

# Reasonable Accommodation Form

## Statement of Compliance without Need of Accommodations

I certify that I have read and understand the technical standards for selection listed above (page 20 of the ATEP Student Handbook), and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the ATEP.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Alternative Statement for Students Requesting Accommodations

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Office of Disability Services to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the ATEP.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**PARTICIPANT WAIVER AND HOLD HARMLESS FORM  
HENDERSON STATE UNIVERSITY  
ATHLETIC TRAINING EDUCATION PROGRAM**

1. In consideration for receiving permission to participate in the Athletic Training Education Program (herein referred to as ACTIVITY), which is conducted by Henderson State University, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes Henderson State University, the Board of Trustees of Henderson State University, and its officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the negligence of RELEASEES**. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

2. I am fully aware that there are inherent risks involved with ACTIVITY, including but not limited to travel to and from clinical/field training sites, work in dangerous locations and in hazardous situations that require me to be constantly aware of my surroundings, risk of exposure to blood borne pathogens and infectious diseases, and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said activity **including injuries sustained as a result of the negligence of RELEASEES**. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity.

3. I understand that RELEASEES do maintain a blanket liability insurance policy that will provide some liability coverage for me if a third party makes a claim of personal injury or property damage against me based upon my participation in the ACTIVITY; however, the RELEASEES **DO NOT** maintain medical coverage on me in the case of injuries or losses that may befall me in any circumstance arising from my participation in this ACTIVITY or any event related to that participation. As such, I am aware that I should review the other personal insurance coverage.

4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Arkansas.

5. I further acknowledge that:

- I must adhere to the blood borne pathogen training guidelines.
- I may be asked to submit to drug screening as an eligibility requirement to participate in some clinical settings. I agree that I will be responsible for the costs of any required testing. I acknowledge that results acceptable to Henderson State University on any drug screening are a requirement of my continued participation in the Athletic Training program. If the results of my drug screening are deemed to be unacceptable to Henderson State University, I may be dismissed from the Athletic Training program.

- I have received and reviewed a copy of the Athletic Training student handbook. I will comply with the requirements and rules set out in the handbook and I acknowledge that if I fail to do so, I may be dismissed from the Athletic Training program at Henderson State University.

6. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

**SIGNED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Participant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_  
(If Participant is under 18 years old)

**Parent or Legal Guardian Printed Name:** \_\_\_\_\_  
(If Participant is under 18 years old)

**Witness Signature:** \_\_\_\_\_

**Witness Printed Name:** \_\_\_\_\_



**INSTRUCTIONS TO INSTRUCTORS or SPONSORS**

1. Complete all blanks in form prior to execution.
2. Provide copy of executed form to Participant.
3. If a special event or other policy of insurance is in effect for the Activity, delete paragraph 3 and initial.
4. Attach additional pages as necessary to describe Activity or Inherent Risks, and have Participant initial all such pages at the time of execution of this document.
5. Keep this release on file in appropriate office of Sponsor.

Henderson State University  
Athletic Training Education Program  
Pre-participation Physical Evaluation  
MEDICAL HISTORY - PLEASE PRINT

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Personal physician \_\_\_\_\_ Physician's Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Circle Yes or No and then explain "Yes" answers below:

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Have you ever been hospitalized?   | Yes | No |
| 2.  | Are you presently taking any medications or pills?   | Yes | No |
| 3.  | Do you have any allergies (medicine, bees or other stinging insects)?  | Yes | No |
| 4.  | Have you ever passed out during or after exercise?   | Yes | No |
| 5.  | Have you ever been dizzy during or after exercise?   | Yes | No |
| 6.  | Have you ever had chest pain during or after exercise?   | Yes | No |
| 7.  | Do you tire more quickly than your friends during exercise?  | Yes | No |
| 8.  | Have you ever had high blood pressure?   | Yes | No |
| 9.  | Have you ever been told that you have a heart murmur?  | Yes | No |
| 10. | Have you ever had racing of your heart or skipped heartbeats?  | Yes | No |
| 11. | Has anyone in your family died of heart problems or a sudden death before age 50?  | Yes | No |
| 12. | Do you have any skin problems (itching, rashes, acne)?   | Yes | No |
| 13. | Have you ever been knocked out or unconscious?   | Yes | No |
| 14. | Have you ever had a head injury?   | Yes | No |
| 15. | Have you ever had a stinger, burner or pinched nerve?  | Yes | No |
| 16. | Have you ever had heat related illness?  | Yes | No |
| 17. | Have you ever been dizzy or passed out in the heat?  | Yes | No |
| 18. | Do you have trouble breathing or do you cough during or after activity?  | Yes | No |
| 19. | Have you had any problems with your eyes or vision?  | Yes | No |
| 20. | Do you wear glasses or contacts or protective eye wear?  | Yes | No |
| 21. | Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? (if yes, check all that apply) | Yes | No |

Head     Shoulder     Thigh     Neck     Elbow  
 Knee     Chest     Forearm     Back     Wrist  
 Foot     Ankle     Hand     Hip     Shin/Calf

- |     |   |     |    |
|-----|---|-----|----|
| 22. | Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? | Yes | No |
| 23. | Have you ever had surgery?  | Yes | No |
| 24. | Is there a copy of your immunization records in your ATEP folder?                   | Yes | No |

Explain "Yes" answers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.  
Signature of Athletic Training Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

(if applicable)

Pre—participation Physical Evaluation (continued)  
**PHYSICAL EXAMINATION - TO BE COMPLETED BY PHYSICIAN**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Vision (Right) 20/ \_\_\_\_\_ (Left) 20/ \_\_\_\_\_ Corrected Yes No

	Normal <input checked="" type="checkbox"/>	NOT within normal limits/comments
Head, ears, eyes, nose, throat		
Neck		
Lungs		
Heart		
Abdomen		
Back/Spine		
Dental		
Hernia		
Skin		
Shoulders		
Elbows		
Wrist		
Hands		
Hips		
Knees		
Ankles/Feet		
Other		

**Clearance:**

\_\_\_\_\_ Meets physical requirements for participation in the ATEP  
 \_\_\_\_\_ Needs to report to the HSU Office of Disability Services  
 \_\_\_\_\_ Not cleared due to \_\_\_\_\_

Recommendation: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

# Henderson State University

## Athletic Training Education Program

### Hepatitis B Vaccination Form

Participation in athletic training experiences possess the potential to expose the athletic training student to infectious disease, such as Hepatitis B. I understand that Hepatitis B is viral in nature, and while treatable by medical science, it is not curable. I know that Hepatitis B is a disease that affects the liver and it can lead to a variety of health problems and can be fatal. I have been informed that a series of vaccinations are available to me, **at my expense**, that will immunize my body against this potentially life threatening illness. My student health fee does not cover the cost of this vaccination. Three options for making arrangements to receive this vaccine are: 1) I may contact my parents and ask them to review my health insurance policy to determine if the cost of the vaccination is covered, 2) If I am still eighteen (18) years of age or younger I may begin the series of vaccinations at the Clark County Health Office at the reduced cost of \$5.00 per injection, 3) I may make an appointment with a local physician to receive the injections and be responsible for all expenses incurred as a result of the visit.

#### PLEASE INITIAL ONE:

\_\_\_\_\_ I have already received the vaccinations against Hepatitis B and it can be verified with my official shot records on file.

\_\_\_\_\_ I would like to begin the series of vaccinations and realize that these vaccinations are **at my own expense**. My first vaccine will be administered on\_\_\_\_\_.

\_\_\_\_\_ I have elected, **of my own accord**, not to receive these vaccinations even though I have received information on the inherent risk of potential exposure and the incurability of the disease.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Student Health Clearance Form**

**Student Name:** \_\_\_\_\_

## **Physical Examination:**

\_\_\_\_\_ Meets physical requirements for participation in the ATEP

\_\_\_\_\_ Needs to report to the HSU Office of Disability Services

\_\_\_\_\_ Not cleared due to \_\_\_\_\_

Deficiencies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

## **HSU Student Health Services:**

\_\_\_\_\_ Meets immunization requirements for participation in the ATEP

\_\_\_\_\_ Deficient in the following vaccinations and IS NOT cleared for participation

Initial TB skin test

\_\_\_\_\_ negative

\_\_\_\_\_ positive

Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Services Signature \_\_\_\_\_ Date \_\_\_\_\_

# OSHA Bloodborne Pathogen Regulatory Text

## § 1910.1030 Bloodborne Pathogens

(a) **Scope and Application.** This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) **Definitions.** For purposes of this section, the following shall apply:

**Assistant Secretary** means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

**Blood** means human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Clinical Laboratory** means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

**Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Director** means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

**Engineering Controls** means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**Handwashing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**Licensed Healthcare Professional** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

**Needleless Systems** means a device that does not use needles for (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials** means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**Personal Protective Equipment** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Production Facility** means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

**Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Research Laboratory** means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

**Sharps with Engineered Sharps Injury Protections** means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Source Individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions** is an approach to infection control. According to the concept of Universal

Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

**(c) Exposure Control -**

**(c)(1) Exposure Control Plan.**

(c)(1)(i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(c)(1)(ii) The Exposure Control Plan shall contain at least the following elements:

(c)(1)(ii)(A) The exposure determination required by paragraph (c)(2),

(c)(1)(ii)(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(c)(1)(ii)(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(c)(1)(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

(c)(1)(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

(c)(1)(iv)(A) reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(c)(1)(iv)(B) document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(c)(1)(v) An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

(c)(1)(vi) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

**(c)(2) Exposure Determination.**

(c)(2)(i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(c)(2)(i)(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(c)(2)(i)(B) A list of job classifications in which some employees have occupational exposure, and

(c)(2)(i)(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(c)(2)(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

**(d) Methods of Compliance -**

(d)(1) **General.** Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

**(d)(2) Engineering and Work Practice Controls.**

(d)(2)(i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(d)(2)(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(d)(2)(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(d)(2)(iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(d)(2)(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(d)(2)(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(d)(2)(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(d)(2)(vii)(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(d)(2)(vii)(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(d)(2)(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in

appropriate containers until properly reprocessed. These containers shall be:

(d)(2)(viii)(A) puncture resistant;

(d)(2)(viii)(B) labeled or color-coded in accordance with this standard;

(d)(2)(viii)(C) leakproof on the sides and bottom; and

(d)(2)(viii)(D) in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(d)(2)(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(d)(2)(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(d)(2)(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(d)(2)(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(d)(2)(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(d)(2)(xiii)(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(d)(2)(xiii)(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(d)(2)(xiii)(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(d)(2)(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(d)(2)(xiv)(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(d)(2)(xiv)(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

### (d)(3) **Personal Protective Equipment -**

(d)(3)(i) **Provision.** When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns,

laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(d)(3)(ii) **Use.** The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(d)(3)(iii) **Accessibility.** The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(d)(3)(iv) **Cleaning, Laundering, and Disposal.** The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(d)(3)(v) **Repair and Replacement.** The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(d)(3)(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(d)(3)(vii) All personal protective equipment shall be removed prior to leaving the work area.

(d)(3)(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(d)(3)(ix) **Gloves.** Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(d)(3)(ix)(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(d)(3)(ix)(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(d)(3)(ix)(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(d)(3)(ix)(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(d)(3)(ix)(D)(1) Periodically reevaluate this policy;

(d)(3)(ix)(D)(2) Make gloves available to all employees who wish to use them for phlebotomy;

(d)(3)(ix)(D)(3) Not discourage the use of gloves for phlebotomy; and

(d)(3)(ix)(D)(4) Require that gloves be used for phlebotomy in the following circumstances:

(d)(3)(ix)(D)(4)(i) When the employee has cuts, scratches, or other breaks in his or her skin;

(d)(3)(ix)(D)(4)(ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(d)(3)(ix)(D)(4)(iii) When the employee is receiving training in phlebotomy.

(d)(3)(x) **Masks, Eye Protection, and Face Shields.** Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(d)(3)(xi) **Gowns, Aprons, and Other Protective Body Clothing.** Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(d)(3)(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(d)(4) **Housekeeping -**

(d)(4)(i) **General.** Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(d)(4)(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(d)(4)(ii)(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(d)(4)(ii)(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

(d)(4)(ii)(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(d)(4)(ii)(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(d)(4)(ii)(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(d)(4)(iii) **Regulated Waste---**

(d)(4)(iii)(A) **Contaminated Sharps Discarding and Containment.**

(d)(4)(iii)(A)(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(d)(4)(iii)(A)(1)(i) Closable;

(d)(4)(iii)(A)(1)(ii) Puncture resistant;

(d)(4)(iii)(A)(1)(iii) Leakproof on sides and bottom; and

(d)(4)(iii)(A)(1)(iv) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(2) During use, containers for contaminated sharps shall be:

(d)(4)(iii)(A)(2)(i) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(d)(4)(iii)(A)(2)(ii) Maintained upright throughout use; and

(d)(4)(iii)(A)(2)(iii) Replaced routinely and not be allowed to overfill.

(d)(4)(iii)(A)(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

(d)(4)(iii)(A)(3)(i) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(d)(4)(iii)(A)(3)(ii) Placed in a secondary container if leakage is possible. The second container shall be:

(d)(4)(iii)(A)(3)(ii)(A) Closable;

(d)(4)(iii)(A)(3)(ii)(B) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(d)(4)(iii)(A)(3)(ii)(C) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(d)(4)(iii)(B) **Other Regulated Waste Containment -**

(d)(4)(iii)(B)(1) Regulated waste shall be placed in containers which are:

(d)(4)(iii)(B)(1)(i) Closable;

(d)(4)(iii)(B)(1)(ii) Constructed to contain all contents and prevent leakage of fluids during handling,

storage, transport or shipping;

(d)(4)(iii)(B)(1)(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

(d)(4)(iii)(B)(1)(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(B)(2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(d)(4)(iii)(B)(2)(i) Closable;

(d)(4)(iii)(B)(2)(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(d)(4)(iii)(B)(2)(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(d)(4)(iii)(B)(2)(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(d)(4)(iv) **Laundry.**

(d)(4)(iv)(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(d)(4)(iv)(A)(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(d)(4)(iv)(A)(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(d)(4)(iv)(A)(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(d)(4)(iv)(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(d)(4)(iv)(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) **HIV and HBV Research Laboratories and Production Facilities.**

(e)(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(e)(2) Research laboratories and production facilities shall meet the following criteria:

(e)(2)(i) **Standard Microbiological Practices.** All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii) **Special Practices.**

(e)(2)(ii)(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(e)(2)(ii)(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(e)(2)(ii)(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(e)(2)(ii)(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(e)(2)(ii)(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(e)(2)(ii)(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(e)(2)(ii)(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(e)(2)(ii)(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii)(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(e)(2)(ii)(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(e)(2)(ii)(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(e)(2)(ii)(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(e)(2)(ii)(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(e)(2)(iii) **Containment Equipment.**

(e)(2)(iii)(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(e)(2)(iii)(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(e)(3) HIV and HBV research laboratories shall meet the following criteria:

(e)(3)(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(e)(3)(ii) An autoclave for decontamination of regulated waste shall be available.

(e)(4) HIV and HBV production facilities shall meet the following criteria:

(e)(4)(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(e)(4)(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(e)(4)(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(e)(4)(iv) Access doors to the work area or containment module shall be self-closing.

