonstrate the dispositions of a good Athletic Trainer throughout the program by being: motivated/dedicated, responsible, resourceful, caring/sensitive, open minded, poised, ethical and collegial (collaborative/cooperative).
- The student must maintain continuous enrollment. Students who are not enrolled at the university for more than two consecutive semesters (excluding summer semesters) will be dropped from the Athletic Training Program and must be re-admitted to the Athletic Training Program before proceeding with any coursework requiring admission to the Athletic Training Program.

Athletic Training Probation / Disciplinary Policy

Effect of Probationary Status

- Students who do not maintain the required grade point average will receive a warning and be placed on academic probation from the program for the following semester. Students will have one semester to bring their grade point average up to the required grade point average. During the semester of academic probation, students are not able to participate in clinical rotations or athletic training room hours unless stipulated in the student’s plan developed by the student, the advisor, and the Program Director. Students will be required to meet with their academic advisor and the Program Director and submit a grade report sheet at the time of each meeting as determined in the student plan.
- Students who display inappropriate dispositions are to be reported by faculty or preceptor. Prior to filing the report faculty/preceptor would be expected to discuss their concerns about the student’s disposition with the student. If discussion of the concern does not remedy the problem then an inappropriate dispositions report is filed. Both the student and reporting person should sign the report. If the student is unavailable (e.g. due to excessive absences) the report may be filed without the student’s signature. The written report is filed with the Chair of Teacher Education and Kinesiology who will forward copies to the candidate’s advisor and the Program Director. The form will describe the inappropriate disposition or behavior and also indicate the level of urgency in remedying the situation. Any report of inappropriate dispositions will require that the reporting faculty member be notified of an advisor/student action plan to remedy the concerns. In the case of multiple reports of inappropriate dispositions or an egregious incident, the student will be required to meet with the

Athletic Training Program Selection Committee (ATPSC) which will determine what action needs to be taken. Action may include an advisor/student plan to remedy concerns, probation with a plan to remedy concerns, or removal from the program. In the event of multiple reports or an egregious incident, a "plan follow through" report must be filed with ATPSC prior to the Program Director's endorsement to sit for the Board of Certification (BOC) exam.

- Following the probationary semester the ATPSC will review the candidate's status. This review will include but not be limited to: the grade point averages, dispositions, recommendations from faculty, and the previous probation history. The ATPSC will change the candidate's status to fully admitted, or will drop the student from the Athletic Training Program. The candidate will be informed of the decision at the end of the semester. A student dropped from the Athletic Training Program will be dropped from clinical courses.
- Student grievances should be taken up with the preceptor. If the preceptor is not able to reconcile the problem, the issue should be brought to the Program Director; the next chain of command is the Chair of the Teacher Education and Kinesiology Department, then the Dean of the School of Education and Health Sciences.

Procedure for Re-admittance to the Athletic Training Program

- If a student was dropped from the Athletic Training Program for failure to enroll for more than two consecutive semesters, the candidate must meet with his or her advisor and be recommended for reinstatement by his or her advisor and the department chair.
- If a student was dropped from the program for other reasons, he or she must go through the full admissions process, but will not be required to duplicate relevant items from the first admission.

*It is a privilege and not a right to be admitted and enrolled in the Athletic Training Program. Any infraction of rules shall result in the following disciplinary policies.

Athletic Training Student Policies and Procedures

Athletic training students represent the profession of athletic training, the university to which they attend, and the business of their clinical experience. It is for this reason it is of utmost important that athletic training students act in a professional manner.

1. Athletic training students must arrive on time to clinical experiences. The required times shall be set by the athletic training student and the preceptor on the first day of each rotation.
2. Athletic training students must obtain written permission prior to time off of clinical experiences.
3. Athletic training students should report all injuries to the preceptor.
4. Athletic training students should report any inappropriate behavior to the preceptor, the Program Director, or to the Coordinator of Trinity Sports Medicine.
5. All rehabilitation plans and treatments are to be approved by the preceptor prior to implementation by the athletic training student.
6. All injuries need to be reported to the preceptor.
7. Return-to-play decisions are to be made by the Team Physician or by the preceptor.
8. No improper language or gestures in the athletic training room.
9. A preceptor must be in sight and sound of all modality treatments performed by an athletic training student.
10. Athletic training facility policies are to be followed by athletes and athletic training students alike.
11. Athletic training students and romantic athlete relationships are prohibited; relationships are only appropriate if there is not a patient/client relationship. Any consenting relationship with an athlete should be reported to the preceptor to protect both parties.
12. Athletic training students shall attend HIPPA and Bloodborne pathogen training on an annual basis.
13. Student membership in the NDATA and NATA must be maintained while in the program and will be paid by the Athletic Training Program.
14. Students are required to have a criminal background check prior to enrolling in clinical courses.

Athletic Training Facility Daily Procedures

Athletic training students will report directly to the preceptor. Athletic training student responsibilities will include maintaining a professional atmosphere, assisting in game and practice preparation, assisting with daily procedures, assisting with rehabilitations, evaluation, and pre-game or pre-practice athlete prepping. Athletic training students will have the following procedures.

1. Pre-Practice or Pre-Event Duties
 - a. Filling water coolers and supplying cups to the practice or event area.
 - b. Filling ice bags and ice cups.
 - c. Folding laundry
 - d. Making sure student athletes check in to the daily athletic training room attendance record.
 - e. Assisting with evaluation, taping, and rehabilitation of athletes.
 - f. Performing daily record keeping
 - g. Get splint bag to court or field and crutches for multiple sizes
 - h. Get athletic training kit filled and to the court/field

2. Post practice duties include:
 - a. Cleaning and emptying coolers
 - b. Cleaning and emptying whirlpools.
 - c. Cleaning treatment areas.
 - d. Gathering laundry and sending it to the laundry facilities.
 - e. Filling taping supplies, rehabilitation supplies, and ice cups.
 - f. Changing laundry on treatment tables.
 - g. File and enter all treatment and injury reports in the computer

Athletic Training Program Dress Code

Athletic training students will be required to adhere to the following dress code policies.

1. Students are not allowed to wear: jeans, caps, baggy clothes, exercise attire, tattered clothes, or tight fitting clothes
2. The dress code for MSU ATP students during clinical experience hours (on campus or at affiliated sites) is khaki, gray, or black dress slacks and an MSU shirt (t-shirt, polo, long sleeved shirt, or jacket).
3. Students covering events shall wear athletic training student name badge and Minot State University polo or another polo or dress shirt.
4. Hats shall not be worn to indoor events; hats worn to other events shall be university logo hats or an athletic company hat.
5. All tops (not provided by the MSU ATP) must be approved by the Clinical Education Coordinator before a student is allowed to wear them to their clinical site.
6. Shirts are not to be cropped and no clothing should have alcohol, drugs, or sexual content displayed on them.
7. Shorts worn should be at least mid thigh length and no cleavage shall be exposed.
8. No open toed shoes are allowed for athletic training room, practice, or event coverage.
9. Facial hair shall be trimmed and neat and proper hygiene shall be maintained.
10. Tattoos and body piercings are subject to the rules of the clinical experience location.
11. At clinical sites that are off campus, students are to follow the rules of dress at the affiliate clinical site (if different from the ATP dress code). See Handbook Addendum for Trinity Health and Trinity Sports Medicine dress codes

The preceptor shall have the discretion to send the athletic training student to change clothing and shall document the infraction to be kept in the student's file. In the event of an infraction of the Athletic Training Program Dress Code, the preceptor has the discretion to dismiss the athletic training student from their duties and can require the student to leave the event, athletic training room coverage, or clinical experience.