(e)(4)(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(e)(4)(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(e)(5) **Training Requirements.** Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

**(f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up -**

**(f)(1) General.**

(f)(1)(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(f)(1)(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(f)(1)(ii)(A) Made available at no cost to the employee;

(f)(1)(ii)(B) Made available to the employee at a reasonable time and place;

(f)(1)(ii)(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(f)(1)(ii)(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(f)(1)(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

**(f)(2) Hepatitis B Vaccination.**

(f)(2)(i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(f)(2)(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(f)(2)(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(f)(2)(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(f)(2)(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

**(f)(3) Post-exposure Evaluation and Follow-up.** Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(f)(3)(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(f)(3)(ii) Identification and documentation of the source individual, unless the employer can establish that

identification is infeasible or prohibited by state or local law;

(f)(3)(ii)(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(f)(3)(ii)(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(f)(3)(ii)(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(f)(3)(iii) Collection and testing of blood for HBV and HIV serological status;

(f)(3)(iii)(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(f)(3)(iii)(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(f)(3)(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(f)(3)(v) Counseling; and

(f)(3)(vi) Evaluation of reported illnesses.

**(f)(4) Information Provided to the Healthcare Professional.**

(f)(4)(i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(f)(4)(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(f)(4)(ii)(A) A copy of this regulation;

(f)(4)(ii)(B) A description of the exposed employee's duties as they relate to the exposure incident;

(f)(4)(ii)(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(f)(4)(ii)(D) Results of the source individual's blood testing, if available; and

(f)(4)(ii)(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

**(f)(5) Healthcare Professional's Written Opinion.** The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(f)(5)(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(f)(5)(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(f)(5)(ii)(A) That the employee has been informed of the results of the evaluation; and

(f)(5)(ii)(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(f)(5)(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(f)(6) **Medical Recordkeeping.** Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

**(g) Communication of Hazards to Employees -**

**(g)(1) Labels and Signs -**

**(g)(1)(i) Labels.**

(g)(1)(i)(A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(g)(1)(i)(B) Labels required by this section shall include the following legend:



(g)(1)(i)(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(1)(i)(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(g)(1)(i)(E) Red bags or red containers may be substituted for labels.

(g)(1)(i)(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(g)(1)(i)(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(g)(1)(i)(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(g)(1)(i)(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(g)(1)(ii) **Signs.**

(g)(1)(ii)(A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

(g)(1)(ii)(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(2) **Information and Training.**

(g)(2)(i) Employers shall ensure that all employees with occupational exposure participate in a training

program which must be provided at no cost to the employee and during working hours.

(g)(2)(ii) Training shall be provided as follows:

(g)(2)(ii)(A) At the time of initial assignment to tasks where occupational exposure may take place;

(g)(2)(ii)(B) Within 90 days after the effective date of the standard; and

(g)(2)(ii)(C) At least annually thereafter.

(g)(2)(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(g)(2)(iv) Annual training for all employees shall be provided within one year of their previous training.

(g)(2)(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(g)(2)(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(g)(2)(vii) The training program shall contain at a minimum the following elements:

(g)(2)(vii)(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(g)(2)(vii)(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(g)(2)(vii)(C) An explanation of the modes of transmission of bloodborne pathogens;

(g)(2)(vii)(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(g)(2)(vii)(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(g)(2)(vii)(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(g)(2)(vii)(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(g)(2)(vii)(H) An explanation of the basis for selection of personal protective equipment;

(g)(2)(vii)(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(g)(2)(vii)(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(g)(2)(vii)(K) An explanation of the procedure to follow if an exposure incident occurs, including the

method of reporting the incident and the medical follow-up that will be made available;

(g)(2)(vii)(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(g)(2)(vii)(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(g)(2)(vii)(N) An opportunity for interactive questions and answers with the person conducting the training session.

(g)(2)(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(g)(2)(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(g)(2)(ix)(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(g)(2)(ix)(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(g)(2)(ix)(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

#### **(h) Recordkeeping -**

##### **(h)(1) Medical Records.**

(h)(1)(i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(h)(1)(ii) This record shall include:

(h)(1)(ii)(A) The name and social security number of the employee;

(h)(1)(ii)(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(h)(1)(ii)(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(h)(1)(ii)(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(h)(1)(ii)(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(h)(1)(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(h)(1)(iii)(A) Kept confidential; and

(h)(1)(iii)(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(h)(1)(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

**(h)(2) Training Records.**

(h)(2)(i) Training records shall include the following information:

(h)(2)(i)(A) The dates of the training sessions;

(h)(2)(i)(B) The contents or a summary of the training sessions;

(h)(2)(i)(C) The names and qualifications of persons conducting the training; and

(h)(2)(i)(D) The names and job titles of all persons attending the training sessions.

(h)(2)(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

**(h)(3) Availability.**

(h)(3)(i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(h)(3)(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(h)(3)(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

**(h)(4) Transfer of Records.**

(h)(4)(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(h)(4)(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

**(h)(5) Sharps Injury Log.**

(h)(5)(i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log

shall contain, at a minimum:

(h)(5)(i)(A) the type and brand of device involved in the incident,

(h)(5)(i)(B) the department or work area where the exposure incident occurred, and

(h)(5)(i)(C) an explanation of how the incident occurred.

(h)(5)(ii) The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

(h)(5)(iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

(i) **Dates -**

(i)(1) **Effective Date.** The standard shall become effective on March 6, 1992.

(i)(2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

(i)(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(i)(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

APPENDIX A TO SECTION 1910.1030 - HEPATITIS B DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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## HENDERSON STATE UNIVERSITY ATHLETIC TRAINING EDUCATION PROGRAM

### Occupational Exposure to Bloodborne Pathogens

*In accordance with the Occupational Safety Health Administration (OSHA) Bloodborne Pathogens Standard, 29 DFR 1910.1030, the following exposure control plan has been developed.*

OSHA requires employers to perform an **EXPOSURE DETERMINATION** concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination affects all faculty/staff, graduate assistant athletic trainers, athletic training students, and observers in the Athletic Training Education Program [ATEP].

The job classification and associated tasks for these categories are as follows:

- All faculty/staff members will be expected to provide emergency treatment for life-threatening emergencies, including administering mouth-to-mouth resuscitation and controlling bleeding that may occur due to participation in sanctioned HSU athletics. Also, the faculty/staff member may be involved in assisting the team physicians with suturing, draining blisters, applying wound care, and other related health care procedures.
- Graduate assistant athletic trainers and athletic training students will often be expected to perform the same tasks if called upon by the situation.

Implementation will be the joint responsibility of the Athletic Training Education Program Director and Head Athletic Trainer. This plan will be reviewed on an annual basis and modifications will be made to accommodate necessity. This plan will be included in the mandatory annual course provided on Bloodborne Pathogens to all athletic training staff and students. A written copy of this policy can be found in the ATEP Student Handbook. It is also on file in the Program Director's Office and the Reddie Athletic Training Room. It will be readily accessible to all concerned personnel.

OSHA requires that this policy include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

**UNIVERSAL PRECAUTIONS** (a method of infection control in which ALL blood and other potentially infectious materials are treated as if infected with HIV, HBV, or other blood borne pathogens) shall be practiced in the handling of blood and other body fluids at all times.

**ENGINEERING CONTROLS** (controls that isolate or remove a hazard from the workplace such as sharps containers and biohazard labels) shall be provided by the Athletic Training Education Program and utilized at all times.

**HAND WASHING FACILITIES** are readily available in all clinical sites. These facilities provide acceptable soap, running water, and hand drying equipment. Hand washing facilities are also available in all public restrooms and locker rooms on campus. When running water and

soap are not available, a waterless hand sanitizer is available at all clinical sites and in all portable kits. As soon as possible, running water and soap will be used. Staff and students are informed that hand washing is vital to the prevention of infection. Hand washing will be strongly encouraged and when available, students/staff will wash their hands **before** and **after** patient contact

**NEEDLES** and other sharp instruments will not be bent, recapped, removed, sheared, or purposely broken. OSHA allows for one exception to the rule governing the disposal of needles; If the procedure requires that the contaminated needles be recapped or removed and no alternative is feasible, and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one handed technique. At this facility recapping or removal is only permitted while assisting one of the team physicians in a procedure deemed appropriate. Following usage, needles or other contaminated sharps objects will be disposed of in a clearly marked biohazardous sharps container. **SHARPS CONTAINERS** will meet the following requirements:

- Closable, puncture-resistant and leak-proof sides
- Red in color or labeled with a biohazard symbol
- Located as close as feasible to the immediate area of use
- Checked daily and not allowed to overfill (more than 3/4 of capacity)
- Maintained in an upright position during transfer

Approved sharps containers can be found in the first aid cabinet located in the ATEP Laboratory and in the Physician's Exam Room at the main athletic training facility.

**WORK AREA RESTRICTIONS** will be implemented in clinical areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials. In these areas, employees and/or students are not to eat, drink, apply cosmetics, smoke, or handle contact lenses. Food and beverages are not to be kept, placed, or stored in areas where the potential of infectious exposure presents itself, nor will either item be refrigerated in the same unit that might potentially store infectious materials.

**CONTAMINATED EQUIPMENT** will be examined and properly decontaminated before reuse or storage.

**SPECIMENS** such as blood and urine will be placed in leak proof containers during the collection, handling, processing, storage, and transport of the specimens. The container will be clearly labeled with markings consistent with OSHA guidelines. The preparer and/or handler of the specimen will observe universal precautions at all times while in contact with the container. If leakage occurs to the original container, it shall be placed into a secondary container before handling, processing, storage, or transportation.

**PERSONAL PROTECTIVE EQUIPMENT** is a requirement necessary prior to the anticipated potential exposure to a potentially infectious material. These personal protective devices will be made available without cost to the staff. The extent of protection will be based on the expected degree and volume of exposure to the infectious substance. Personal protective equipment will only be accepted if it is comprised of a non-permeable material that does not allow passage of blood or other potentially infectious substances to the caregiver's skin, eyes, mouth, nose, or other mucous membranes under normal conditions of use. Gloves are the primary means of

personal protection use by athletic trainers. Latex gloves will be readily available in an assortment of sizes to all faculty/staff, students, physicians and other caregivers. These gloves can be found on the countertops in both the ATEP Laboratory and main athletic training facility. There will also be an adequate stock of gloves stored in each individual kit. If necessary, provisions will be made to provide hypoallergenic gloves of suitable material to those individuals with a known allergy to latex. Gloves are to be worn for the following procedures:

- Applying bandages for open wounds
- Draining blisters
- Shaving calluses
- Managing open wounds
- Handling urine specimens
- Cleaning treatment/evaluation tables
- Cleaning wound care materials
- Evaluating oral/dental injuries or conditions
- Application of direct pressure to open wounds
- Control of bleeding
- Any other procedures not outlined, but that present a possible exposure risk

A complete personal protective exposure kit will be available onsite in the main athletic training facility. This kit will include:

- Disposable impervious gown
- Latex examination gloves
- Protective eyewear
- Disposable face mask
- Antimicrobial hand wipe
- Biohazard waste bag
- Black waste bag

Emergency resuscitation equipment will be readily available. All kits will be equipped with either a pocket mask or face shield. A bag valve resuscitation mask is stored in the main athletic training facility and all concerned staff are oriented to its storage place. In the ATEP Laboratory, pocket masks are mounted on the wall near the treatment tables.

All personal protective equipment will be maintained, inspected, replaced, and restocked on a continuous basis, dependent upon use. It is the responsibility of ALL personnel to insure that all equipment is maintained and resupplied. It will also be disposed of properly, in accordance with OSHA guidelines. All staff will receive instruction on selecting the appropriate level of protection, donning/doffing procedures, disposal, and replacement of all equipment.

**FACILITY MANAGEMENT** requires that the clinical sites at Henderson State University be cleaned and decontaminated on a daily basis, when under use. Decontamination will be done immediately upon exposure to blood or other potentially infectious substance using either a 1:10 bleach solution or other approved OSHA disinfectant. Broken glassware will NEVER be picked up by hand, but will be collected using a brush and dust pan. All broken materials will be disposed of in an approved sharps container.

**REGULATED WASTE** disposal is also provided for in the exposure plan. Regulated waste shall consist of:

- Liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state, if compressed
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological waste containing blood or other potentially infectious materials.

In general, all containers for regulated waste will be closable, able to prevent leakage of fluids, and labeled with the biohazard symbol or colored red. All contaminated sharps will be disposed of as soon as feasible in a sharps container. These sharps containers can be found in the aforementioned sites. All other medical waste will be disposed of in a red color coded bag clearly marked with the BIOHAZARD labeling and symbol. These bags are available in the ATEP Laboratory, the main athletic training facility, and in all kits.

**CONTAMINATED LAUNDRY** will be laundered separately from other materials after being presoaked in a bleach solution. These items will be immediately secured following contamination and will not be allowed to be reused until proper disinfection. If necessary, items will be disposed of properly and not reused.

The **HEPATITIS B VACCINE** is recommended for all faculty/staff and students that may encounter a potential exposure to this bloodborne pathogen. During the annual student policy review meeting, following the bloodborne pathogen refresher course, all students and staff are informed of the inherent risks of exposure and infection to Hepatitis B. Each individual is made aware of the options for receiving the series of vaccinations and required to sign a form documenting having already received the immunization, a willingness to begin the series, or a refusal of immunization. Refusal of the HBV vaccine is not permanent, and be reversed at any time.

**POSTEXPOSURE EVALUATION AND FOLLOW-UP PROCEDURES** will begin immediately upon a possible exposure. Should an exposure occur, the staff or student will **IMMEDIATELY** report the incident to the program director or head athletic trainer. They will then fill out and sign an exposure report. An exposure incident is defined as a specific eye, mouth, or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material.

The Student Health Center and University Counseling Center at HSU will provide a baseline HIV serological test and post-exposure counseling. Source individuals will be strongly encouraged to sign an informed consent and provide specimens for serological testing. The staff or student's health care provider will be provided adequate information to determine the most effective course of prophylaxis to the exposed individual. At a minimum this will include:

- A description of the individuals duties as related to the incident
- Documentation of the route and circumstances of the exposure
- Results of the source individual's blood testing
- Medical records relevant to the appropriate treatment, including vaccination status.

**HAZARD COMMUNICATION** will be utilized to warn all student/staff of potential hazards. The label shall include the universal biohazard symbol with the term “BIOHAZARD”. The label shall be fluorescent orange or orange-red and attached with an adhesive. Red bags or containers may be substituted for specific labeling. Labels will be affixed to or imprinted on:

- Refrigerators and freezers that might contain blood or other potentially infectious materials
- Containers used to store, transport or ship regulated waste, blood or other potentially infectious materials
- Sharps disposal containers
- Contaminated equipment that is sent for service or repair

When new students are in their observation semester at HSU, they will receive an **INITIAL** complete block of instruction on bloodborne pathogens before being allowed in any clinical site. **ANNUAL TRAINING** will be provided to all student/staff in the form of a mandatory refresher:

- At no cost to the individual
- At a reasonable location
- By an individual who is knowledgeable in the subject matter

The training shall include:

- A written copy of the regulatory text of the standard
- A general overview of the epidemiology and symptoms of the most common blood borne diseases
- An explanation of the modes of transmission
- An explanation and written copy of the HSU-ATEP exposure control plan
- An explanation of the appropriate methods of recognizing tasks that may involve exposure to blood or potentially infectious materials
- An explanation of methods that will prevent or reduce exposure such as engineering controls, work practices, and personal protective equipment
- Information on the Hepatitis B vaccine
- Information on the appropriate contact person in case of an emergency involving blood or potentially infectious materials
- An explanation of recommended postexposure treatment
- An explanation of signs, label, and color coding use to identify hazards
- A question and answer period

Written records of the training shall be kept for three years and will include:

- The dates of training
- The contents or summary of training
- The names and qualifications of the person(s) conducting the training
- The names and job titles of all person attending the training sessions

**Henderson State University  
Athletic Training Education Program  
Exposure Incident Report**

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Name of Exposed \_\_\_\_\_ SS# \_\_\_\_\_

Title \_\_\_\_\_ D.O.B. \_\_\_\_\_

Location of Incident \_\_\_\_\_

Date and Time of Incident \_\_\_\_\_

Type of infectious materials involved \_\_\_\_\_

\_\_\_\_\_

Type of activity being done at time of incident \_\_\_\_\_

\_\_\_\_\_

Description of exposure incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Types of PPE being used \_\_\_\_\_

\_\_\_\_\_

Has person exposed received the HBV Vaccine? \_\_\_\_ Yes \_\_\_\_ No

If no,

Why? \_\_\_\_\_

\_\_\_\_\_

If yes, give dates: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Had person received annual training? \_\_\_\_ Yes \_\_\_\_ No

If no, Why not? \_\_\_\_\_

Suggestions for changes to exposure control plan to prevent future exposures

\_\_\_\_\_

\_\_\_\_\_

Exposed personnel \_\_\_\_\_ Date \_\_\_\_\_

Exposure source \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**Henderson State University**  
**Athletic Training Education Program**  
Exposure Follow-up Form

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Name of Exposed \_\_\_\_\_ SS# \_\_\_\_\_

Title \_\_\_\_\_ D.O.B. \_\_\_\_\_

Source consents to HIV blood draw  Yes  No  
Source consents to HbsAb blood draw  Yes  No  
Source Results of HIV  Neg  Pos  Not Available  
Source Results of HbsAb  Neg  Pos  Not Available

Employee consents to HIV blood draw  Yes  No  
Employee consents to HbsAb blood draw  Yes  No  
Employee Results of HIV  Neg  Pos  Not Available  
Employee Results of HbsAb  Neg  Pos  Not Available

**Healthcare Professional's Written Opinion**

HBV Vaccine recommended  
 HBV Vaccine not recommended  
 HBV Vaccine already received

**Check after completion**

\_\_\_\_\_ Exposed has been informed of evaluation results  
\_\_\_\_\_ Exposed has been told of any medical conditions  
\_\_\_\_\_ resulting from exposure to blood or other potentially  
\_\_\_\_\_ infectious materials that require further evaluation of  
\_\_\_\_\_ treatment  
\_\_\_\_\_ All other findings and diagnoses will remain  
\_\_\_\_\_ confidential and will not be included in this report

Signature of Health Care Provider \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_



High School Experience

<u>Site</u>	<u>Date</u>	<u>Supervisor</u>	<u>Type of setting</u>

College Experience

<u>Site</u>	<u>Date</u>	<u>Supervisor</u>	<u>Type of setting</u>

At the conclusion of the pre-professional year, the student must have successfully met the following criteria:

- Completion of classes: ATP 1102, HPE 2411, ATP 2052, and HPE 2743 with a grade of “B” or better
- Completion of: BIO 1013 and BIO 1021 (if available) with a grade of “C” or better
- A cumulative grade point of 2.50 on a 4.0 scale
- Complete and submit an application for acceptance into the professional program, which consists of:
  - Completion of application form
  - Autobiographical essay of experiences and goals pertaining to athletic training
  - Current unofficial transcript
  - Documentation of a minimum of 100 logged observation hours
  - Current resume
  - Proof of immunization and other medical records (requested from Student Health Services)
  - Signed release forms
  - NATA Student Application
- An interview with the Athletic Training Education Committee may be required (an interview may only be scheduled after satisfying the above criteria)

**For Administrative Use Only**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ف Application Denied

ف Application Accepted

ف Conditional Acceptance

# Application Grading Form

<u>Class Requirements</u>	<u>Grade</u>	<u>Point Value</u>
ATP 1102 (3 – 4)	_____	_____
ATP 2052 (3 – 4)	_____	_____
HPE 2743 (3 – 4)	_____	_____
BIO 1013 (3 – 4)	_____	_____
BIO 1021 (3 – 4)	_____	_____
<b><u>Cumulative Grade Point Average</u></b>	<b><u>GPA</u></b>	
2.5 – 4.0 pts. x 2 =	_____ x 2	_____
<b><u>Logged Observation Hours</u></b>		_____
0-99 = 0. Must be 100 or above		_____
Supervisors' Evaluations (Total from all)		_____
<b>TOTAL POINTS</b>		_____

**CHECK LIST OF ADDITIONAL MATERIALS**

- Application**
- Autobiographical Essay**
- Transcript**
- Current CPR & 1<sup>st</sup> Aid Cards**
- Resume**

National Athletic Trainers' Association  
*Code of Ethics*



**Preamble**

The Code of Ethics of the National Athletic Trainers' Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code presents aspirational standards of behavior that all members should strive to achieve.

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

**Principle 1:**

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

1.1 Members shall not discriminate against any legally protected class.

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

1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care unless the person consents to such release or release is permitted or 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 adhere to all National Athletic Trainers' Association guidelines and ethical standards.

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

2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

**Principle 3:**

Members shall accept responsibility for the exercise of sound judgment.

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

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

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

**Principle 4:**

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

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

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

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

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

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

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

**Principle 5:**

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

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

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

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

5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

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### **Reporting of Ethics Violations**

Anyone having information regarding allegations of ethical violations, and wishing to supply such information to NATA, shall supply this information, with as much specificity and documentation as possible, to NATA's Executive Director or Chair of the Ethics Committee. Information need not be supplied in writing, and the reporting individual need not identify him or herself. Information, however, that is too vague, cannot be substantiated without the assistance of the reporting person, or information where, in the opinion of the NATA Executive Director or Ethics Chair, there is no need for anonymity for the reporting individual will not be forwarded for action by the committee.

An individual may report information on the condition that the individual's name or certain other facts be kept confidential. NATA may proceed with an investigation subject to such a condition; however, NATA must inform the reporting individual that at some point in the investigation NATA may determine that it cannot proceed further without disclosing some of the confidential information, either to the applicant or member under investigation or to some other party. A reporting individual, upon receiving this information from NATA, may decide whether or not to allow the information to be revealed. If the reporting individual decides that the necessary information must remain confidential, NATA may be required to close the unfinished investigation for lack of necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to:

**NATA**  
***Ethics Investigations***  
**2952 Stemmons Frwy**  
**Dallas, TX 75247-6196**

**HENDERSON STATE UNIVERSITY**

Department of Health, Physical Education, Recreation, and Athletic Training  
 Bachelor of Science with a major in Athletic Training

**SUGGESTED LIBERAL ARTS CORE REQUIREMENTS FOR THE ATHLETIC TRAINING DEGREE: 45 Credit Hours****General Freshmen Requirement: 1 hour**

\_\_\_\_\_ GEN 1031 Henderson Seminar

*All first time freshmen must take this course, however this credit does not apply toward total LAC credits.*

**Freshman English/Writing: 6 hours**

\_\_\_\_\_ ENG 1463 Freshman English A

\_\_\_\_\_ ENG 1473 Freshman English B Or

\_\_\_\_\_ ENG 1803 Freshman English – Honors

*Students with a score of 25 or higher on the English and Reading sections of the ACT will be awarded credit for Eng-A after completing 15 credits with at least a 2.0 gpa. All students must complete English A and B with a grade of “C” or better.*

**Oral Communications: 3 hours**

\_\_\_\_\_ COM 2013 Oral Communication

**Mathematics: 3 hours**

\_\_\_\_\_ MTH 1033 Mathematics for Liberal Arts

\_\_\_\_\_ MTH 1083 Mathematics Through Practical Applications

\_\_\_\_\_ MTH 1243 College Algebra

\_\_\_\_\_ MTH 1273 Pre-calculus

**Physical Well-being: 1 hour**

\_\_\_\_\_ HPR 2921 Methods of Conditioning (Activity Course)

**Fine Arts and Humanities: 6 hours**

\_\_\_\_\_ 3 hours from the following

\_\_\_\_\_ ENG 2013 World Lit I

\_\_\_\_\_ ENG 2023 World Lit II

\_\_\_\_\_ ENG 2683 Masters of Western Literature

\_\_\_\_\_ ENG 2793 Masters of Western Literature - Honors

\_\_\_\_\_ 3 hours from the following

\_\_\_\_\_ ART 2033 Humanities: Art

\_\_\_\_\_ DRA 2033 Humanities: Theatre Arts

\_\_\_\_\_ MUS 2033 Humanities: Music

\_\_\_\_\_ HUM 2093 Fine Arts: Honors

\_\_\_\_\_ ART 2603 Humanities: Studio Art

\_\_\_\_\_ MUS 4363 Music History

**Social Science: 9 hours**

\_\_\_\_\_ HIS 1013 Civilization To 1660

\_\_\_\_\_ HIS 1023 Civilization Since 1660

\_\_\_\_\_ HIS 1043 Civilization Since 1660 – Honors

\_\_\_\_\_ PSC 1013 American National Government

\_\_\_\_\_ HIS 2053 US History To 1865

\_\_\_\_\_ HIS 2063 US History Since 1865

\_\_\_\_\_ PSY 1013 General Psychology

**Natural Science: 8 hours**

\_\_\_\_\_ BIO 1013 Introduction to Biology

\_\_\_\_\_ BIO 1021 Introduction to Biology Laboratory

\_\_\_\_\_ CHM 1004 Introduction to Chemistry

\_\_\_\_\_ CHM 1004L Introduction to Chemistry Lab

**Non-Western Culture: 3 hours**

\_\_\_\_\_ 3 hours from the following

\_\_\_\_\_ ANT 3043 North American Indians

\_\_\_\_\_ ANT 3053 World Cultures

\_\_\_\_\_ ART 3103 Art of the Nonwestern World

\_\_\_\_\_ EDU4543 Teaching people of Other Cultures

\_\_\_\_\_ ENG 3043 Nonwestern Literature

\_\_\_\_\_ GEO 3173 Geography of the Pacific

\_\_\_\_\_ HIS 4673 Asian Civilizations

\_\_\_\_\_ HIS 4683 The Modern Middle East

\_\_\_\_\_ HIS 4693 African History

\_\_\_\_\_ HPR 3973 History & Philosophy of NW Leisure

\_\_\_\_\_ MUS 3473 Survey of Nonwestern Music

\_\_\_\_\_ NSG 3643 Transcultural Health Care

\_\_\_\_\_ PHI 3023 Religions of the World

\_\_\_\_\_ PHY 4293 Nonwestern Cosmology

\_\_\_\_\_ PSC 4233 Comparative Politics Middle East

\_\_\_\_\_ PSC 4243 Comparative Politics in Africa

\_\_\_\_\_ PSC 4253 South Asian Politics

\_\_\_\_\_ PSY 3043 Cross-Cultural Psychology

\_\_\_\_\_ PSY 3053 Multicultural Mental Health

\_\_\_\_\_ SOC 3063 World Cultures

\_\_\_\_\_ GEN 3083 Study Abroad (requires travel)

**Core Elective: 3 hours**

\_\_\_\_\_ 3 hours from the following or any course listed in the LAC that has not been used to fulfill another category.

\_\_\_\_\_ PHI 2013 Introduction to Philosophy

\_\_\_\_\_ PHI 2083 Introduction to Philosophy – Honors

\_\_\_\_\_ PHI 3043 Ancient Philosophy

\_\_\_\_\_ PHI 3053 Modern Philosophy

\_\_\_\_\_ PHI 3113 Ethics

\_\_\_\_\_ FRE 1013 French I (or higher)

\_\_\_\_\_ GER 1013 German I (or higher)

\_\_\_\_\_ SPA 1013 Spanish I (or higher)

**Writing Across the Curriculum Requirements: 3 hours**

\_\_\_\_\_ 3 hours from the following: *Must be completed with a grade of “C” or better.*

\_\_\_\_\_ ENG 3313 University Writing

\_\_\_\_\_ ENG 3613 Technical Writing

\_\_\_\_\_ ENG 4453 Advanced Composition

\_\_\_\_\_ MMC4223 Magazine & Feature Writing

\_\_\_\_\_ MMC4293 Creative Nonfiction

**Writing Intensive (WI) Requirement**

Each student must take a minimum of two junior (3000) and senior (4000) level Writing Across the Curriculum courses in addition to one of the courses listed directly above. One WI course must be taken within the department of the student’s major. *Writing Intensive courses must be completed with a grade of “C” or better.*

Approved Writing Intensive courses are identified in the Catalog, Registration Bulletin, eight semester plan and on student transcripts as (WI).