Athletic Training Facility Policies and Procedures for Athletics

Minot State University
Sports Medicine Center/ Athletic Training Facility
Policies and Procedures

1. **Be Respectful!** Swain Hall Sports Medicine Center and the Dome athletic training facility are co-ed athletic training rooms. No inappropriate language, dress or actions will be tolerated.
2. Contact an athletic trainer as soon as possible whenever you are experiencing an injury or illness. Athletes **should not** report to student health or an outside physician prior to contacting the MSU athletic training staff. If it is an emergency contact dial 911 or go to the emergency room.
3. Sign the daily log sheet every time you receive any type of treatment, even if you are just icing for soreness. **Print** your first and last name.
4. Take responsibility for your own health! Be on time for appointments or call if you are going to be unable to make a scheduled appointment. Allow plenty of time for treatment prior to practice. Do your exercises as instructed.
5. Appropriate clothing is **required**. Shirt and shorts are required at all times. No cleats or practice shoes allowed in the athletic training room and keep shoes off of the treatment tables.
6. **We do not do preventive ankle taping on a daily basis.** Taping will be done for acute injuries only. Braces are available to purchase for \$10 and they will be yours to keep.
7. Treatments are given upon the athletic trainers' approval. The medical staff will decide the best treatment option for a given injury. If you are injured and unable to practice, you must report to the athletic trainer for a prescribed daily activity and rehabilitation.
8. **Modalities are to only be used by the athletic trainer!** Athletes will be allowed a maximum of six (6) treatments per injury. If no improvement is noted, you will be referred to the clinic for further evaluation and treatment.
9. Athletic training room supplies and materials are for use when participating in a school activity, they are not to be taken home for personal use.

10. Athletes must report to the athletic trainer during treatment times to get evaluated and re-evaluated to determine practice or game status. Daily treatment schedules will be posted and missed appointments will be reported to the coaches and further treatments may be denied.
11. All athletes competing in MSU are required to carry health insurance during the school year. All athletes must also have a physical or meet with the team physician on a yearly basis.
12. **The athletic training facility is not a lounge!** It is a medical center for our athletic department. You will only be in the athletic training facility if you have business with the athletic trainer.
13. **The athletic training facility is not an excuse to be late to meetings or practice!** The athletic training facility is open from 10am -12pm Mon-Thurs for **appointments** as well as afternoons. Plan accordingly.
14. No cell phones or personal items in the athletic training facility.

Taping Policy

- 1. We do not do preventive ankle taping on a daily basis.** Taping will be done for acute injuries only. Braces are available to purchase for \$10 and they will be yours to keep.
- 2. Athletic training facility supplies and materials are for use when participating in a school activity, they are not to be taken home for personal use.**
- 3. Only athletes that have been seen by the athletic trainer will be taped.**

Section Four: *Athletic Training Domains and Competencies*

Student assessment will involve multiple different evaluation tools to measure students cognitive, affective, and psychomotor skills in relation to the Athletic Training Competencies as listed in the 5th edition, depending on student's year in the program. As part of the assessment students will be required to assemble a portfolio starting with the journal completed in the Introduction to Athletic Training course. Student portfolios are to include course activities or clinical experiences throughout the student's educational career. It is the student's responsibility to ensure that each competency is covered in the portfolio. Using the Portfolio Evaluation Rubric Form, the student's advisor, a preceptor, or the Athletic Training Program Director will evaluate the portfolio that has been submitted by the student. Portfolios are due at the end of the semester of the student/s capstone course for evaluation. This will allow for the faculty to determine if the student has sufficiently completed the competencies and proficiencies (performed CIP's successfully for students in the 5th Edition of the Competencies and attained three passing scores on action based proficiencies taught in the student's clinical courses) to become a successful entry-level athletic trainer.

Student assessment will be performed in each of the courses that assess the competencies set forth by the Athletic Training Educational Competencies 5th Edition. The Proficiency Evaluation Forms will be filled out by the course instructor or preceptor and entered in to the Athletic Training Assessment System on ATrack. Students will have access to their scores on ATrack and will receive the Proficiency Evaluation Forms to be kept in their portfolio. The Proficiency Evaluation Forms may be used to recognize weakness or strengths of students to help to direct the student to the appropriate educational endeavor.

Section Five: *Injury Assessment Checklist*

Evaluation Checklist
Ankle Evaluation Checklist
Knee Evaluation Checklist
Hip Evaluation Checklist
Hand Evaluation Checklist
Neck and Cervical Spine Evaluation Checklist
Down Athlete Evaluation Checklist
Cardiovascular Evaluation Checklist
Back and Pelvis Evaluation Checklist
Shoulder Evaluation Checklist
Elbow Evaluation Checklist
Shoulder Pad Fitting
Football Helmet Fitting
Crutch and Cane Fitting

ANKLE EVALUATION CHECKLIST

1. Observation (swelling, drop-foot, discoloration, deformity)
2. Ask athlete what happened.
3. Ask athlete what they felt (pop, snap, burn)
4. Ask athlete to pinpoint the pain.
5. Check for fracture (proper location and palpation)
 - A. Tibia
 1. Malleolus
 2. Extends up shaft
 3. Shock test
 - B. Fibula
 1. Malleolus
 2. Extends up shaft
 3. Compression of fibula distal to knee
 - C. Talus
 1. Talar window
 - D. Calcaneus
 1. Palpation
 2. Shock test
 - E. Tarsals
 1. Navicular
 2. First Cuneiform (Medial-Anterior to Navicular)
 3. Second (middle) Cuneiform (Lateral to first)
 4. Third cuneiform (Lateral to 2nd-posterior to 3rd)
 5. Cuboid (Lateral to Navicular and 3rd Cuneiform-Posterior to 4th and 5th metatarsals.)
6. Check Ligaments
 - A. Lateral Aspect
 1. Anterior Tibiofibular
 2. Posterior Tibiofibular
 3. Anterior Talofibular
 4. Posterior Talofibular
 5. Lateral Talocalcaneal
 6. Calcaneofibular
 - B. Medial Aspect
 1. Deltoid
 2. Posterior Talotibial
 3. Posterior Talocalcaneal
 4. Calcaneonavicular
 - C. Anterior Aspect
 1. Crural Ligament
7. Check Muscle Tendons
 - A. Lateral Aspect
 1. Peroneus Longus (proximal, plantar base of 1st metatarsal)
 2. Peroneus Brevis (styloid process 5th metatarsal)

- B. Medial Aspect
 - 1. Posterior Tibialis. (Navicular-behind Malleolus)
 - 2. Flexor Hallucis Longus (Behind Malleolus)
 - 3. flexor Digitorum Longus (Behind Malleolus)
- C. Anterior Aspect
 - 1. Extensor Hallucis Longus
 - 2. Extensor Digitorum Longus
 - 3. Anterior Tibialis (1st cuneiform & metatarsals)
- D. Posterior Aspect
 - 1. Achilles Tendon
 - 2. Thompson Test

8. Compare Range of Motion

- A. Stabilize leg
- B. Compare both legs
- C. Dorsiflexion 20 degrees
- D. Plantar Flexion 50 degrees
- E. Inversion 5 degrees
- F. Eversion 5 degrees
- G. Forefoot Adduction 20 degrees
- H. Fore Abduction 10 degrees
- I. Toe flexion 90 degrees
- J. Toe Extension -10 - -70 degrees

9. Muscle Testing Against Resistance

- A. Stabilize Leg
- B. Compare both legs
- C. Dorsiflexion
- D. Plantar Flexion
- E. Inversion
- F. Eversion
- G. Forefoot Adduction
- H. Forefoot Abduction
- I. Toe Flexion
- J. Toe Extension