## **Bachelor of Science Degree Athletic Training**

**The student must possess a minimum cumulative 2.50 GPA in Liberal Arts Core courses and pre-professional course requirements prior to admission into the Athletic Training Education Program.  
(no minor required)**

**\*Please schedule a meeting with Mr. John Miller ASAP: 870-230-5360 or millerj@hsu.edu\***

***PRE-PROFESSIONAL CORE: Must be taken prior to program entry (12 hours)***

- \_\_\_ ATP 1102 Introduction to Athletic Training
- \_\_\_ ATP 2052 Medical Terminology
- \_\_\_ BIO 1013 Introduction to Biology
- \_\_\_ BIO 1021 Introduction to Biology Laboratory
- \_\_\_ HPE 2743 Anatomy for Physical Education
- \_\_\_ HPE 2411 Methods of Conditioning (meets the 1hr. HPER requirement - Liberal Arts Core)

***PROFESSIONAL CORE: (58 hours-required)***

- \_\_\_ ATP 2002 A.T. Practicum I
- \_\_\_ ATP 2012 A.T. Practicum II
- \_\_\_ ATP 3022 A.T. Practicum III
- \_\_\_ ATP 3032 A.T. Practicum IV
- \_\_\_ ATP 4262 A.T. Practicum V
- \_\_\_ ATP 2202 Special Topics in Athletic Training
- \_\_\_ ATP 2243 Athletic Injury Management
- \_\_\_ HPE 3093 Kinesiology
- \_\_\_ ATP 3063 Assessment & Evaluation of the Upper Extremities
- \_\_\_ ATP 3161 Assessment & Evaluation of the Upper Extremities Laboratory
- \_\_\_ ATP 3073 Assessment & Evaluation of the Lower Extremities
- \_\_\_ ATP 3171 Assessment & Evaluation of the Lower Extremities Laboratory
- \_\_\_ ATP 3083 Therapeutic Modalities
- \_\_\_ ATP 3181 Therapeutic Modalities Laboratory
- \_\_\_ ATP 3213 Pharmacology in Athletic Training
- \_\_\_ ATP 4093 Rehabilitation & Therapeutic Exercise
- \_\_\_ ATP 4191 Rehabilitation & Therapeutic Exercise Laboratory
- \_\_\_ ATP 4113 Senior Seminar
- \_\_\_ HPE 4273 Exercise Physiology
- \_\_\_ ATP 4123 Organization & Administration of Athletic Training
- \_\_\_ ATP 4226 A.T. Field Experience I
- \_\_\_ ATP 4236 A.T. Field Experience II

***SUPPORT CURRICULUM: (21-22 hours-required)***

- \_\_\_ PSY 1013 General Psychology (meets 3 hrs. of the Social Science requirement - Liberal Arts Core)
- \_\_\_ ATP 1136 Emergency Medical Technology
- \_\_\_ FCS 3383 Sports Nutrition
- \_\_\_ HPE 3293 Measurement & Evaluation in Physical Education or PSY 2143 or SOC 3103
- \_\_\_ BIO 3064 Human Anatomy & Physiology I
- \_\_\_ BIO 3064L Human Anatomy & Physiology I Lab
- \_\_\_ \_\_\_\_\_ Student's choice support elective (2-3 hours)

**Eight Semester Academic Plan  
Athletic Training Education Program  
Henderson State University**

**Suggested Course Sequence of Liberal Arts Core and Major**

**Freshman Year**

<b><u>Fall Semester (16)</u></b>		<b><u>Spring Semester (16)</u></b>	
Freshman English A	3	Freshman English B	3
Civilization	3	College Algebra or MLA	3
Intro. Biology	3	Intro. to Chm. or Univ. Phy	3
Intro to Biology Lab	1	Chm. or Phy. Lab	1
Henderson Seminar	1	<b>Anatomy for Health &amp; P.E.</b>	<b>3</b>
Am. Gov. or History	3	<b>Medical Terminology</b>	<b>2</b>
<b>Introduction to A.T.</b>	<b>2</b>	<b>Methods of Conditioning</b>	<b>1</b>

**Sophomore Year**

<b><u>Fall Semester (18)</u></b>		<b><u>Spring Semester (16)</u></b>	
Western Literature	3	<b>Emergency Med. Tech.</b>	<b>6</b>
<b>General Psychology</b>	<b>3</b>	<b>Assess./Eval. (Lower Ext.)</b>	<b>3</b>
<b>Kinesiology</b>	<b>3</b>	<b>Assess./Eval. Lower Lab</b>	<b>1</b>
<b>Assess./Eval. (Upper Ext.)</b>	<b>3</b>	<b>Therapeutic Mod. (WI)</b>	<b>3</b>
<b>Assess./Eval. Up.Ext. Lab</b>	<b>1</b>	<b>Therapeutic Mod. Lab</b>	<b>1</b>
<b>ATEP Directed Elective</b>	<b>3</b>	<b>A.T. Practicum II</b>	<b>2</b>
<b>A.T. Practicum I</b>	<b>2</b>		

**Junior Year**

<b><u>Fall Semester (18)</u></b>		<b><u>Spring Semester (17)</u></b>	
<b>Human A/P with Lab</b>	<b>4</b>	Oral Communications	3
<b>Measurement &amp; Eval.</b>	<b>3</b>	Technical Writing	3
<b>Special Topics in A.T.</b>	<b>2</b>	<b>Sports Nutrition</b>	<b>3</b>
<b>Athletic Injury Mang.</b>	<b>3</b>	<b>Pharmacology for AT</b>	<b>3</b>
<b>Rehab. / Ther. Ex.</b>	<b>3</b>	<b>Admin. of A.T. (WI)</b>	<b>3</b>
<b>Rehab/Ther.Ex. Lab</b>	<b>1</b>	<b>Practicum IV</b>	<b>2</b>
<b>Practicum III</b>	<b>2</b>		

**Senior Year**

<b><u>Fall Semester (17)</u></b>		<b><u>Spring Semester (12)</u></b>	
Non-Western Culture	3	<b>AT Field Experience I</b>	<b>6</b>
LAC Elective	3	<b>AT Field Experience II</b>	<b>6</b>
Humanities A, T, or M	3		
<b>Senior Seminar A.T.</b>	<b>3</b>		
<b>Exercise Physiology</b>	<b>3</b>		
<b>A.T. Practicum V</b>	<b>2</b>		

Courses that are required for the Athletic Training Degree are in **Bold**.

Total degree credits: 130

# Master Tracking Document

Name \_\_\_\_\_

HSU ID \_\_\_\_\_

<u>Freshman One</u>	Fall-Year _____	<u>Freshman Two</u>	Spring-Year _____
Overall GPA	_____	Overall GPA	_____
Pre-Professional GPA	_____	Pre-Professional GPA	_____
Observation Hours	_____	Observation Hours	_____
<input type="checkbox"/> Transfer Student	_____ hours	ATSO Attendance	____/____
<b>Initial Blood Borne Pathogen Training</b>		Cornerstone Examination	_____
Date	_____	Competitive Entry Score	_____
Initials	_____	Rank among peers	_____
Total Freshman Observation Hours _____		<b>Program Acceptance Yes / No</b>	

<u>Sophomore One</u>	Fall-Year _____	<u>Sophomore Two</u>	Spring-Year _____
BBP Refresher	_____	Overall GPA	_____
Overall GPA	_____	Major GPA	_____
Major GPA	_____	Clinical Experience Hours	_____
August early reporting hours	_____	Proficiency Module Success	_____
Clinical Experience Hours	_____	Cornerstone Exam Success	_____
Proficiency Module Success	_____	ATSO Attendance	____/____
ATSO Attendance	____/____	Continue to next level	Yes / No
Continue to next level	Yes / No	Iota Tau Alpha Eligibility	Yes / No
<input type="checkbox"/> CAAP Exam	Pass Fail		
<input type="checkbox"/> Choose to take ENG 3313 Review Composition			
<input type="checkbox"/> NATA Membership	Yes / No		
Student's Initials	_____	Student's Initials	_____
Advisor's Initials	_____	Advisor's Initials	_____
Accumulative Field Experience Hours _____			

<u>Junior One</u>	Fall-Year _____	<u>Junior Two</u>	Spring-Year _____
BBP Refresher _____	_____	Overall GPA _____	_____
Overall GPA _____	_____	Major GPA _____	_____
Major GPA _____	_____	Clinical Experience Hours _____	_____
August early reporting hours _____	_____	Proficiency Module Success _____	_____
Clinical Experience Hours _____	_____	Cornerstone Exam Success _____	_____
Proficiency Module Success _____	_____	ATSO Attendance _____ / _____	_____ / _____
ATSO Attendance _____ / _____	_____ / _____	Continue to next level _____	Yes / No
Continue to next level _____	Yes / No	Student's Initials _____	_____
Student's Initials _____	_____	Advisor's Initials _____	_____
Advisor's Initials _____	_____		
		Accumulative Field Experience Hours _____	

<u>Senior One</u>	Fall-Year _____	<u>Senior Two</u>	Spring-Year _____
BBP Refresher _____	_____	On-Campus Meetings _____ / _____	_____ / _____
Overall GPA _____	_____	Overall GPA _____	_____
Major GPA _____	_____	Major GPA _____	_____
August early reporting hours _____	_____	Internship hours _____	_____
Clinical Experience Hours _____	_____	Case Study Project _____	_____
Internship Interview _____	_____	Case Study Presentation _____	_____
ATSO Attendance _____	_____	Internship Supervisor Evaluation _____	Pass / Fail
Continue to Internship _____	Yes / No	Recommend Graduation _____	Yes / No
Application to Graduate _____	_____		
Student's Initials _____	_____	Student's Initials _____	_____
Advisor's Initials _____	_____	Advisor's Initials _____	_____
		Accumulative Field Experience Hours _____	
		Capstone Examination Score _____	
		<b>Cleared for Commencement</b>	<b>Yes No</b>
<b>BOC Score</b> _____			

## Sport Coverage Tracking

### High Risk Sports

**Semester**

**Year**

Football

\_\_\_\_\_

\_\_\_\_\_

High School Football

\_\_\_\_\_

\_\_\_\_\_

Men's Basketball

\_\_\_\_\_

\_\_\_\_\_

Women's Basketball

\_\_\_\_\_

\_\_\_\_\_

Baseball

\_\_\_\_\_

\_\_\_\_\_

Softball

\_\_\_\_\_

\_\_\_\_\_

Volleyball

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Low Risk Sports

**Semester**

**Year**

Swimming

\_\_\_\_\_

\_\_\_\_\_

Cross Country

\_\_\_\_\_

\_\_\_\_\_

Tennis

\_\_\_\_\_

\_\_\_\_\_

Golf

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Henderson State University**  
**Athletic Training Emergency Action Plan**  
**Facility Location: Clyde Berry Baseball Field, 914 North 15<sup>th</sup> Street**  
**Baseball**

The Emergency Action Plan is activated when breathing and/or circulation are compromised, there is a large amount of bleeding, or there is some other trauma. Parents or guardians are notified of the student-athlete's emergency by the head coach or the delegated assistant coach with assistance by the staff athletic trainer and/or physician.

- 1. RESPONSIBILITY OF EMERGENCY CARE TEAM** (Staff Athletic Trainer and Head Coach or acting head coach with assistance by Athletic Training Students)
  - a. **Emergency Care Provider** – Handles the emergency situation (CPR/AED certified)
  - b. **Facilitator** – Coordinates emergency care
    - i. Send team members to assign tasks.
  - c. **Telephone Caller** – Contacts EMS via 911
    - i. Report nature and severity of injury.
    - ii. Give directions to injury site.
    - iii. Remain on the phone until the operator hangs up.
    - iv. Alert HSU security via 5911.
  - d. **By-stander Control** – Keep all non-involved personnel away from injury site.
  - e. **Emergency Vehicle Escort** – Locate keys to gate or door.
    - i. Go to designated location and direct emergency vehicle to injury site.
- 2. PHONES**
  - a. **Location** – Athletic Training Office and Baseball Press box
  - b. **BHMC Ambulance** – 911
  - c. **Athletic Training Room** – (870) 230-5069/5426
  - d. **Head Athletic Trainer Cell** – (979) 219-1719
- 3. GATES/KEYS/LOCKS**
  - a. **Which gate to use** – East gate closest to Duke Wells Center
  - b. **Who has keys to doors** – Head Baseball Coach
- 4. EMERGENCY SUPPLIES**
  - a. AED, splints, and crutches at the end of the 3<sup>rd</sup> base dugout
  - b. Rubber gloves, bandages, and CPR mask in the Athletic Training Kit at the end of the 3<sup>rd</sup> base dugout during practice and games or in the Athletic Training Room
- 5. SEVERE WEATHER**
  - a. **Lightning** – The site is evacuated when lightning strikes within 10 miles as registers on the DTN MxVision WeatherSentry Online service. Activity may resume after lightning is clear for 30 minutes.
  - b. **Decision Making** – The final decision to suspend activity and seek safe shelter will be made by the Staff Athletic Trainer and/or the event administrator.
- 6. OTHER EMERGENCY PROCEDURES**
  - a. An Athletic Training Student will accompany (in the ambulance) an injured student-athlete to the hospital. This will enable a line of communication between the hospital and the Athletic Training staff.

# Emergency Action Plans

**Henderson State University**  
**Athletic Training Emergency Action Plan**  
**Facility Location: Duke Wells Center, 1192 MH Russell Drive**  
**Men's Basketball, Women's Basketball, Volleyball**

The Emergency Action Plan is activated when breathing and/or circulation are compromised, there is a large amount of bleeding, or there is some other trauma. Parents or guardians are notified of the student-athlete's emergency by the head coach or the delegated assistant coach with assistance by the staff athletic trainer and/or physician.

- 1. RESPONSIBILITY OF EMERGENCY CARE TEAM** (Staff Athletic Trainer and Head Coach or acting head coach with assistance by Athletic Training Students)
  - a. **Emergency Care Provider** – Handles the emergency situation (CPR/AED certified)
  - b. **Facilitator** – Coordinates emergency care
    - i. Send team members to assign tasks.
  - c. **Telephone Caller** – Contacts EMS via 911
    - i. Report nature and severity of injury.
    - ii. Give directions to injury site.
    - iii. Remain on the phone until the operator hangs up.
    - iv. Alert HSU security via 5911.
  - d. **By-stander Control** – Keep all non-involved personnel away from injury site.
  - e. **Emergency Vehicle Escort** – Locate keys to gate or door.
    - i. Go to designated location and direct emergency vehicle to injury site.
- 2. PHONES**
  - a. **Location** – Head Men's Basketball, Women's Basketball, and Volleyball Coaches Offices
  - b. **BHMC Ambulance** – 911
  - c. **Athletic Training Room** – (870) 230-5069/5426
  - d. **Head Athletic Trainer Cell** – (979) 219-1719
- 3. GATES/KEYS/LOCKS**
  - a. **Which gate to use** – Front doors to the gym
  - b. **Who has keys to doors** – Head Men's Basketball, Women's Basketball, and Volleyball Coaches
    - i. May prop doors open when necessary
- 4. EMERGENCY SUPPLIES**
  - a. AED, splints, and crutches in the Satellite Athletic Training Room
  - b. Rubber gloves, bandages, and CPR mask in the Athletic Training Kit at the end of the home bench during practice and games or in the Athletic Training Room
- 5. OTHER EMERGENCY PROCEDURES**
  - a. An Athletic Training Student will accompany (in the ambulance) an injured student-athlete to the hospital. This will enable a line of communication between the hospital and the Athletic Training staff.

**Henderson State University**  
**Athletic Training Emergency Action Plan**  
**Facility Location: Carpenter-Haygood Stadium and Practice Facility, 1212 MH Russell Drive**  
**Football**

The Emergency Action Plan is activated when breathing and/or circulation are compromised, there is a large amount of bleeding, or there is some other trauma. Parents or guardians are notified of the student-athlete's emergency by the head coach or the delegated assistant coach with assistance by the staff athletic trainer and/or physician.

- 1. RESPONSIBILITY OF EMERGENCY CARE TEAM** (Staff Athletic Trainer and Head Coach or acting head coach with assistance by Athletic Training Students)
  - a. **Emergency Care Provider** – Handles the emergency situation (CPR/AED certified)
  - b. **Facilitator** – Coordinates emergency care
    - i. Send team members to assign tasks.
  - c. **Telephone Caller** – Contacts EMS via 911
    - i. Report nature and severity of injury.
    - ii. Give directions to injury site.
    - iii. Remain on the phone until the operator hangs up.
    - iv. Alert HSU security via 5911.
  - d. **By-stander Control** – Keep all non-involved personnel away from injury site.
  - e. **Emergency Vehicle Escort** – Locate keys to gate or door.
    - i. Go to designated location and direct emergency vehicle to injury site.
- 2. PHONES**
  - a. **Location** – Carpenter-Haygood Field House and Staff Athletic Trainer's cell phone
  - b. **BHMC Ambulance** – 911
  - c. **Athletic Training Room** – (870) 230-5069/5426
  - d. **Head Athletic Trainer Cell** – (979) 219-1719
- 3. GATES/KEYS/LOCKS**
  - a. **Which gate to use** – West gate to the stadium at the field house
  - b. **Who has keys to doors** – Head Football Coach, Assistant Football Coaches, Staff Athletic Trainer
- 4. EMERGENCY SUPPLIES**
  - a. AED, splints, and crutches on the sidelines or in the Athletic Training Room
  - b. Rubber gloves, bandages, and CPR mask in the Athletic Training Kit on the home sidelines during practice and games or in the Athletic Training Room
- 5. SEVERE WEATHER**
  - a. **Lightning** – The site is evacuated when lightning strikes within 10 miles as registers on the DTN MxVision WeatherSentry Online service. Activity may resume after lightning is clear for 30 minutes.
  - b. **Decision Making** – The final decision to suspend activity and seek safe shelter will be made by the Staff Athletic Trainer and/or the event administrator.
- 6. OTHER EMERGENCY PROCEDURES**
  - a. An Athletic Training Student will accompany (in the ambulance) an injured student-athlete to the hospital. This will enable a line of communication between the hospital and the Athletic Training staff.

**Henderson State University**  
**Athletic Training Emergency Action Plan**  
**Facility Location: Bettye Wallace Tennis Center**  
**Tennis**

The Emergency Action Plan is activated when breathing and/or circulation are compromised, there is a large amount of bleeding, or there is some other trauma. Parents or guardians are notified of the student-athlete's emergency by the head coach or the delegated assistant coach with assistance by the staff athletic trainer and/or physician.

1. **RESPONSIBILITY OF EMERGENCY CARE TEAM** (Staff Athletic Trainer and Head Coach or acting head coach with assistance by Athletic Training Students)
  - a. **Emergency Care Provider** – Handles the emergency situation (CPR/AED certified)
  - b. **Facilitator** – Coordinates emergency care
    - i. Send team members to assign tasks.
  - c. **Telephone Caller** – Contacts EMS via 911
    - i. Report nature and severity of injury.
    - ii. Give directions to injury site.
    - iii. Remain on the phone until the operator hangs up.
    - iv. Alert HSU security via 5911.
  - d. **By-stander Control** – Keep all non-involved personnel away from injury site.
  - e. **Emergency Vehicle Escort** – Locate keys to gate or door.
    - i. Go to designated location and direct emergency vehicle to injury site.
2. **PHONES**
  - a. **Location** – Head Tennis Coach's Office
  - b. **BHMC Ambulance** – 911
  - c. **Athletic Training Room** – (870) 230-5069/5426
  - d. **Head Athletic Trainer Cell** – (979) 219-1719
3. **GATES/KEYS/LOCKS**
  - a. **Which gate to use** – East gate closest to Duke Wells Center
  - b. **Who has keys to Press box** – Head Tennis Coach
4. **EMERGENCY SUPPLIES**
  - a. AED, splints, and crutches in the Athletic Training Room
  - b. Rubber gloves, bandages, and CPR mask in the Athletic Training Kit beside Court 1 during practice and games or in the Athletic Training Room
5. **SEVERE WEATHER**
  - a. **Lightning** – The site is evacuated when lightning strikes within 10 miles as registers on the DTN MxVision WeatherSentry Online service. Activity may resume after lightning is clear for 30 minutes.
  - b. **Decision Making** – The final decision to suspend activity and seek safe shelter will be made by the Staff Athletic Trainer and/or the event administrator.
6. **OTHER EMERGENCY PROCEDURES**
  - a. An Athletic Training Student will accompany (in the ambulance) an injured student-athlete to the hospital. This will enable a line of communication between the hospital and the Athletic Training staff.

**Henderson State University**  
**Athletic Training Emergency Action Plan**  
**Facility Location: Dee White Field, 1015 Pinewood**  
**Softball**

The Emergency Action Plan is activated when breathing and/or circulation are compromised, there is a large amount of bleeding, or there is some other trauma. Parents or guardians are notified of the student-athlete's emergency by the head coach or the delegated assistant coach with assistance by the staff athletic trainer and/or physician.

1. **RESPONSIBILITY OF EMERGENCY CARE TEAM** (Staff Athletic Trainer and Head Coach or acting head coach with assistance by Athletic Training Students)
  - a. **Emergency Care Provider** – Handles the emergency situation (CPR/AED certified)
  - b. **Facilitator** – Coordinates emergency care
    - i. Send team members to assign tasks.
  - c. **Telephone Caller** – Contacts EMS via 911
    - i. Report nature and severity of injury.
    - ii. Give directions to injury site.
    - iii. Remain on the phone until the operator hangs up.
    - iv. Alert HSU security via 5911.
  - d. **By-stander Control** – Keep all non-involved personnel away from injury site.
  - e. **Emergency Vehicle Escort** – Locate keys to gate or door.
    - i. Go to gate behind 3<sup>rd</sup> base dugout and direct emergency vehicle to injury site.
2. **PHONES**
  - a. **Location** – Press Box and Staff Athletic Trainer's cell phone
  - b. **BHMC Ambulance** – 911
  - c. **Athletic Training Room** – (870) 230-5069/5426
  - d. **Head Athletic Trainer Cell** – (979) 219-1719
3. **GATES/KEYS/LOCKS**
  - a. **Which gate to use** – East gate closest to the 3<sup>rd</sup> base dugout
  - b. **Who has keys to doors** – Head Softball Coach
4. **EMERGENCY SUPPLIES**
  - a. AED, splints, and crutches at the end of the 3<sup>rd</sup> base dugout or in the Athletic Training Room
  - b. Rubber gloves, bandages, and CPR mask in the Athletic Training Kit at the end of the 3<sup>rd</sup> base dugout during practice and games or in the Athletic Training Room
5. **SEVERE WEATHER**
  - a. **Lightning** – The site is evacuated when lightning strikes within 10 miles as registers on the DTN MxVision WeatherSentry Online service. Activity may resume after lightning is clear for 30 minutes.
  - b. **Decision Making** – The final decision to suspend activity and seek safe shelter will be made by the Staff Athletic Trainer and/or the event administrator.
6. **OTHER EMERGENCY PROCEDURES**
  - a. An Athletic Training Student will accompany (in the ambulance) an injured student-athlete to the hospital. This will enable a line of communication between the hospital and the Athletic Training staff.

**Henderson State University**  
**Athletic Training Emergency Action Plan**  
**Facility Location: Duke Wells Center, 1192 MH Russell Drive**  
**Swimming**

The Emergency Action Plan is activated when breathing and/or circulation are compromised, there is a large amount of bleeding, or there is some other trauma. Parents or guardians are notified of the student-athlete's emergency by the head coach or the delegated assistant coach with assistance by the staff athletic trainer and/or physician.

**1. RESPONSIBILITY OF EMERGENCY CARE TEAM** (Staff Athletic Trainer and Head Coach or acting head coach with assistance by Athletic Training Students)

- a. **Emergency Care Provider** – Handles the emergency situation (CPR/AED certified)
- b. **Facilitator** – Coordinates emergency care
  - i. Send team members to assign tasks.
- c. **Telephone Caller** – Contacts EMS via 911
  - i. Report nature and severity of injury.
  - ii. Give directions to injury site.
  - iii. Remain on the phone until the operator hangs up.
  - iv. Alert HSU security via 5911.
- d. **By-stander Control** – Keep all non-involved personnel away from injury site.
- e. **Emergency Vehicle Escort** – Locate keys to gate or door.
  - i. Go to designated location and direct emergency vehicle to injury site.

**2. PHONES**

- a. **Location** – Head Swimming Coach's Office
- b. **BHMC Ambulance** – 911
- c. **Athletic Training Room** – (870) 230-5069/5426
- d. **Head Athletic Trainer Cell** – (979) 219-1719

**3. GATES/KEYS/LOCKS**

- a. **Which gate to use** – Front doors to the gym
- b. **Who has keys to doors** – Head Swimming Coach
  - i. May prop doors open when necessary

**4. EMERGENCY SUPPLIES**

- a. AED and Spinal Immobilization equipment housed in pool area. Splints and additional equipment available on site during meets.
- b. Rubber gloves, bandages, and CPR mask in the Athletic Training Kit during meets. Personnel Protective Equipment necessary for life saving/first aid available in the pool area.

**5. OTHER EMERGENCY PROCEDURES**

- a. An Athletic Training Student will accompany (in the ambulance) an injured student-athlete to the hospital. This will enable a line of communication between the hospital and the Athletic Training staff.

**Henderson State University**  
**Athletic Training Emergency Action Plan**  
**Facility Location: Formby Athletic Center, 1180 MH Russell Drive**  
**Athletic Training**

The Emergency Action Plan is activated when breathing and/or circulation are compromised, there is a large amount of bleeding, or there is some other trauma. Parents or guardians are notified of the student-athlete's emergency by the head coach or the delegated assistant coach with assistance by the staff athletic trainer and/or physician.

- 1. RESPONSIBILITY OF EMERGENCY CARE TEAM** (Staff Athletic Trainer with assistance by Athletic Training Students)
  - a. **Emergency Care Provider** – Handles the emergency situation (CPR/AED certified)
  - b. **Facilitator** – Coordinates emergency care
    - i. Send team members to assign tasks.
  - c. **Telephone Caller** – Contacts EMS via 911
    - i. Report nature and severity of injury.
    - ii. Give directions to injury site.
    - iii. Remain on the phone until the operator hangs up.
    - iv. Alert HSU security via 5911.
  - d. **By-stander Control** – Keep all non-involved personnel away from injury site.
  - e. **Emergency Vehicle Escort** – Locate keys to gate or door.
    - i. Go to designated location and direct emergency vehicle to injury site.
  
- 2. PHONES**
  - a. **Location** – Athletic Training Office
  - b. **BHMC Ambulance** – 911
  - c. **Athletic Training Room** – (870) 230-5069/5426
  - d. **Head Athletic Trainer Cell** – (979) 219-1719
  
- 3. GATES/KEYS/LOCKS**
  - a. **Which door to use** – door on left
  - b. **Who has keys to door** – Head and Assistant Athletic Trainers
  
- 4. EMERGENCY SUPPLIES**
  - a. AED, splints, and crutches in storage closet
  - b. Rubber gloves, bandages, and CPR mask in Athletic Training Kits or in treatment area
  
- 5. OTHER EMERGENCY PROCEDURES**
  - a. An Athletic Training Student will accompany (in the ambulance) an injured student-athlete to the hospital. This will enable a line of communication between the hospital and the Athletic Training staff.

**Henderson State University**  
**Athletic Training Emergency Action Plan**  
**Facility Location: Athletic Training Lab (Well Building, Room 215)**  
**1192 MH Russell Drive**

The Emergency Action Plan is activated when breathing and/or circulation are compromised, there is a large amount of bleeding, or there is some other trauma. Parents or guardians are notified of the student-athlete's emergency by the head coach or the delegated assistant coach with assistance by the staff athletic trainer and/or physician.

**6. RESPONSIBILITY OF EMERGENCY CARE TEAM** (Staff Athletic Trainer with assistance by Athletic Training Students)

- f. **Emergency Care Provider** – Handles the emergency situation (CPR/AED certified)
- g. **Facilitator** – Coordinates emergency care
  - ii. Send team members to assign tasks.
- h. **Telephone Caller** – Contacts EMS via 911
  - v. Report nature and severity of injury.
  - vi. Give directions to injury site.
  - vii. Remain on the phone until the operator hangs up.
  - viii. Alert HSU security via 5911.
- i. **By-stander Control** – Keep all non-involved personnel away from injury site.
- j. **Emergency Vehicle Escort** – Locate keys to gate or door.
  - ii. Go to designated location and direct emergency vehicle to injury site.

**7. PHONES**

- e. **Location** – Athletic Training Office
- f. **BHMC Ambulance** – 911
- g. **Athletic Training Room** – (870) 230-5069/5426
- h. **Head Athletic Trainer Cell** – (979) 219-1719

**8. GATES/KEYS/LOCKS**

- c. **Which door to use** – only entrance to classroom, elevator may be utilized as necessary for evacuation.
- d. **Who has keys to door** – Head and Assistant Athletic Trainers, Program Director

**9. EMERGENCY SUPPLIES**

- c. AED, splints, and crutches in storage closet
- d. Rubber gloves, bandages, and CPR mask in Athletic Training Kits or in treatment area

**10. OTHER EMERGENCY PROCEDURES**

- b. An Athletic Training Student will accompany (in the ambulance) an injured student-athlete to the hospital. This will enable a line of communication between the hospital and the Athletic Training staff.

## Competencies by Course

ATP 1102 - Introduction to Athletic Training	
Code	Description
AC-C3.0	<input type="checkbox"/> Determine what emergency care supplies and equipment are necessary for ... circumstances in which the athletic trainer is the responsible first responder.
AC-C8.0	<input type="checkbox"/> Describe pathological signs of acute/traumatic injury and illness ... including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.
AC-C13.0	<input type="checkbox"/> Describe the proper management of external hemorrhage, including the ... location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.
AC-C15.0	<input type="checkbox"/> Describe the appropriate use of aseptic or sterile techniques, approved ... sanitation methods, and universal precautions for the cleansing and dressing of wounds.
AC-C17.0	<input type="checkbox"/> Explain the application principles of rest, cold application, elevation, ... and compression in the treatment of acute injuries.
AC-C23.0	<input type="checkbox"/> Describe cervical stabilization devices that are appropriate to the ... circumstances of an injury.
AC-C25.0	<input type="checkbox"/> Describe the effective management, positioning, and immobilization of a ... patient with a suspected spinal cord injury.
AC-C29.0	<input type="checkbox"/> Identify the signs, symptoms, and treatment of patients suffering from ... adverse reactions to environmental conditions.
AC-P3a.0	Activate an emergency action plan
AC-P3g.0	<input type="checkbox"/> Normalize body temperature in situations of severe/life-threatening heat ... or cold stress
AC-P3h.0	Control bleeding using universal precautions
AC-P4a.0	Open and closed wounds (using universal precautions)
AC-P4c.0	Environmental illness
EX-C8.0	<input type="checkbox"/> Explain the effectiveness of taping, wrapping, bracing, and other ... supportive/protective methods for facilitation of safe progression to advanced therapeutic exercises and functional activities.
AD-C7.0	<input type="checkbox"/> Describe federal and state infection control regulations and guidelines, ... including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the athletic trainer.
PD-C1.0	<input type="checkbox"/> Explain the role and function of state athletic training practice acts ... and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.
PD-C5.0	<input type="checkbox"/> Differentiate the essential documents of the national governing, ... certifying, and accrediting bodies, including, but not limited to, the Athletic Training Educational Competencies, Standards of Practice, Code of Ethics, Role Delineation Study, and the Standards for the Accreditation of Entry-Level Athletic Training Education Programs.
PD-C8.0	<input type="checkbox"/> Summarize the current requirements for the professional preparation of ... the athletic trainer.
PD-C16.0	<input type="checkbox"/> Summarize the history and development of the athletic training profession.
RM-C8.0	<input type="checkbox"/> Explain the principles of effective heat loss and heat illness prevention ...