10. Special Tests

- A. Draw Test (Anterior Talofibular Ligament)
- B. Stress test for ligaments
- C. Tibial Artery of Dorsal Pedal Pulse
- D. Achilles Tendon Reflex
- E. Homan's sign for Thrombophlebitis
- F. Test for heel cord tightness
- G. Herniated ankle test
- H. Subtalar Rock

KNEE ELEVATION CHECKLIST

1. Observation (gait, swelling, deformity, atrophy, discoloration, genu varum “bowlegged”, genu recurvatum “hyperextension”)
2. Ask the athlete what happened
 - A. Were they hit?
 - B. Did the knee twist?, Hyperflex?, Hyperextend?
3. What did they feel? Hear?
 - A. Felt give away – meniscus
 - B. Locking – meniscus
 - C. General pain – bursitis, capsule
 - D. Sharp patella pain – chondromalacia
 - E. Loud “pop” – anterior cruciate – meniscus
 - F. Bruise on tibia – posterior cruciate
 - G. Burning – check peroneal nerve innervation
4. Ask the athlete to pinpoint the pain
5. Check for fractures
 - A. Femur – shaft, traction condyles
 - B. Patella – biparte, triparte
 - C. Tibia – tibial plateau, tibial tubercle, shock test on calcaneus
 - D. Fibula
6. Check ligaments
 - A. Palparte – medial collateral, lateral collateral, anterior cruciate, posterior cruciate, patellar, tibio-fubular posterior
 - B. Testing
 1. Medial and lateral collateral
 - a. capsular tests – valgus & varus stress, full extension
 - b. valgus – varus stress 15 – 30 flexion
 - 1st – superficial
 - 2nd – superficial and deep
 - c. Appley’s distraction
 2. Cruciate ligaments
 - a. drawer test
 - b. lachman test
 - c. hyperextension – posterior cruciate
 - d. jerk test (flexion to extension)
 - e. pivotal shift ((extension to flexion)
 - f. screw home test (tibia to external rotation)
 3. Anterior – medial test _ medial retinaculum, anterior medial ligament
 4. Posterior – lateral test – medial retinaculum, capsular ligament
7. Check Meniscus
 - A. Palpate – joint margin
 - B. Testing
 1. Rotation
 2. Bounce home (spring test)
 3. McMurray’s

4. Appley's Grind
5. Chondromalacia (patella articular cartilage)
 - a. pressure, palpation
 - b. trochlear groove
 - c. crunch test
 - d. ask "Pain walking down stairs?" (meniscus)
"Pain getting out of chair?" (Chondromalacia)
8. Check muscle tendons
 - A. Posterior
 1. Semitendinosus
 2. Semimembranosus
 3. Biceps femoris
 4. Popliteal
 - B. Extension – Anterior
 1. Rectus femoris
 2. Vastus medialis
 3. Vastus intermedius
 4. Vastus lateralis
 - C. Plantar Flexion – Posterior
 1. Gastrocnemius
 2. Plantaris
 - D. Pes Anserine – Medial
 1. Semitendinosus
 2. Sartorius
 3. Gracilis
 - E. Lateral – Iliotibial band
9. compare Range of Motion
 - A. Flexion – 135
 - B. Extension – 0
 - C. Internal rotation Tibia – 10
 - D. External rotation Tibia – 10
10. Muscle Testing against resistance
 - A. Stabilize leg
 - B. Compare both legs
 - C. Flexion
 1. isometric – 90 – IT band
 - D. Extension
 - E. Internal rotation of tibia
 - F. External rotation of tibia
 - G. Plantar Flexion (knee extended)
 - H. Hip abduction, Adduction
11. Special tests
 - A. Effusion test – ballotable patella
 - B. Pes Anserine Bursitis – tailors movement, figure 4 test
 - C. Patella ligament
 - D. Infrapatella bursa

- E. Osgood Schlatter's
- F. Tinel sign (Peroneal nerve)
- G. vastus Medialis
- H. Baker's cyst
- I. Patella Compression
- J. Patella Apprehension
- K. Girth measurement
- L. Q-angle
- M. Iliotibial band (Ober's test)
- N. Posterior Tibialis Pulse
- O. Semitendinosus tendonitis – pain over medial joint margin in extension at 90 flexion pain distal to joint margin.
- P. Medial Retinaculitis – pain medial edge of patella

HIP EVALUATION CHECKLIST

1. Observation
 - A. Gait
 1. Abduction lurch – effects
 2. Extensor lurch – effects gluteus medius falls to effected side
 3. Steppage gait – have to pick foot high up because dorsi-flexors (peroneal nerve) not functioning
 - B. Pelvis obliquity – level of anterior superior iliac spines
 - C. Scoliosis (lateral curvature)
 - D. Lordosis
 - E. Gluteal folds, size, atrophy
 - F. Dimpling – posterior iliac spine
 - G. Abrasions, discoloration, birthmarks, skin folds, swelling
 - H. Discoloration – flexed knee and hip internally rotated
 - I. Fracture – extended knee, leg externally rotated
2. Ask athlete what happened
3. Ask athlete what they felt (pop, snap, burn)
4. Ask athlete to pinpoint the pain
5. Check for fractures
 - A. Anterior aspect
 1. Anterior superior iliac spines
 2. Iliac crest
 3. Greater trochanter
 4. Iliac tubercle – widest part of crest, superior to greater trochanter
 5. Pubic tubercle – level with greater trochanter
 - B. Posterior aspect – lie on side, hip flexed
 1. Posterior superior iliac spine – directly underneath visible dimples above buttocks
 2. Greater trochanter
 3. Ischial tuberosity – same horizontal plane as lesser trochanter at level of gluteal fold.
 4. Sacrum
 5. Acetabulum
 6. Coccyx
6. Check ligaments
 - A. Inguinal ligaments – top of femoral triangle – between anterior superior iliac spine and pubic tubercles (figure 4)
 - B. Iliofemoral ligament – longest ligament in body
 - C. Ligamentum Terres – acetabulum to head of femur
 - D. Iliopectineal ligament prevents hyperextension
7. Check muscle tendons
 - A. flexor grouping
 1. Iliopsoas
 2. Sartorius – lateral border – femoral triangle superior iliac spine
 3. Rectus femoris – crossed hip and knee – inferior iliac

- B. Adductor grouping
 - 1. Gracilis
 - 2. Pectineus
 - 3. Adductor longus
 - 4. Adductor brevis
 - 5. Adductor magnus
 - C. Abductor grouping
 - 1. Gluteus medius
 - 2. Tensor fascia latae
 - D. Extensor grouping
 - 1. Gluteus maximus
 - 2. Hamstrings
 - a. semimembranosus
 - b. semitendinosus
 - c. biceps femoris
8. Compare range of motion
- A. Abduction 45 degrees
 - B. Adduction 20 degrees
 - C. Flexion 135 degrees
 - D. Extension
 - E. Internal rotation 35 degrees
 - F. External rotation 45 degrees
 - G. Flexion and adduction – cross one thigh over another (gracilis)
 - H. flexion, abduction and external rotation – figure 4- test
9. Muscle testing against resistance
- A. Stabilize hip
 - B. Compare both sides
 - C. Flexion
 - 1. Iliopsoas (knee flexed)
 - 2. Rectus femoris (knee extended)
 - D. Extension
 - 1. Gluteus maximus (knee flexed)
 - 2. Hamstrings (knee extended)
 - E. Adduction (pressure above and below knee)
 - F. Abduction (pressure above and below knee)
 - G. Internal rotation
 - 1. knee flexed
 - 2. knee extended
 - H. External rotation
 - 1. knee flexed
 - 2. knee extended
10. Special tests
- A. femoral triangle – inguinal ligament, sartorius, adductor longus evaluate figure
 - 1. Lymph nodes
 - 2. Femoral pulse (artery)
 - 3. Femoral nerve
 - 4. Femoral vein