	programs. Principles include, but are not limited to, knowledge of the body's thermoregulatory mechanisms, acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss.
RM-C10.0	<input type="checkbox"/> Interpret data obtained from a wet bulb globe temperature (WGBT) or other ... similar device that measures heat and humidity to determine the scheduling, type, and duration of activity.
RM-C20.0	Recognize the clinical signs and symptoms of environmental stress.
RM-P5.0	<input type="checkbox"/> Select, fabricate, and apply appropriate preventive taping and wrapping ... procedures, splints, braces, and other special protective devices. Procedures and devices should be consistent with sound anatomical and biomechanical principles.
DI-C14.0	Describe the clinical signs and symptoms of environmental stress.
MC-C22.0	<input type="checkbox"/> Explain the importance and proper procedures for measuring body ... temperature (e.g., oral, axillary, rectal).
MC-P4d.0	Body temperature

#### ATP 1136 - Emergency Medical Technology

Code	Description
AC-C2.0	<input type="checkbox"/> Describe the availability, content, purpose, and maintenance of ... contemporary first aid and emergency care equipment.
AC-C5.0	<input type="checkbox"/> Describe the principles and rationale of the initial assessment including ... the determination of whether the accident scene is safe, what may have happened, and the assessment of airway, breathing, circulation, level of consciousness and other life-threatening conditions.
AC-C6.0	<input type="checkbox"/> Differentiate the components of a secondary assessment to determine the ... type and severity of the injury or illness sustained.
AC-C7.0	Identify the normal ranges for vital signs.
AC-C9.0	<input type="checkbox"/> Describe the current standards of first aid, emergency care, rescue ... breathing, and cardiopulmonary resuscitation for the professional rescuer.
AC-C10.0	<input type="checkbox"/> Describe the role and function of an automated external defibrillator in ... the emergency management of acute heart failure and abnormal heart rhythms.
AC-C11.0	<input type="checkbox"/> Describe the role and function of supplemental oxygen administration as ... an adjunct to cardiopulmonary resuscitation techniques.
AC-C13.0	<input type="checkbox"/> Describe the proper management of external hemorrhage, including the ... location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.
AC-C14.0	Identify the signs and symptoms associated with internal hemorrhaging.
AC-C23.0	<input type="checkbox"/> Describe cervical stabilization devices that are appropriate to the ... circumstances of an injury.
AC-C24.0	<input type="checkbox"/> Describe the indications, guidelines, proper techniques and necessary ... supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.
AC-C25.0	<input type="checkbox"/> Describe the effective management, positioning, and immobilization of a ... patient with a suspected spinal cord injury.
AC-C26.0	<input type="checkbox"/> Identify the appropriate short-distance transportation method, including ...

	immobilization, for an injured patient.
AC-C27a.0	Different types of shock
AC-C27b.0	Diabetic coma
AC-C27c.0	Seizures
AC-C27d.0	Toxic drug overdose
AC-C31.0	<input type="checkbox"/> Describe the proper immobilization techniques and select appropriate ... splinting material to stabilize the injured joint or limb and maintain distal circulation.
AC-P1.0	<input type="checkbox"/> Survey the scene to determine whether the area is safe and determine what ... may have happened.
AC-P2.0	<input type="checkbox"/> Perform an initial assessment to assess the following, but not limited to:
AC-P2a.0	Airway
AC-P2b.0	Breathing
AC-P2c.0	Circulation
AC-P2d.0	Level of consciousness
AC-P2e.0	Other life-threatening conditions
AC-P3b.0	Establish and maintain an airway in an infant, child, and adult
AC-P3c.0	<input type="checkbox"/> Establish and maintain an airway in a patient wearing shoulder pads, ... headgear or other protective equipment and/or with a suspected spine injury
AC-P3d.0	Perform one- and two-person CPR on an infant, child, and adult
AC-P3e.0	Utilize a bag-valve mask on an infant, child, and adult
AC-P3f.0	<input type="checkbox"/> Utilize an automated external defibrillator (AED) according to current ... accepted practice protocols
AC-P3g.0	<input type="checkbox"/> Normalize body temperature in situations of severe/life-threatening heat ... or cold stress
AC-P3i.0	Administer an EpiPen for anaphylactic shock
AC-P4d.0	Seizures
AC-P4e.0	Acute asthma attack
AC-P4f.0	Different types of shock
AC-P4h.0	<input type="checkbox"/> Acute musculoskeletal injuries (i.e. sprains, strains, fractures, ... dislocations)
AC-P4j.0	Diabetic coma
AC-P4k.0	Toxic drug overdose
PH-C7.0	<input type="checkbox"/> Describe the common routes used to administer medications (e.g., oral, ... inhalation, and injection) and their advantages and disadvantages.
PH-C9.0	<input type="checkbox"/> Identify medications that might cause possible poisoning, and describe ... how to activate and follow the locally established poison control protocols.
PH-P3.0	<input type="checkbox"/> Activate and effectively follow locally established poison control ... protocols.
PS-C13.0	<input type="checkbox"/> Describe the acceptance and grieving processes that follow a catastrophic ... event and the need for a psychological intervention and referral plan for all parties affected by the event.
AD-C15.0	<input type="checkbox"/> Explain typical administrative policies and procedures that govern first ... aid and emergency care (e.g., informed consent and incident reports).

AD-C17.0	<input type="checkbox"/> Explain basic legal concepts as they apply to a medical or allied health ... care practitioner's responsibilities (e.g., standard of care, scope of practice, liability, negligence, informed consent and confidentiality, and others).
RM-C7.0	<input type="checkbox"/> Explain the importance for all personnel to maintain current ... certification in CPR, automated external defibrillator (AED), and first aid.
AC-CP1.0	<input type="checkbox"/> Demonstrate the ability to manage acute injuries and illnesses. This ... will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.

ATP 2001 - A. T. Practicum I	
Code	Description
AC-C15.0	<input type="checkbox"/> Describe the appropriate use of aseptic or sterile techniques, approved ... sanitation methods, and universal precautions for the cleansing and dressing of wounds.
AC-P3h.0	Control bleeding using universal precautions
AC-P4a.0	Open and closed wounds (using universal precautions)
TM-P4.0	<input type="checkbox"/> Position and prepare the patient for the application of therapeutic ... modalities.
NU-C18.0	<input type="checkbox"/> Describe the principles and methods of body composition assessment (e.g., ... skinfold calipers, bioelectric impedance, body mass index [BMI]) to assess a patient's health status and to monitor progress in a weight loss or weight gain program for patients of all ages and in a variety of settings.
NU-P1.0	<input type="checkbox"/> Assess body composition by validated technique (e.g., skinfold calipers, ... bioelectric impedance, BMI, etc.) to assess a patient's health status and to monitor progress during a weight loss or weight gain program.
RM-C12.0	<input type="checkbox"/> Explain the components and purpose of periodization within a physical ... conditioning program
RM-C13.0	<input type="checkbox"/> Identify and explain the various types of flexibility, strength training, ... and cardiovascular conditioning programs. This should include the expected effects (the body's anatomical and physiological adaptation), safety precautions, hazards, and contraindications of each.
RM-CP1.0	<input type="checkbox"/> Plan, implement, evaluate, and modify a fitness program specific to the ... physical status of the patient. This will include instructing the patient in proper performance of the activities and the warning signs and symptoms of potential injury that may be sustained. Effective lines of communication shall be established to elicit and convey information about the patient's status and the prescribed program. While maintaining patient confidentiality, all aspects of the fitness program shall be documented using standardized record-keeping methods.
RM-P1.0	<input type="checkbox"/> Instruct the patient how to properly perform fitness tests to assess his ... or her physical status and readiness for physical activity. Interpret the results of these tests according to requirements established by appropriate governing agencies and/or a physician. These tests should assess:
RM-P1.1	Flexibility
RM-P1.2	Strength

RM-P1.3	Power
RM-P1.4	Muscular Endurance
RM-P1.5	Agility
RM-P1.6	Cardiovascular Endurance
RM-P1.7	Speed
RM-P2.0	<input type="checkbox"/> Develop a fitness program appropriate to the patient's needs and selected ... activity or activities that meet the requirements established by the appropriate governing agency and/or physician for enhancing:
RM-P2.1	Flexibility
RM-P2.2	Strength
RM-P2.3	Power
RM-P2.4	Muscular Endurance
RM-P2.5	Agility
RM-P2.6	Cardiovascular Endurance
RM-P2.7	Speed
RM-P3.0	<input type="checkbox"/> Instruct a patient regarding fitness exercises and the use of weight ... training equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.
MC-C1.0	<input type="checkbox"/> Describe and know when to refer common congenital or acquired ... abnormalities, physical disabilities, and diseases affecting people who engage in physical activity throughout their life span (e.g., arthritis, diabetes).
MC-C2.0	<input type="checkbox"/> Understand the effects of common illnesses and diseases in physical ... activity.
MC-C22.0	<input type="checkbox"/> Explain the importance and proper procedures for measuring body ... temperature (e.g., oral, axillary, rectal).
MC-P4d.0	Body temperature

ATP 2011 - A. T. Practicum II	
Code	Description
AC-C5.0	<input type="checkbox"/> Describe the principles and rationale of the initial assessment including ... the determination of whether the accident scene is safe, what may have happened, and the assessment of airway, breathing, circulation, level of consciousness and other life-threatening conditions.
AC-C6.0	<input type="checkbox"/> Differentiate the components of a secondary assessment to determine the ...

	type and severity of the injury or illness sustained.
AC-C7.0	Identify the normal ranges for vital signs.
AC-C9.0	<input type="checkbox"/> Describe the current standards of first aid, emergency care, rescue ... breathing, and cardiopulmonary resuscitation for the professional rescuer.
AC-C10.0	<input type="checkbox"/> Describe the role and function of an automated external defibrillator in ... the emergency management of acute heart failure and abnormal heart rhythms.
AC-C11.0	<input type="checkbox"/> Describe the role and function of supplemental oxygen administration as ... an adjunct to cardiopulmonary resuscitation techniques.
AC-C12.0	<input type="checkbox"/> Describe the characteristics of common life-threatening conditions that ... can occur either spontaneously or as the result of direct trauma to the throat, thorax and viscera, and identify the management of these conditions.
AC-C14.0	Identify the signs and symptoms associated with internal hemorrhaging.
AC-C19.0	<input type="checkbox"/> Identify the signs and symptoms of head trauma, including loss of ... consciousness, changes in standardized neurological function, cranial nerve assessment, and other symptoms that indicate underlying trauma.
AC-C20.0	<input type="checkbox"/> Explain the importance of monitoring a patient following a head injury, ... including obtaining clearance from a physician before further patient participation.
AC-C21.0	<input type="checkbox"/> Define cerebral concussion, list the signs and symptoms of concussions, ... identify the methods for determining the neurocognitive status of a patient who sustains a concussion and describe contemporary concepts for the management and return-to-participation of a patient who sustains a concussion.
AC-C24.0	<input type="checkbox"/> Describe the indications, guidelines, proper techniques and necessary ... supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.
AC-C31.0	<input type="checkbox"/> Describe the proper immobilization techniques and select appropriate ... splinting material to stabilize the injured joint or limb and maintain distal circulation.
AC-P1.0	<input type="checkbox"/> Survey the scene to determine whether the area is safe and determine what ... may have happened.
AC-P2a.0	Airway
AC-P2b.0	Breathing
AC-P2c.0	Circulation
AC-P2d.0	Level of consciousness
AC-P2e.0	Other life-threatening conditions
AC-P3b.0	Establish and maintain an airway in an infant, child, and adult
AC-P3c.0	<input type="checkbox"/> Establish and maintain an airway in a patient wearing shoulder pads, ... headgear or other protective equipment and/or with a suspected spine injury
AC-P3d.0	Perform one- and two-person CPR on an infant, child, and adult
AC-P3e.0	Utilize a bag-valve mask on an infant, child, and adult
AC-P3f.0	<input type="checkbox"/> Utilize an automated external defibrillator (AED) according to current ... accepted practice protocols
AC-P4b.0	<input type="checkbox"/> Closed-head trauma (using standard neurological tests and tests for ... cranial nerve function)
AC-P4g.0	Thoracic, respiratory, and internal abdominal injury or illness
AC-P4h.0	<input type="checkbox"/> Acute musculoskeletal injuries (i.e. sprains, strains, fractures, ... dislocations)
RM-P6.1	Operate a sling psychrometer and/or wet bulb globe index

RM-P6.3	Access local weather/environmental information
RM-P6.4	<input type="checkbox"/> Assess hydration status using weight charts, urine color charts, or ... specific gravity measurements
DI-CP1.9	Ribs
DI-CP1.10	Cervical Spine
DI-CP1.11	Shoulder Girdle
DI-CP1.12	Upper Arm
DI-CP1.13	Elbow
DI-CP1.14	Forearm
DI-CP1.15	Wrist
DI-CP1.16	Hand, Fingers & Thumb
MC-C4.0	<input type="checkbox"/> Describe and know when to refer common eye pathologies from trauma and/or ... localized infection (e.g., conjunctivitis, hyphema, corneal injury, stye, scleral trauma).
MC-C5.0	<input type="checkbox"/> Describe and know when refer common ear pathologies from trauma and/or ... localized infection (e.g., otitis, ruptured tympanic membrane, impacted cerumen).
MC-C6.0	<input type="checkbox"/> Describe and know when to refer common pathologies of the mouth, sinus, ... oropharynx, and nasopharynx from trauma and/or localized infection (e.g., gingivitis, sinusitis, laryngitis, tonsillitis, pharyngitis).
MC-C8.0	<input type="checkbox"/> Explain the importance and proper use of a peak flowmeter or similar ... device in the evaluation and management of respiratory conditions.
MC-C21.0	<input type="checkbox"/> Describe and know when to refer common injuries or conditions of the ... teeth (e.g., fractures, dislocations, caries).
MC-CP1.2	Head, including the Brain
MC-CP1.3	Face, including the Maxillofacial Region
MC-CP1.4	Thorax, including the heart and lungs
MC-CP1.5	<input type="checkbox"/> Abdomen, including the abdominal organs, the renal and urogenital systems
MC-CP1.6	Eyes
MC-CP1.7	Ear, Nose, and Throat
MC-P4e.0	Ear, nose, throat and teeth
AC-CP1.0	<input type="checkbox"/> Demonstrate the ability to manage acute injuries and illnesses. This ... will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the

assessment, management and treatment should be documented.