- B. Sciatic nerve – palpate between greater trochanter and ischial tuberosity (pain radiated in hip extension and ankle dorsiflexion)
- C. Thomas Test – contraction of hip flexors
- D. Trendelenburg test – strength of gluteus medius weight bearing side
- E. Ober test – tightening of iliotibial band, tensor fascia latae
- F. Apparent leg length discrepancy – from navel to medial malleolus
- G. True leg length discrepancy – from navel to medial malleolus
- H. Tibial length discrepancy – (Allis test) view anterior
- I. Femoral length discrepancy – (Allis test) view laterally
- J. Femoral neck ante version greater than 15 degree angle between neck and shaft of femur (toeing out)
- K. Femoral neck retroversion – less than 15 degree angle between neck and shaft of femur (toeing out)
- L. Referred pain – possibility from the knee or to knee (slipped epiphysis)
- M. Patrick test (figure 4)
- N. Trochanter Bursitis – running motion with one leg, must extend hip
- O. “Snapping Hip” – iliotibial band over trochanter

HAND EVALUATION CHECKLIST

1. Observation
 - A. Symmetry. Peaks and valleys
 - B. Missing fingers (Walt Disney Hand)
 - C. Webbing
 - D. Spooned nails – fungus
 - E. Clubbed nails – cardiac or respiratory
 - F. Boutonniere deformity (PIP)
 - G. Mallet finger (DIP)
 - H. Swan neck deformity
 - I. Felon
 - J. Paronychia
2. Ask athlete what happened
3. Ask athlete what they felt (pop, snap, burn)
4. Ask athlete to pinpoint the pain
5. Check for fractures
 - A. Phalanges
 1. Point tenderness, top and bottom
 2. Snap test after ice
 - B. Metacarpals
 1. Point tenderness
 2. Alignment of distal heads
 - C. Distal carpal row – trapezium, trapezoid, capitate, hamate
 - D. Proximal carpal row – navicular, lunate, triquetrum, pisiform
6. Check ligaments
 - A. Phalangeal – collateral ligaments
 1. Capsular tests
 2. Ligaments – two portions
 - a. top – tight in extension
 - b. bottom – tight in flexion
 - B. Palmar aponeurosis
 - C. Inter – carpal ligaments
 - D. Game Keeper’s thumb
 - E. Volar carpal ligament
7. Check muscle tendons
 - A. finger flexors
 - B. finger extensors
 - C. finger adductors
 - D. finger abductors
 - E. thumb extenders
 - F. thumb flexors
 - G. thumb adductors
 - H. thumb abductors
 - I. thumb opposition
8. Compare Range of Motion

- A. Stabilize hand
- B. Compare both hands
- C. Fingers
 - 1. Flexion
 - a. MP joint – 90
 - b. PIP joint – 90
 - c. DIP joint – 90
 - 2. Extension
 - a. MP joint – 30-40
 - b. PIP joint – 0
 - c. DIP joint – 10
 - 3. Adduction – 20
 - 4. Abduction – 20
- D. Thumb
 - 1. Flexion
 - a. MP joint - 50
 - b. PIP – 90
 - 2. Extension
 - a. MP joint – 0
 - b. PIP – 90
 - 3. Abduction – 70
 - 4. Adduction – 0
 - 5. Pinch (thumb and index finger)
 - 6 Opposition (thumb and little finger)
 - 7. Circumduction
- 9. Muscle testing against resistane
 - A. Stabilize hand
 - B. Check bilaterally
 - C. Finger extension (isolate joint)
 - 1. MP joint
 - 2. PIP joint
 - 3. DIP joint
 - D. Finger extension
 - 1. MP joint
 - 2. PIP joint
 - 3. DIP joint
 - E. Finger abduction
 - F. Finger adduction
 - G. Thumb abduction
 - H. Thumb adduction
 - I. Thumb extension
 - J. Thumb flexion
 - K. Pinch mechanism
 - L. Opposition
 - M. Opposed opposition – snap

10. Special tests
 - A. Phalen's test – “carpal tunnel syndrome”
 - B. Finklestein's test
 - C. Trigger finger
 - D. Herberdan's nodes
 - E. Circulation
 1. radial artery
 2. ulnar artery
 3. Allen's test
 - a. wrist
 - b. finger

NECK AND CERVICAL SPINE EVALUATION CHECKLIST

1. Observation
 - A. 3 functions
 1. support the head
 2. range of motion of head and neck
 3. houses spinal cord and vertebral artery
 - B. swelling, deformity, erectness, stiffness, discoloration, scars (anterior surgical scar – thyroid surgery; pitted scars – anterior triangle previous tuberculosis)
2. Ask athlete what happened
3. Ask athlete what they felt (pop, snap, burn)
4. Ask athlete to pinpoint the pain
5. Check for fractures
 - A. anterior aspect
 1. mandible
 2. hyoid – bone above thyroid cartilage, opposite C3 vertebrae (palpable upon swallowing)
 3. thyroid cartilage – top portion – Adam’s apple-level with C4, bottom portion level with C5
 4. first cricoid ring – opposite C6 – should be palpated gently so as not to trigger gag reflex
 5. carotid tubercle – transverse process of C6 vertebrae, located one inch bilaterally to first cricoid ring
 6. Transverse process – not palpable
6. Check ligaments
 - A. Interspinial – between spinous – tip of one (top) to root of another (below)
 - B. Anterior & posterior longitudinal
 - C. Buchal ligament – from inion to spinous process of C7
7. Check muscle tendons
 - A. Anterior
 1. Sternocleidomastoid – sternoclavicular to mastoid process
 - a. hyperextension injuries
 - b. torticollis (Wry Neck)
 - B. Posterior
 1. Trapezius – broad origin from inion to T12, inserts to acromion and spine of scapula
 2. Erector spinae small intrinsics
 3. Many intrinsics
 4. Levator Scapulae
 5. Scalenus
8. Compare Range of Motion (Do not perform if instable spine is suspected)
 - A. Stabilize upper trunk
 - B. Compare bilateral movements
 - C. Flexion – chin to chest
 - D. Extension – look at ceiling

- E. Rotation – chin over shoulder
- F. Lateral bending – tilt 45 degrees to each shoulder
- 9. Muscle testing against resistance
 - A. Stabilize head and neck
 - B. Flexion – sternocleidomastoid, scalenus
 - C. Extension – erector spinae, trapezius
 - D. Lateral rotation – sternocleidomastoid
 - E. Lateral bending – scalenus anticus, medius, posticus
- 10. Special test
 - A. Neurological tests
 - B. Distraction test
 - C. Compression test
 - D. Valsalva test
 - E. Swallowing test
 - F. Adson's test – take radial pulse and externally rotate shoulder, take deep breath
 - G. Reflexes
 - H. Dermatomal distribution
 - 1. C5 lateral arm
 - 2. C6 lateral forearm, thumb, index and one half of middle finger
 - 3. C7 middle finger
 - 4. C8 ring, little fingers, medial forearm
 - 5. T1 medial arm
 - I. Burning hands syndrome

DOWN ATHLETE EVALUATION CHECKLIST

1. Observation
 - A. On your way to the field
 1. Unconsciousness – rigidity (stiffness) of body; possible emergency situation
 2. Observe for breathing – diaphragmic – chest movement
 3. Check skin color
 4. Look for deformities, bleeding, swelling
 - a. Compound fracture – angulation
 - b. Rotation of upper extremities (brain damage)
 - c. Joint displacement – fracture
2. Arrival
 - A. Clear area
 - B. Stabilize head and neck (preferably someone else)
 - C. Check consciousness
 1. verbal – “Are you okay?”
 2. skin color – mucous membranes
 3. eyelids – cuticle pressure
 4. pin prick, pull on hair
 5. unconsciousness greater than 30 seconds – ambulance
 - D. Airway
 1. look – listen – feel (mirror)
 - a. remove mouthpiece and facemask if necessary
 2. clear of debris (cross fingers)
 3. jaw thrust to open
 - E. Check breathing – 2 full breaths if not
 - F. Circulation
 1. check carotid pulse 5 seconds
 2. initiate C.P.R. if absent
 3. recheck all signs periodically
 - G. Blood pressure
 - H. Pupil reaction to light
 - I. Body survey (Palpation)
 1. Head and neck
 - a. deformity
 1. C1 – T4
 2. Skull
 3. Face
 - b. cerebrospinal fluid – ears, nose (blood tinged)
 2. Trunk – extremities
 - a. remaining vertebrae
 - b. depression laxity – large muscles
 - c. spasm in low back (possible kidney)
 - d. abdominal splinting – damage to internal organs, note quadrant
 1. Coffee – grounds vomitus

- e. equal bilateral expansion of thorax
- f. body areas (deformity, depression)
 - 1. upper extremities
 - 2. trunk
 - 3. pelvis
 - 4. lower extremities
- g. distal pulses
 - 1. Carotid
 - 2. Radial
 - 3. Tibial
 - 4. Pedal
- h. skin temperature
- i. reflex
 - 1. sharp object – palmar aspect of hand, plantar aspect of foot
 - 2. Babinski test
- j. loss of excretory control
 - 1. brain damage
 - 2. hematuria – kidney
 - 3. Emergency Action
 - a. No medication or fluids unless directed by physician
 - b. Know emergency numbers
 - 1. hospital
 - 2. physician
 - 3. ambulance
 - c. Transportation – trained personnel

CARDIOVASCULAR ASSESSMENT OF THE YOUNG ATHLETE

I. Initial Pre-participation Screening

A. Medical History

1. Family hx: known heart disease, early sudden death
2. Perusal hx: compare level of activity with peers; fainting and dizziness with exercise important, chest pain, easily fatigued, and shortness of breath can be misleading

II. Cardiac Physical Exam

- A. Vital signs: height; weight; BP; resting heart rate
- B. Inspection: color, any cyanosis, body habitus, chest shape and general state of health
- C. Palpation: pulses of upper extremities and femorals, precordium
- D. Auscultation of heart sounds
 1. Murmurs – differential diagnosis
 2. Cardiovascular defects + or – causes of sudden death in young athletes

III. Criteria for further evaluation or testing

- A. Family history of premature cardiovascular disease
- B. Inappropriate responses to previous sports activity
- C. Signs of primary cardiac disease on physical exam
- D. Signs of hypertensive CV disease on physical exam

IV. Special testing for evaluation of suspected heart disease

- A. Electrocardiogram
- B. Echocardiogram
- C. Chest x-ray
- D. Exercise stress testing

V. Conclusions

- A. Not all cases of sudden death are preventable; careful screening of patients with heart disease can minimize this
- B. Significant heart disease may be undetectable at rest – history is the key to warning signs i.e. exertional chest pain, easily fatigued, shortness of breath, and especially fainting

REFERENCES

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STRONG, WM. STEED, DENNIS. "Cardiovascular Identification of the Young Athlete." Pediatric Clinics of North America. Vol. 29, No. 6, Dec. 1982.

STRONG, WM., "Hypertension and Sports." Pediatrics 64: 693, 1979.

BACK AND PELVIS EVALUATION CHECKLIST

1. Observation
 - A. Redness, mottling of skin
 - B. Skin markings
 1. Lipomata (fatty masses)- spina bifida (nonunion of the vertebral arch at the spinous process)
 2. Hair patch (Faun's beard)
 3. "Café au Lait" marks
 4. Port wine marks
 - C. Posture
 1. Level of shoulders, pelvis, head tilt
 - a. lordosis
 - b. scoliosis
 - c. kyphosis (Gibbus deformity)
2. Ask athlete what happened
3. Ask athlete what they felt (pop, snap, burn, etc.) Tingling? Numbness?
4. Ask athlete to pin point the pain
5. Check for fractures, defects, dislocation

Athlete slightly bending over table

 - A. Posterior -5 Lumbar vertebrae, 5 sacral (fused), 4 coccyx
 1. Spinous processes- lumber, sacral, coccyx
 - a. L4- L5 iliac crest
 - b. S2 across from posterior superior spine
 - c. spondylosthesis- forward slippage of one vertebra on another L5 on S1 or L4 on L5
 - d. Spondylosis- bony defect in line (fracture of transverse process- no slippage)
 2. Coccyx- coccydynia – painful coccyx
 - B. Anterior
 1. L3-L4 umbilicus
 2. Sacral Prometory L5- S1
6. Check ligaments
 - A. Anterior –posterior longitudinal
 - B. Interspinal
 - C. Supraspinal
 - D. Ligamentum nuchae
 - E. Ligamentum flavum
7. Check muscle tendons
 - A. Paraspinal muscles
 - B. Abdominal muscles
 - C. Iliopsoas
 - D. Hamstrings
 - E. Erector spinae
 - F. Gluteus maximus, medius
8. Range of Motion

- A. Stabilize lower extremities
 - B. compare both sides
 - C. Flexion- bend forward and try to touch toes
 - D. Extension – hand on small of back, look to ceiling
 - E. Lateral bending – stabilize iliac crest, hand on lateral side of leg, bend to right, left
 - F. Rotation – Stabilize iliac crest, look over shoulder
9. Muscle testing against resistance
- A. Stabilize lower extremities (seated)
 - B. Compare both sides
 - C. Flexion-resist forward flexion at waist
 - D. Extension- pressure against posterior scapulae
 - E. Lateral Bending- pressure against lateral shoulder
 - F. Rotation- stabilize iliac crest pressure against opposite posterior shoulder
10. Special Tests
- A. Sciatic Nerve Test and sensation
 - B. Babinski test
 - C. Milgram test- 2” straight leg raise- 30 seconds
 - D. Hoover test (Malingering test) pick up one leg
 - E. Kernig test- chin to chest
 - F. Valsalva test
 - G. Thomas test- contracture of hip flexion
 - H. Beevor test (abdominal strength) head, neck, and shoulder curl- navel should remain in T5-T12
 - I. Sacroiliac tests
 - 1. Pelvic rock
 - 2. Gaenslan’s test- knees to chest- one over side
 - 3. Patrick test- figure 4 position
 - J. Naffziger test- compression on jugular veins, cough
 - K. Neurological test- L4 medial foot, L5 mid-anterior foot, S1-lateral foot
 - L. Referred pain
 - M. Constant back pain-aneurism, tumor, ovarian cyst, possible kidney
 - N. Trendelenburg test
 - O. Observe gait

SHOULDER EVALUATION CHECKLIST

1. Observation- symmetry of motion, discoloration, deformity, Erb's palsy, depression (dislocation), Sprengel's deformity, one scapula partially descended, scoliosis, kyphosis, knocked down, winged scapula
2. Ask the athlete what happened
3. Ask the athlete what they felt (pop, snap, burn)
4. Ask the athlete to pinpoint the pain
5. Check for fractures, dislocations (proper location and palpation)

A. Humerus

1. Greater tuberosity
2. Lesser tuberosity
3. Anatomical neck
4. Surgical neck (most commonly fractured)
5. Bicipital groove