<b>ATP 2052 - Medical Terminology</b>	
<b>Code</b>	<b>Description</b>
PA-C5.0	Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and ... epidemiology of common orthopedic injuries, illnesses and diseases to the body's systems.
DI-C2.0	Describe the anatomical and physiological growth and development ... characteristics as well as gender differences across the lifespan.
DI-C16.0	Explain medical terminology and abbreviations necessary to communicate ... with physicians and other health professionals
MC-C15.0	Describe and know when to refer common and/or contagious skin lesions ... from trauma, infection, stress, drug reaction, and immune responses (e.g., wounds, bacteria lesions, fungal lesions, viral lesions, bites, acne, eczema dermatitis, ringworm).
MC-C16.0	Describe and know when to refer common medical conditions of the immune ... system from infection, congenital and acquired disease, and unhealthy lifestyle. (e.g., arthritis, gout, upper respiratory tract infection [URTI], influenza, pneumonia, myocarditis, gastrointestinal infection, urinary tract infection [UTI], sexually transmitted diseases [STDs], pelvic inflammatory disease, meningitis, osteomyelitis, septic arthrosis, chronic fatigue and overtraining, infectious mononucleosis, human immunodeficiency virus (HIV) infection and AIDS, hepatitis B virus infection, allergic reaction and anaphylaxis, childhood infectious diseases [measles, mumps, chickenpox]).
MC-C17.0	Describe and know when to refer common neurological medical disorders ... from trauma, anoxia, drug toxicity, infection, and congenital malformation (e.g., concussion, postconcussion syndrome, second-impact syndrome, subdural and epidural hematoma, epilepsy, seizure, convulsion disorder, meningitis, spina bifida, cerebral palsy, chronic regional pain syndrome [CRPS], cerebral aneurysm).
MC-C20.0	Describe and know when to refer common cancers (e.g., testicular, breast).
MC-CP1.1	Derma

<b>ATP 2202 - Special Topics in A. T.</b>	
<b>Code</b>	<b>Description</b>
AC-C27e.0	Allergic, thermal, and chemical reactions of the skin (including ... infestations and insect bites)
AC-C28.0	Identify the signs and symptoms of serious communicable diseases and ... describe the appropriate steps to prevent disease transmission.
AC-P4I.0	Allergic, thermal, and chemical reactions of the skin (including ... infestations and insect bites
PS-C1.0	Explain the psychosocial requirements (i.e., motivation and ... self-confidence) of various activities that relate to the readiness of the injured or ill individual to resume participation.
PS-C2.0	Explain the stress-response model and the psychological and emotional ... responses to trauma and forced inactivity.
PS-C3.0	Describe the motivational techniques that the athletic trainer must use ... during injury rehabilitation and reconditioning.

PS-C4.0	Describe the basic principles of mental preparation, relaxation, ... visualization, and desensitization techniques.
PS-C5.0	Describe the basic principles of general personality traits, associated ... trait anxiety, locus of control, and patient and social environment interactions.
PS-C6.0	Explain the importance of providing health care information to patients, ... parents/guardians, and others regarding the psychological and emotional well being of the patient.
PS-C7.0	Describe the roles and function of various community-based health care ... providers (to include, but not limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.
PS-C10.0	Identify the symptoms and clinical signs of common eating disorders and ... the psychological and sociocultural factors associated with these disorders.
PS-C11.0	Identify and describe the sociological, biological and psychological ... influences toward substance abuse, addictive personality traits, the commonly abused substances, the signs and symptoms associated with the abuse of these substances, and their impact on an individual's health and physical performance
PS-C12.0	Describe the basic signs and symptoms of mental disorders (psychoses), ... emotional disorders (neuroses, depression), or personal/social conflict (family problems, academic or emotional stress, personal assault or abuse, sexual assault, sexual harassment), the contemporary personal, school, and community health service agencies, such as community-based psychological and social support services that treat these conditions and the appropriate referral procedures for accessing these health service agencies.
PS-C14.0	Explain the potential need for psychosocial intervention and referral ... when dealing with populations requiring special consideration (to include but not limited to those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, unilateral organs, physical and/or mental disability).
NU-C2.0	Describe the USDA's "My Pyramid" and explain how this can be used in ... performing a basic dietary analysis and creating a dietary plan for a patient.
NU-C3.0	Identify and describe primary national organizations responsible for ... public and professional nutritional information.
NU-C4.0	Identify nutritional considerations in rehabilitation, including ... nutrients involved in healing and nutritional risk factors (e.g., reduced activity with the same dietary regimen and others).
NU-C5.0	Describe common illnesses and injuries that are attributed to poor ... nutrition (e.g., effects of poor dietary habits on bone loss, on injury, on long-term health, and on other factors).
NU-C6.0	Explain energy and nutritional demands of specific activities and the ... nutritional demands placed on the patient.
NU-C7.0	Explain principles of nutrition as they relate to the dietary and ... nutritional needs of the patient (e.g., role of fluids, electrolytes, vitamins, minerals, carbohydrates, protein, fat, and others).
NU-C8.0	Explain the physiological processes and time factors involved in the ... digestion, absorption, and assimilation of food, fluids, and nutritional supplements. Further, relate these processes and time factors to the design and planning of preactivity and postactivity meals, menu content, scheduling, and the effect of other nonexercise stresses before activity.
NU-C9.0	Describe the principles, advantages, and disadvantages of ergogenic aids ... and dietary supplements used in an effort to improve physical performance.
NU-C10.0	Explain implications of FDA regulation of nutritional products.
NU-C11.0	Identify and interpret pertinent scientific nutritional comments or ... position papers (e.g., healthy weight loss, fluid replacement, pre-event meals, and others).
NU-	Explain principles of weight control for safe weight loss and weight ...

C12.0	gain, and explain common misconceptions regarding the use of food, fluids, and nutritional supplements in weight control.
NU-C13.0	Explain consequences of improper fluid replacement.
NU-C14.0	Describe disordered eating and eating disorders (i.e., signs, symptoms, ... physical and psychological consequences, referral systems).
NU-C15.0	Identify effects of macronutrients (e.g., saturated fats, incomplete ... proteins, and complex carbohydrates) on performance, health, and disease.
NU-C16.0	Describe signs, symptoms, and physiological effects of mineral deficiency ... (e.g., iron, and calcium), and identify foods high in specific mineral content.
NU-C17.0	Identify and explain food label Daily Value recommendations and common ... food sources of essential vitamins and minerals in using current USDA Dietary Guidelines.
NU-C19.0	Explain the relationship between basal metabolic rate, caloric intake, ... and energy expenditure in the use of the Food Pyramid Guidelines.
NU-C20.0	Identify the nutritional benefits and costs of popular dietary regimen ... for weight gain, weight loss, and performance enhancement.
NU-P2.0	Calculate energy expenditure, caloric intake, and BMR.
RM-C6.0	Describe the general principles of health maintenance and personal ... hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.
RM-C15.0	Describe the components for self-identification of the warning signs of ... cancer.
DI-C3.0	Describe the physiological and psychological effects of physical activity ... and their impact on performance.
DI-C8.0	Describe the nature of diagnostic tests of the neurological function of ... cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes.
DI-CP1.17	Head and Face
DI-CP1.18	Temporomandibular Joint
MC-C3.0	Describe common techniques and procedures for evaluating common medical ... conditions and disabilities including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques (e.g., assessing heart, lung and bowel sounds), and neurological and circulatory tests.
MC-C4.0	Describe and know when to refer common eye pathologies from trauma and/or ... localized infection (e.g., conjunctivitis, hyphema, corneal injury, stye, scleral trauma).
MC-C5.0	Describe and know when refer common ear pathologies from trauma and/or ... localized infection (e.g., otitis, ruptured tympanic membrane, impacted cerumen).
MC-C6.0	Describe and know when to refer common pathologies of the mouth, sinus, ... oropharynx, and nasopharynx from trauma and/or localized infection (e.g., gingivitis, sinusitis, laryngitis, tonsillitis, pharyngitis).
MC-C18.0	Describe and know when to refer common psychological medical disorders ... from drug toxicity, physical and emotional stress, and acquired disorders (e.g., substance abuse, eating disorders/disordered eating, depression, bipolar disorder, seasonal affective disorder, anxiety disorders, somatoform disorders, personality disorders, abusive disorders, and addiction).
MC-C21.0	Describe and know when to refer common injuries or conditions of the ... teeth (e.g., fractures, dislocations, caries).

MC-CP1.3	Face, including the Maxillofacial Region
MC-CP1.6	Eyes
MC-CP1.7	Ear, Nose, and Throat
MC-P4.0	☐ Apply commonly used special tests and instruments (e.g., otoscope, ... stethoscope, ophthalmoscope, peak flowmeter, chemical "dipsticks" [or similar devices]) and document the results for the assessment of:
MC-P4c.0	Pupil response, size and shape, and ocular motor function
MC-P4e.0	Ear, nose, throat and teeth

ATP 2243 - Athletic Injury Management	
Code	Description
AC-C2.0	☐ Describe the availability, content, purpose, and maintenance of ... contemporary first aid and emergency care equipment.
AC-C3.0	☐ Determine what emergency care supplies and equipment are necessary for ... circumstances in which the athletic trainer is the responsible first responder.
AC-P3a.0	Activate an emergency action plan
EX-C8.0	☐ Explain the effectiveness of taping, wrapping, bracing, and other ... supportive/protective methods for facilitation of safe progression to advanced therapeutic exercises and functional activities.
PH-C11.0	☐ Identify which therapeutic drugs and nontherapeutic substances are banned ... by sport and/or workplace organizations in order to properly advise patients about possible disqualification and other consequences.
AD-C1.0	☐ Describe organization and administration of preparticipation physical ... examinations and screening including, but not limited to, developing assessment and record-keeping forms that include the minimum recommendations from recognized health and medical organizations, scheduling of appropriate health and medical personnel, and efficient site use.
AD-C13.0	☐ Describe basic architectural considerations that relate to the design of ... safe and efficient clinical practice settings and environments.
AD-C16.0	☐ Identify and describe basic components of a comprehensive emergency plan ... for the care of acutely injured or ill patients, which include (1) emergency action plans for each setting or venue; (2) personnel education and rehearsal; (2) emergency care supplies and equipment appropriate for each venue; (3) availability of emergency care facilities; (4) communication with onsite personnel and notification of EMS; (5) the availability, capabilities, and policies of community-based emergency care facilities and community-based managed care systems; (6) transportation; (7) location of exit and evacuation routes; (8) activity or event coverage; and (9) record keeping.
AD-C18.0	☐ Identify components of a comprehensive risk management plan that ... addresses the issues of security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.
AD-C22.0	☐ Describe basic components of organizing and coordinating a drug testing ... and screening program, and identify the sources of current banned-drug lists published by various associations.
AD-	☐ Develop risk management plans, including facility design, for safe and ...

P1.0	efficient health care facilities.
AD-P2.0	<input type="checkbox"/> Develop a risk management plan that addresses issues of liability ... reduction; security, fire, and facility hazards; electrical and equipment safety; and emergency preparedness.
PD-P1.0	<input type="checkbox"/> Collect and disseminate injury prevention and health care information to ... health care professionals, patients, parents/guardians, other appropriate personnel and the general public (e.g., team meetings, parents' nights, parent/teacher organization [PTO] meetings, booster club meetings, workshops, and seminars).
RM-C1.0	Explain the risk factors associated with physical activity.
RM-C2.0	<input type="checkbox"/> Identify and explain the risk factors associated with common congenital ... and acquired abnormalities, disabilities, and diseases.
RM-C3.0	<input type="checkbox"/> Identify and explain the epidemiology data related to the risk of injury ... and illness related to participation in physical activity.
RM-C4.0	<input type="checkbox"/> Identify and explain the recommended or required components of a ... preparticipation examination based on appropriate authorities' rules, guidelines, and/or recommendations.
RM-C5.0	Describe the basic concepts and practice of wellness screening.
RM-C16.0	<input type="checkbox"/> Explain the basic principles associated with the use of protective ... equipment, including standards for the design, construction, fit, maintenance and reconditioning of protective equipment; and rules and regulations established by the associations that govern the use of protective equipment; and material composition.
RM-C17.0	<input type="checkbox"/> Explain the principles and concepts related to prophylactic taping, ... wrapping, bracing, and protective pad fabrication
RM-C18.0	<input type="checkbox"/> Explain the principles and concepts related to the fabrication, ... modification, and appropriate application or use of orthotics and other dynamic and static splints. This includes, but is not limited to, evaluating or identifying the need, selecting the appropriate manufacturing material, manufacturing the orthosis or splint, and fitting the orthosis or splint.
RM-C19.0	<input type="checkbox"/> Explain the basic principles and concepts of home, school, and workplace ... ergonomics and their relationship to the prevention of illness and injury.
RM-CP2.0	<input type="checkbox"/> Select, apply, evaluate, and modify appropriate standard protective ... equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient's situation and the importance of protective devices to prevent and/or minimize injury.
RM-P4.1	Shoulder Pads
RM-P4.2	Helmet/Headgear
RM-P4.3	Footwear
RM-P4.4	Mouthguard
RM-P4.5	Prophylactic Knee Brace
RM-P4.6	Prophylactic Ankle Brace
RM-P4.7	Other Equipment (as appropriate)
RM-	<input type="checkbox"/> Select, fabricate, and apply appropriate preventive taping and wrapping ...

P5.0	procedures, splints, braces, and other special protective devices. Procedures and devices should be consistent with sound anatomical and biomechanical principles.
MC-C1.0	<input type="checkbox"/> Describe and know when to refer common congenital or acquired ... abnormalities, physical disabilities, and diseases affecting people who engage in physical activity throughout their life span (e.g., arthritis, diabetes).
MC-C2.0	<input type="checkbox"/> Understand the effects of common illnesses and diseases in physical ... activity.





### ATP 3021 - A. T. Practicum III

Code	Description
AC-C18.0	Describe the signs, symptoms, and pathology of acute inflammation.
AC-C32.0	<input type="checkbox"/> Describe the proper ambulatory aid and technique for the injury and ... patient.
AC-P2.0	<input type="checkbox"/> Perform an initial assessment to assess the following, but not limited to:
TM-C1.0	<input type="checkbox"/> Describe the physiological and pathological processes of trauma, wound ... healing and tissue repair and their implications on the selection and application of therapeutic modalities used in a treatment and/or rehabilitation program.
TM-C2.0	<input type="checkbox"/> Explain the principles of physics, including basic concepts associated ... with the electromagnetic and acoustic spectra (e.g., frequency, wavelength) associated with therapeutic modalities.
TM-C3.0	<input type="checkbox"/> Explain the terminology, principles, basic concepts, and properties of ... electric currents as they relate to therapeutic modalities.
TM-C4.0	Describe contemporary pain-control theories.
TM-C5.0	<input type="checkbox"/> Describe the role and function of the common pharmacological agents that ... are used in conjunction with therapeutic modalities
TM-C6.0	<input type="checkbox"/> Explain the body's physiological responses during and following the ... application of therapeutic modalities.
TM-C7.0	<input type="checkbox"/> Describe the electrophysics, physical properties, biophysics, patient ... preparation and modality set-up (parameters), indications, contraindications, and specific physiological effects associated with commonly used therapeutic modalities.
TM-C8.0	<input type="checkbox"/> Identify appropriate therapeutic modalities for the treatment and ... rehabilitation of injuries and illness.
TM-C9a.0	<input type="checkbox"/> Describe and interpret appropriate measurement and assessment procedures ... as they relate to the selection and application of therapeutic modalities.
TM-C9b.0	<input type="checkbox"/> Interpret objective measurement results as a basis for developing ... individualized therapeutic modality application and set-up (parameters).
TM-C9c.0	<input type="checkbox"/> Interpret the results of injury assessment and determine an appropriate ... therapeutic modality program to return the patient to physical activity.
TM-C9d.0	<input type="checkbox"/> Determine the appropriate therapeutic modality program and appropriate ... therapeutic goals and objectives based on the initial assessment and frequent reassessments.
TM-CP1.0	<input type="checkbox"/> Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, patient set-up,

	and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed modality(s). While maintaining patient confidentiality, all aspects of the treatment plan should be documented using standardized record-keeping methods.
TM-CP1.1	Infrared Modalities
TM-CP1.2	Electrical Stimulation Modalities
TM-CP1.3	Therapeutic Ultrasound
TM-CP1.4	Mechanical Modalities
TM-CP1.5	Massage and other Manual Techniques
TM-P1.0	Assess patient to identify indications, contraindications, and ... precautions applicable to the application of therapeutic modalities.
TM-P5.0	Select and apply appropriate therapeutic modalities according to ... evidence-based guidelines.
PS-C15.0	Describe the psychosocial factors that affect persistent pain perception ... (i.e., emotional state, locus of control, psychodynamic issues, sociocultural factors, and personal values and beliefs) and identify multidisciplinary approaches for managing patients with persistent pain.
PD-P4.0	Develop a research project (to include but not limited to case study, ... clinical research project, literature review) for an athletic training-related topic.
RM-CP3.0	Demonstrate the ability to develop, implement, and communicate effective ... policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.
DI-CP1.1	Foot and Toes
DI-CP1.2	Ankle
DI-CP1.3	Lower Leg
DI-CP1.4	Knee (tibiofemoral and patellofemoral)
DI-CP1.5	Thigh
DI-CP1.6	Hip/Pelvis/Sacroiliac Joint
DI-CP1.7	Lumbar Spine
DI-CP1.8	Thoracic Spine
MC-P4b.0	Heart, lung, and bowel sounds