B. Clavicle (fractured on curved flat part of bone)

C. Scapula

1. Acromion process
2. coracoid process
3. Spine of scapula in line with T3
4. Infraspinatus fossa
5. Supraspinatus fossa
6. Vertebral border
7. Lateral border
8. superior angle
9. Glenoid fossa
10. Inferior angle

D. Sternum

1. Manubrium
2. Body
3. Xiphoid process

E. Vertebrae

1. Cervical C1-C7
2. Thoracic T1-T12

Dislocation

A. Glenohumeral – apex of axilla

1. Anterior-holds arm across body, depression in deltoid cap, external rotation and abduction
2. Posterior
3. Inferior

B. Acromioclavicular

C. Sternoclavicular

6. Check ligaments

A. Sternoclavicular joint

1. Sternoclavicular 1
2. costoclavicular 2

- 3. Interclavicular 3
 - 4. Springboard test
 - 5. Excessive rotation of scapula
 - B. Acromioclavicular joint (highest point)
 - 1. Acromioclavicular 1
 - 2. Costoclavicular trapezoid 1
 - 3. Conoid 2
 - C. Glenohumeral ligaments- anterior, middle, superior
 - 1. Apprehension test
 - D. Coracoacromial
 - 1. Impingement syndrome
 - E. Transverse ligament (long head of biceps- bicipital groove)
 - 1. Yergason test
- 7. Check muscle tendons
 - A. Rotator cuff
 - 1. Supraspinatus- stabilizes, assistor, abduction
 - 2. Infraspinatus- external rotation, depresses humeral head
 - B. Axilla
 - 1. Pectoralis major
 - 2. Latissimus dorsi
 - 3. Serratus anterior
 - 4. Biceps
 - C. Prominent muscles of the shoulder
 - 1. Sternocleidomastoid
 - 2. Pectoralis major
 - 3. Pectoralis minor
 - 4. Biceps
 - a. long head- bicipital groove
 - b. short head- coracoid process
 - 5. Deltoid
 - 6. Trapezius
 - 7. Rhomboid major and minor
 - 8. Latissimus dorsi
 - 9. Serratus anterior
 - 10. Serratus posterior
 - 11. Coracobrachialis
- 8. Compare Range of Motion
 - A. Stabilize arm
 - B. Compare both arms
 - C. Flexion (180)
 - D. Extension (45)
 - E. Abduction (180) 0-10 suraspinatus, 0-120 glenohumeral, 120-180 scapulothoracic
 - F. Adduction
 - G. Internal rotation (55)
 - H. External rotation (40-45)
 - I. Horizontal flexion-to opposite shoulder

- J. Horizontal extension
 - K. Elevation
 - L. Depression
 - M. Protraction
 - N. Retraction
 - O. Circumduction
9. Muscle testing against resistance
- A. Stabilization
 - B. Compare both arms
 - C. Flexion
 - D. Extension
 - E. Abduction
 - F. Adduction
 - G. Internal rotation (abducted and adducted)
 - H. External rotation (abducted and adducted)
 - I. Horizontal flexion
 - J. Horizontal extension
 - K. Elevation
 - L. Depression
 - M. Protraction
 - N. Retraction
10. Special tests
- A. Rotator Cuff
 - 1. Drop arm test
 - 2. History
 - a. does it wake you up at night
 - b. cannot pinpoint pain
 - c. cannot put hand inside pocket
 - d. cannot abduct above 90 and horizontally flex
 - B. Apprehension test
 - C. Yergason test- sublaxing long head of the biceps
 - D. Subacromial Bursitis
 - E. Frozen shoulder
 - F. Brachial plexus sensation, motor, reflex testing
 - G. Brachial artery
 - H. Winged Scapula
 - I. Jobe sign infraspinatus

ELBOW EVALUATION CHECKLIST

1. Observation
 - A. Carrying angle
 1. cubital valgus – abnormal if greater than normal 5-15
 2. cubital varus – “gunstock” deformity
 - B. Swelling
 - C. Dislocation
 - D. Deformity
2. Ask athlete what happened
3. Ask athlete what they felt
4. Ask athlete to pinpoint the pain
5. Check for fracture, dislocation
 - A. Fracture
 1. Humerus
medial epicondyle (avulsion fx), medial supracondylar line of humerus, lateral epicondyle, capitulum
 2. Ulna
olecranon, ulnar ridge, groove for ulnar nerve
 3. Radius
radial head
 - B. Dislocation emergency – Volkman’s Ischemic Contracture
 1. Flexed – isosceles triangle – medial epicondyle olecranon, lateral epicondyle
 2. Extended – 0 straight line
 3. Radial head – failure to palpate, pronate and supinate
6. Check ligaments
 - A. Radial collateral
 - B. Ulnar collateral
 1. extension
 2. 15-30 flexion
 - C. Annular ligament – cups the head and neck to lateral collateral
7. Muscle tendons
 - A. Medial aspect – pronator muscle group, wrist flexor
 1. pronator teres
 2. flexor carpi radialis
 3. flexor carpi ulnaris
 4. palmaris longus
 - B. Posterior aspect
 1. triceps
 2. anconeus
 - C. Lateral aspect wrist extensors, supinators
 1. brachioradialis
 2. extensor carpi radialis longus and brevis
 3. supinator
 - D. Anterior aspect

1. biceps tendon
8. Compare Range of Motion
 - A. Stabilize arm
 - B. Compare both arms
 - C. Flexion – 135
 1. biceps – wrist supinated
 2. brachioradialis – thumb up
 - D. Extension 0-5
 - E. Supination – elbow flexed at 90
 - F. Probation – elbow flexed at 90
 - G. Wrist flexion and extension
 - H. Wrist ulnar and radial deviation
9. Muscle testing against resistance
 - A. Stabilize arm
 - B. Compare both arms
 - C. Flexion (wrist supinated) – biceps
 - D. Flexion (thumb up) – brachioradialis
 - E. Extension – triceps, anconeus
 - F. Pronation pronator teres, provator quadratus
 - G. Supination – biceps, supinator
 - H. Wrist flexion and extension
 - I. Wrist ulnar and radial deviation
10. Special tests
 - A. Supracondylar lymph nodes (slippery bumps)
 - B. Olecranon bursa
 - C. Circulation
 1. brachial artery
 2. radial artery
 - D. Nerves
 1. median nerve
 2. musculocutaneous nerve
 3. ulnar nerve
 - E. Tennis Elbow test – extend wrist against resistance
 - F. Sensation testing – C5, C6, T1, T2
 - G. Referred pain
 - H. Little league elbow- medial epicondylitis

SHOULDER PAD FITTING

HAVE ATHLETE READ WARNING LABEL AND SIGN WAIVER STATING HE/SHE UNDERSTANDS THE WARNING

1. Inspect each set of pads
 - A. rivets
 - B. cantilever springs
 - C. cracks in plastic
 - D. stitching
 - E. collar for cracks / tears
 - F. snubbers
 - G. cap and epaulet hinges
 - H. grommets
 - I. rested hardware
 - J. laces
2. Determine playing position of athlete
3. Fit without shirt
4. Determine athletes shoulder width/chest size (measure from tip to tip of shoulders)
5. Match player position & shoulder width to appropriate pads
6. Try pads on; secure all straps and laces
7. Check for appropriate cover of:
 - A. AC jt
 - B. pectoralis muscle
 - C. xiphoid process of sternum
 - D. trapezius
 - E. clavicle
 - F. deltoids
 - G. inferior angle of scapulas
8. Visually check for:
 - A. comfortable ROM of arms & neck
 - B. AC channel is off the AC joint
 - C. Anterior chest pads do not overlap
 - D. Pads fit snugly to body
 - E. No pinching of neck with arm movement

FOOTBALL HELMET FITTING

1. Read and have athlete read the warning label on helmet and sign a waiver stating he/she understands the warning.
2. Measure players' head (wet head to compress hair)
3. Pick helmet that corresponds to measured size
4. Have athlete put on helmet, inflate air pockets for comfort and fit
5. Tighten chin strap; should be centered on athletes chin and helmet
6. Check visually for following:
 - A. ear openings line up with helmet ear holes
 - B. jaw pads for fit
 - C. back sizer pad for fit
 - D. eyebrows should be approximately 1" from bottom helmet front
 - E. facemask should be approximately 3 fingers from nose
7. Physically check for the following:
 - A. helmet rotation
 - B. rocking back and forth
 - C. excessive compression and distraction
 - D. adjust pads if needed
 - E. rusted hardware
 - F. loose hardware
 - G. broken facemask clips
 - H. replace any hardware

CRUTCH AND CANE FITTING

1. Measure height of athlete to the axilla
2. Adjust crutches to approximate height
3. Three fingers width between axilla and axillary crutch pad
4. Adjust hand grip so elbow is bet between 15-20 degrees
5. Check to see all hardware is tight
6. Instruct athlete how to use
 - A. Three pt non-weight bearing gait
 - a. support all weight on non-involved side
 - b. swing crutches forward
 - c. swing non-involved leg through and forward
 - d. repeat
 - B. Four pt weight bearing gait
 - a. support weight on both legs and crutches
 - b. crutches and involved leg move forward (support weight with arms on crutches)
 - c. non-involved leg moves through crutches
 - d. repeat
 - C. Stairs
 - a. up with the bad leg
 - b. down with the good leg

Cane:

1. Adjust cane to height of the greater trochanter
2. Make sure all hardware is tight
3. Instruct athlete how to use
 - A. opposite hand, opposite leg
 - B. cane forward as opposite leg goes forward
 - C. support weight on cane
 - D. stairs
 1. up with the bad
 2. down with the good

Evaluation Checklists provided by Robyn Gust
Gust, R. Huron University Athletic Training Student Handbook.

ADDENDUM:

**TRINITY HOSPITAL
POLICY/PROCEDURE #42**

DEPARTMENT: Sports Medicine

SUBJECT: Dress Code

POLICY: All Sports Medicine personnel must dress professionally when working with Sports Medicine and Outpatient patients. The following guidelines must be followed:

1. Casual dress clothing is expected. This may include dress slacks or khaki pants.
 - a. Jeans and wind-pants are not allowed when working with out-patients
2. Shirts must be collared or casual dress shirts. Trinity Sports Medicine shirts will be worn for all home events.
3. Name tags distributed by Trinity Health are required in the clinic
4. When providing Sports Medicine services, athletic attire such as wind-suits, coaches pants, shorts, hats and athletic footwear are permissible as long as the Trinity Sports Medicine logo is a part of that apparel and is exposed. Denim jeans are not permitted.
 - a. If the team the athletic trainer is working with has provided the athletic trainer with logo wear from that school, the Trinity nametag must be worn with the apparel at events.
5. Acrylic and long fingernails are prohibited for personnel that work with patient care due to infection control risk. Fingernails must be kept clean and of reasonable length.

ADOPTED 10/14/92
REVISED 09/02/03

Trinity Hospital Wide Dress code

All Trinity employees, volunteers, physicians and contract/agency staff must maintain a professional, well groomed appearance at work. Clothing and grooming of all personnel should contribute to a positive impression of the organization, while contributing to a safe and efficient work environment. In the interest of infection control it will be necessary for all employees to maintain good personal health and cleanliness at all times.

The manager/supervisor will discuss the dress code policy with new employees at the time of hire. Managers and supervisors are responsible for monitoring and reinforcing the dress code policy.

General dress code of Trinity employees are as follows:

- Clothing and shoes shall be neat and clean in appearance.
- All employees will be responsible to maintain good personal hygiene.
- Employees must wear appropriate identification badge provided by Trinity Health with the picture, name, and title visible (above the waist).
- Employees may be required to wear uniforms in whole or in part as determined by the Department Director.
- Employees not required to wear uniforms shall dress neatly and appropriately as directed by their Department Director.
- Hose/stockings must be worn at all times in all areas of Trinity Health.
- Trinity issued scrub cloths are to be worn in specified departments only.
- Hair must be neat and clean and of a length and style so as not to interfere with the performance of ones job. Hair must be of a conservative* color. Use of hair coverings or restraint may be required in specific areas as determined by the Department Director.
- A beard or mustache must be neatly trimmed at all times.
- All persons will maintain their finger nails at a reasonable length and must keep nails clean to facilitate effective hand hygiene in the workplace. All persons having patient contact or contact with supplies or equipment for direct patient care may be limited by their department manager, in the use of acrylic fingernails or ornamental nails. It is suggested that only light or neutral nail polish be used and polish not be chipped or worn.
- In the interest of professional image and safety the wearing of jewelry designed for pierced body parts shall be conservative* and be limited to the ears only. Gauged ears are not recommended and should be conservative in size. Other types of jewelry may be worn but should be limited.
- Tattoos and/or body art must be conservative* and/or covered while on duty.
- In the interest of patient safety and the concern for our fellow employee the use of perfume and colognes must be limited in both patient and non-patient care areas.
- Underclothing must be worn at all times while on duty and be unnoticeable.
- Leggings may be worn with long sweaters past mid-thigh.

- Employees should choose attire that does not draw undue attention because of style or length and should allow the wearer to perform job duties comfortably, modestly, and safely.

The following items shall be considered as unacceptable attire:

- printed tee shirts
- sleeveless tops
- low cut blouses or dresses
- midriff tops
- sweatshirts or sweatpants, including hooded sweatshirts
- denim clothing or jeans of any color, shorts (jeans that are clean, neat and in good condition - no holes/tattering - may be worn for hospital paid meetings)
- form fitting clothing are not permitted
- athletic wear, caps
- attire with printed advertisement/logo (other than Trinity Health)
- opened toe shoes (in direct patient care areas)
- flip flop shoes

Dress down days are not permitted. On special occasions, variations to the accepted norm of dress may be allowed at the discretion of **Administration**.

The following is a list of appropriate scrub colors by dept:

Hospital and Clinics:

- Nurses (RN's & LPN's) – Dark Gray
- CNA's & Ward Secretaries – Royal Blue
- Phlebotomists – Navy Blue
- Medical Assistants, Dental Assistants, & Optical Assistants – Maroon
- Housekeepers – Hunter Green
- Radiation Therapy – Black
- X-ray – Chocolate Brown
- Neuro Diagnostic – Eggplant

Trinity Nursing Home:

- Transporters – Black Lab Jacket over street clothes
- PT/OT – Chocolate Brown and Taupe
- Kitchen – Black pants, Teal scrub top, and Lab jacket
- Housekeeping – Hunter Green
- Med Aides – Light Gray
- Nurses (LPN's & RN's) – Dark grey
- Ward Clerks and CNA's – Royal Blue
- Environmental Aides – Ceil Blue

*Management reserves the right to define conservative. This policy reflects minimum standards or dress and appearance. Variations to this policy because of business necessity should be reviewed with the appropriate Line Manager. The hospital reserves the right to ask any employee or volunteer improperly dressed to go home, change clothing and return to

work with loss of pay for the time absent from work, if applicable. Disciplinary action may result for continuous dress code violations.

HOME

Approver

Paul C. Simonson

Updated By

Lisa M. Vendsel

Last modified at 1/6/2015 8:14 AM by Lisa M. Vendsel

Trinity Health Requirements to Attend Clinical Sites

- Students must have a TB Test taken within the last 12 months, this test is good for the duration of the student's academic career. Documentation must be provided to the Clinical Education Coordinator and a copy will be provided to the Education Specialist at Trinity Health. The student is responsible for the cost of the TB Test.
- Students must sign Trinity Confidentiality Statement
- Students must have health insurance
- Students must have influenza vaccination or follow un-vaccinated employee policy
- Students must contact Nadine Nelson the Educational Specialist at Trinity Health and provide her with their Social Security Number so the student can put on Trinity's Workforce Safety Insurance.
 - Nadine Nelson
Education Specialist
Staff Development
Trinity Health
(Phone) 701-857-2765
(Fax) 701-857-5194
Nadine.Nelson@trinityhealth.org

Student Health Information

1. Athletic training students are to have health insurance to attend any clinical setting.
2. North Dakota University System students who do not have health insurance may be able obtain insurance from United Health Care. Information regarding The Affordable Health Care Act and United Health Care please go to the following link <http://www.minotstateu.edu/health/insurance.shtml>
3. Campus health care is available through the Student Health Center to supplement private health care.

Bloodborne Exposure Protocol

1. Students with blood and body fluid exposures are to follow the agency protocol. **The cost will be accrued by the student.**
2. Use soap and water to wash areas exposed to potentially infectious fluids as soon as possible after exposure.
3. Flush exposed mucous membranes with water.
4. Remove contact lens if applicable then flush exposed eyes with water or saline solution.
5. Do NOT apply caustic agents, or inject antiseptics or disinfectants into the wound.
6. Report exposures. Obtain name and information of person you were exposed to if possible. Document routes of exposure and how exposure occurred. Date and time of exposure. Details of the incident: where and how the exposure occurred, exposure site(s) on HCP's body; if related to sharp device, the type and brand of device.
7. **Immediately go to the Emergency room to see a health care professional and to document exposure.**

Information on steps 2-7 above obtained February 11, 2016 from <http://www.mpaetc.org/MPAETC/media/MPAETC/Product%20Downloads/PEP-final-%282006%29.pdf>

INCIDENT REPORT FORM

Post Exposure Reporting: Date and time of exposure:

Obtain name and information of person you were exposed to if possible.

Document routes of exposure and how exposure occurred.

Details of the incident: where and how the exposure occurred, exposure site(s) on your body; if related to sharp device, the type and brand of device.

Provide this information to the Health Care Provider and give a copy to your advisor.

Student Name &

Signature: _____ Date: _____

Preceptor Name &

Signature: _____ Date: _____

MSU ATP Non-Discrimination Policy

Minot State University Athletic Training Program adheres to the Minot State University Policy regarding discrimination and does not discriminate on clinical education assignments based on sex, ethnicity, religious affiliation, or sexual orientation.

The Minot State University Statement Regarding Discrimination:

Minot State University subscribes to the principles and laws of the state of North Dakota and the federal government pertaining to civil rights and equal opportunity, including Title IX of the 1972 Education Amendments. Minot State University policy prohibits discrimination on the basis of race, gender, religion, age, color, creed, national or ethnic origin, marital status, or disability in the recruitment and admission of students and the employment of faculty, staff, and students, and in the operation of all college programs, activities, and services.

Evidence of practices which are inconsistent with this policy should be reported to the Human Resource Director in the Administration Building.

<http://catalog.minotstateu.edu/undergraduate/>

Minot State University Athletic Training Program's Policy on how credit hours are granted for courses that incorporate clinical experiences.

For every 1 credit hour clinical course students must complete minimum of 150 hours of clinical experience and must not exceed a maximum of 350 clinical experience hours for a 15-week semester, including the clinical course meeting times. These hours include those in the clinical course meeting times. For every 2 credit hour clinical course students must complete minimum of 225 hours of clinical experience and must not exceed a maximum of 450 clinical experience hours for a 15-week semester. The student is responsible for having the Preceptor sign off on the monthly hour logs provided by the student. ATR 129 and ATR 223 are each 1 semester hour clinical courses, while ATR 323, ATR 324, ATR 423, ATR 424 are 2 semester hour clinical courses.

Students are expected to engage in these clinical experience hours over the full course of the semester and some hours should be counted each week. Students should ensure that the clinical experience activity will not push them to try to exceed the 40-hour maximum per week at the end of the course in order to meet minimum total hour requirement for the course.

During the clinical education experience a student must document the number of hours directly supervised by a Preceptor on the *Clinical Education Hour Log*. The documentation must occur each day in a clinical education experience and must be accurate; hours can be rounded to the nearest 1/4 hour. The following hours cannot be included when documenting hours on the *Clinical Education Hour Log*:

1. Time spent traveling with a team
2. Time spent hanging out in the ATR

Additional Hours

Clinical education hours are obtained as part of a clinical course. Clinical education hours obtained in the field, such as at athletic events that lie outside of the course start and end dates (i.e. pre-season events that might start prior start of the course to which the hours will

be applied) will be counted as part of the total clinical hours for the course and may not exceed the 40-hour weekly maximum.

Clinical Education Hour Requirements

All ATS in ATR 129 and ATR 223 must obtain and record a minimum of 150 hours and may not exceed the maximum of 350 hours per semester for each clinical course during the normal academic calendar.

Minimum and maximum hours per week per cohort are defined as follows:

Sophomores: on average a minimum of 10 hours per week; maximum of 40 hours/per week as long as clinical hours do not exceed 350 for the semester.

Juniors: on average a minimum of 15 hours per week maximum of 40 hours/per week as long as clinical hours do not exceed 450 for the semester.

Seniors: on average a minimum of 15 hours per week; maximum of 40 hours/per week as long as clinical hours do not exceed 450 for the semester.

Students must log some hours each week and no more than the maximum of 40 hours/per week. The student is responsible for having the preceptor initial the hour log on a weekly basis to ensure that what is logged is accurate, signifying approval of logged hours. All hours must be entered into ATRACK and correctly reflect the paper hour log, to allow the Clinical Education Coordinator to monitor the students clinical experience hours. Weekly hours will be monitored by the Clinical Education Coordinator and if students are putting in more than the 40-hour maximum per week the student and preceptor will be contacted and the situation clarified and corrected as necessary. Situations may arise in which the student is unable to obtain clinical experience hours in a given week, at that time the Preceptor, Clinical Education Coordinator, and the student may develop an individualized plan that will allow the student to average the hours over a specified period to obtain the required hours as long as the student does not go over the maximum hours per week or for the semester.

<u>Clinical Experience</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Target</u>
ATR 129 ATR 223	150	350	225
ATR 323 ATR 324	225	450	300
ATR 423 ATR 424	225	450	300

MSU ATP Employment Policy

Employment- If students wish to be employed, they must remember that participating in the MSU ATP is a full-time commitment. The clinical component of the Athletic Training Program requires a variety of morning, afternoon, evening, and weekend obligations due to the nature of the field. Athletic training student's participation in university athletics or employment does not disqualify the student from the Athletic Training Program; however, students must understand the time commitment, and at no time should employment conflict with scheduled clinical education, classwork, or clinical rotation assignments. Once clinical experience hours are scheduled, students should not miss hours due to employment schedules. Students must inform preceptors of work scheduled a minimum of three weeks in advance of setting clinical rotation schedule. The Athletic Training Program does not employ athletic training students.

Athletic Training Program Student Athlete Policy

Athletes enrolled in the Athletic Training major are allowed to be one-sport athletes. Student athletes enrolled in the Athletic Training major are allowed to participate in in-season athletics and the remainder of the school year is to be devoted to their educational endeavor. Due to the clinical educational experiences of Athletic Training Majors student athletes may be required to complete a clinical experience in an additional semester depending on the demands of the athletic team, this may require a 5th year for student athletes to complete the program.