MC-P4f.0	Urinalysis
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ATP 3031 - A. T. Practicum IV	
Code	Description
AC-P2.0	☐ Perform an initial assessment to assess the following, but not limited to:
TM-C9e.0	☐ Determine the criteria for progression and return to activity based on ... the level of functional outcomes.
EX-C3.0	☐ Describe common surgical techniques, pathology, and any subsequent ... anatomical alterations that may affect the implementation of a therapeutic exercise program.
EX-C4b.0	☐ The physiological effects of inactivity and immobilization on the ... musculoskeletal, cardiovascular, nervous, and respiratory systems of the human body
EX-C5.0	☐ Describe the indications, contraindications, theory, and principles for ... the incorporation and application of various contemporary therapeutic exercise equipment and techniques, including aquatic therapy, manual therapy and mobilization.
EX-C6.0	☐ Define the basic components of activity-specific rehabilitation goals, ... functional progressions, and functional outcomes in a therapeutic exercise program.
EX-C7b.0	☐ Interpret objective measurement results (muscular strength/endurance, ... range of motion) as a basis for developing an individualized therapeutic exercise program.
EX-C7c.0	☐ Interpret the results of a physical assessment and determine an ... appropriate therapeutic exercise program to return the patient to physical activity.
EX-C7d.0	☐ Determine the appropriate therapeutic exercise program and appropriate ... therapeutic goals and objectives based on the initial assessment and frequent reassessments.
EX-C7e.0	☐ Determine the criteria for progression and return to activity based on ... the level of functional outcomes.
EX-C7f.0	☐ Describe appropriate methods of assessing progress in a therapeutic ... exercise program and interpret the results.
EX-C7h.0	☐ Describe appropriate medical documentation for recording progress in a ... therapeutic exercise program.
EX-CP1.0	☐ Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP1.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP1.2	Exercises to Improve Muscular Strength
EX-CP1.3	Exercises to Improve Muscular Endurance
EX-CP1.4	Exercises to Improve Muscular Speed
EX-	Exercises to Improve Muscular Power

CP1.5	
EX-CP1.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP1.7	Exercises to Improve Agility
EX-CP1.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP1.9	 Exercises to Improve Activity-Specific Skills, including Ergonomics and ... Work Hardening
EX-CP2.0	 Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the lower extremity. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP2.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP2.2	Exercises to Improve Muscular Strength
EX-CP2.3	Exercises to Improve Muscular Endurance
EX-CP2.4	Exercises to Improve Muscular Speed
EX-CP2.5	Exercises to Improve Muscular Power
EX-CP2.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP2.7	Exercises to Improve Agility
EX-CP2.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP2.9	 Exercises to Improve Activity-Specific Skills, including Ergonomics and ... Work Hardening
EX-CP3.0	 Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the trunk. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP3.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP3.2	Exercises to Improve Muscular Strength
EX-CP3.3	Exercises to Improve Muscular Endurance
EX-CP3.4	Exercises to Improve Muscular Speed

EX-CP3.5	Exercises to Improve Muscular Power
EX-CP3.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP3.7	Exercises to Improve Agility
EX-CP3.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP3.9	<input type="checkbox"/> Exercises to Improve Activity-Specific Skills, including Ergonomics and ... Work Hardening
EX-CP4.0	<input type="checkbox"/> Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP4.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP4.2	Exercises to Improve Muscular Strength
EX-CP4.3	Exercises to Improve Muscular Endurance
EX-CP4.4	Exercises to Improve Muscular Speed
EX-CP4.5	Exercises to Improve Muscular Power
EX-CP4.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP4.7	Exercises to Improve Agility
EX-CP4.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP4.9	<input type="checkbox"/> Exercises to Improve Activity-Specific Skills, including Ergonomics and ... Work Hardening
EX-P1.0	<input type="checkbox"/> Assess a patient to determine specific therapeutic exercise indications, ... contraindications, and precautions.
EX-P2.0	<input type="checkbox"/> Obtain and interpret baseline and postexercise objective physical ... measurements to evaluate therapeutic exercise progression and interpret results.
EX-P4.0	<input type="checkbox"/> Demonstrate the appropriate application of contemporary therapeutic ... exercises and techniques according to evidence-based guidelines.
EX-P5.0	<input type="checkbox"/> Instruct the patient in proper techniques of commonly prescribed ... therapeutic exercises.
EX-P6.0	Document rehabilitation goals, progression and functional outcomes.
EX-P7.0	Perform a functional assessment for safe return to physical activity.
PS-	<input type="checkbox"/> Explain the psychosocial requirements (i.e., motivation and ...

C1.0	self-confidence) of various activities that relate to the readiness of the injured or ill individual to resume participation.
PS-C5.0	Describe the basic principles of general personality traits, associated ... trait anxiety, locus of control, and patient and social environment interactions.
PS-C7.0	Describe the roles and function of various community-based health care ... providers (to include, but not limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.
PS-C8.0	Describe the theories and techniques of interpersonal and cross-cultural ... communication among athletic trainers, their patients, and others involved in the health care of the patient.
PS-CP2.0	Demonstrate the ability to select and integrate appropriate motivational ... techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.
AD-C22.0	Describe basic components of organizing and coordinating a drug testing ... and screening program, and identify the sources of current banned-drug lists published by various associations.
PD-P4.0	Develop a research project (to include but not limited to case study, ... clinical research project, literature review) for an athletic training-related topic.
PA-C6.0	Describe the body's responses to physical exercise during common ... diseases, illnesses, and the injury.
RM-C16.0	Explain the basic principles associated with the use of protective ... equipment, including standards for the design, construction, fit, maintenance and reconditioning of protective equipment; and rules and regulations established by the associations that govern the use of protective equipment; and material composition.
RM-C17.0	Explain the principles and concepts related to prophylactic taping, ... wrapping, bracing, and protective pad fabrication
RM-C18.0	Explain the principles and concepts related to the fabrication, ... modification, and appropriate application or use of orthotics and other dynamic and static splints. This includes, but is not limited to, evaluating or identifying the need, selecting the appropriate manufacturing material, manufacturing the orthosis or splint, and fitting the orthosis or splint.
RM-CP2.0	Select, apply, evaluate, and modify appropriate standard protective ... equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient's situation and the importance of protective devices to prevent and/or minimize injury.
RM-P4.1	Shoulder Pads
RM-P4.2	Helmet/Headgear
RM-P4.3	Footwear
RM-P4.4	Mouthguard
RM-P4.5	Prophylactic Knee Brace
RM-P4.6	Prophylactic Ankle Brace
RM-P4.7	Other Equipment (as appropriate)

DI-CP1.17	Head and Face
DI-CP1.18	Temporomandibular Joint
MC-C18.0	Describe and know when to refer common psychological medical disorders ... from drug toxicity, physical and emotional stress, and acquired disorders (e.g., substance abuse, eating disorders/disordered eating, depression, bipolar disorder, seasonal affective disorder, anxiety disorders, somatoform disorders, personality disorders, abusive disorders, and addiction).

### ATP 3063 - Assessment & Evaluation - Upper

Code	Description
AC-C1.0	Explain the legal, moral, and ethical parameters that define the scope of ... first aid and emergency care and identify the proper roles and responsibilities of the certified athletic trainer.
AC-C4.0	Know and be able to use appropriately standard nomenclature of injuries ... and illnesses.
AC-C8.0	Describe pathological signs of acute/traumatic injury and illness ... including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.
AC-C12.0	Describe the characteristics of common life-threatening conditions that ... can occur either spontaneously or as the result of direct trauma to the throat, thorax and viscera, and identify the management of these conditions.
AC-C16.0	Describe the injuries and illnesses that require medical referral.
AC-C19.0	Identify the signs and symptoms of head trauma, including loss of ... consciousness, changes in standardized neurological function, cranial nerve assessment, and other symptoms that indicate underlying trauma.
AC-C20.0	Explain the importance of monitoring a patient following a head injury, ... including obtaining clearance from a physician before further patient participation.
AC-C21.0	Define cerebral concussion, list the signs and symptoms of concussions, ... identify the methods for determining the neurocognitive status of a patient who sustains a concussion and describe contemporary concepts for the management and return-to-participation of a patient who sustains a concussion.
AC-C22.0	Identify the signs and symptoms of trauma to the cervical, thoracic and ... lumbar spines, the spinal cord, and spinal nerve roots, including neurological signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.
AC-C29.0	Identify the signs, symptoms, and treatment of patients suffering from ... adverse reactions to environmental conditions.
AC-C30.0	Identify information obtained during the examination to determine when to ... refer an injury or illness for further or immediate medical attention.
AC-P4b.0	Closed-head trauma (using standard neurological tests and tests for ... cranial nerve function)
AC-P4c.0	Environmental illness
AC-P4g.0	Thoracic, respiratory, and internal abdominal injury or illness
AC-	Spinal cord and peripheral nerve injuries

P4i.0	
AD-C9.0	Identify and describe technological needs of an effective athletic training service and the commercial software and hardware that are available to meet these needs.
AD-P4.0	Demonstrate the ability to access medical and health care information through electronic media.
AD-P5.0	Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others).
AD-P6.0	Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members.
PA-C5.0	Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and epidemiology of common orthopedic injuries, illnesses and diseases to the body's systems.
RM-C8.0	Explain the principles of effective heat loss and heat illness prevention programs. Principles include, but are not limited to, knowledge of the body's thermoregulatory mechanisms, acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss.
RM-C9.0	Explain the accepted guidelines, recommendations, and policy and position statements of applicable governing agencies related to activity during extreme weather conditions.
RM-C10.0	Interpret data obtained from a wet bulb globe temperature (WGBT) or other similar device that measures heat and humidity to determine the scheduling, type, and duration of activity.
RM-C20.0	Recognize the clinical signs and symptoms of environmental stress.
RM-CP3.0	Demonstrate the ability to develop, implement, and communicate effective policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.
RM-P6.1	Operate a sling psychrometer and/or wet bulb globe index
RM-P6.2	Formulate and implement a comprehensive, proactive emergency action plan specific to lightening safety
RM-P6.3	Access local weather/environmental information
RM-P6.4	Assess hydration status using weight charts, urine color charts, or specific gravity measurements
DI-C6.0	Describe common techniques and procedures for evaluating common injuries including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests.
DI-C7.0	Explain the relationship of injury assessment to the systematic observation of the person as a whole.
DI-C8.0	Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes.
DI-C9.0	Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
DI-C10.0	Explain the roles of special tests in injury assessment.
DI-	Describe strength assessment using resistive range of motion, break ...

C12.0	tests, and manual muscle testing.
DI-C13.0	<input type="checkbox"/> Describe the use of diagnostic tests and imaging techniques based on ... their applicability in the assessment of an injury when prescribed by a physician.
DI-C14.0	Describe the clinical signs and symptoms of environmental stress.
DI-C15.0	Describe and identify postural deformities.
DI-C16.0	<input type="checkbox"/> Explain medical terminology and abbreviations necessary to communicate ... with physicians and other health professionals
DI-C17.0	<input type="checkbox"/> Describe the components of medical documentation (e.g. SOAP, HIPS and ... HOPS).
DI-CP1.9	Ribs
DI-CP1.10	Cervical Spine
DI-CP1.11	Shoulder Girdle
DI-CP1.12	Upper Arm
DI-CP1.13	Elbow
DI-CP1.14	Forearm
DI-CP1.15	Wrist
DI-CP1.16	Hand, Fingers & Thumb
DI-P1.0	<input type="checkbox"/> Obtain a medical history of the patient that includes a previous history ... and a history of the present injury.
DI-P2.0	<input type="checkbox"/> Perform inspection/observation of the clinical signs associated with ... common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.
DI-P3.0	<input type="checkbox"/> Perform inspection/observation of postural, structural, and biomechanical ... abnormalities.
DI-P4.0	<input type="checkbox"/> Palpate the bones and soft tissues to determine normal or pathological ... characteristics.
DI-P5.0	<input type="checkbox"/> Measure the active and passive joint range of motion using commonly ... accepted techniques, including the use of a goniometer and inclinometer.
DI-P6.0	<input type="checkbox"/> Grade the resisted joint range of motion/manual muscle testing and break ... tests.
DI-P7.0	<input type="checkbox"/> Apply appropriate stress tests for ligamentous or capsular stability, ... soft tissue and muscle, and fractures.
DI-P8.0	<input type="checkbox"/> Apply appropriate special tests for injuries to the specific areas of the ... body as listed above.
DI-P9.0	<input type="checkbox"/> Assess neurological status, including cranial nerve function, myotomes, ... dermatomes and reflexes, and circulatory status.
DI-P10.0	Document the results of the assessment including the diagnosis.

MC-C3.0	Describe common techniques and procedures for evaluating common medical ... conditions and disabilities including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques (e.g., assessing heart, lung and bowel sounds), and neurological and circulatory tests.
MC-C7.0	Describe and know when to refer common and significant respiratory ... infections, thoracic trauma, and lung disorders. (e.g., influenza, pneumonia, bronchitis, rhinitis, sinusitis, upper-respiratory infection (URI), pneumothorax, hemothorax, pneumomediastinum, exercise-induced bronchospasm, exercise-induced anaphylaxis, asthma).
MC-C8.0	Explain the importance and proper use of a peak flowmeter or similar ... device in the evaluation and management of respiratory conditions.
MC-C9.0	Describe strategies for reducing the frequency and severity of asthma ... attacks.
MC-C10.0	Explain the possible causes of sudden death syndrome.
MC-C11.0	Describe and know when to refer common cardiovascular and hematological ... medical conditions from trauma, deformity, acquired disease, conduction disorder, and drug abuse (e.g., coronary artery disease, hypertrophic cardiomyopathy, heart murmur, mitral valve prolapse, commotion cordis, Marfan's syndrome, peripheral embolism, hypertension, arrhythmogenic right ventricular dysplasia, Wolf-Parkinson-White syndrome, anemias, sickle cell anemia and sickle cell trait [including rhabdomyolysis], hemophilia, deep vein thrombosis, migraine headache, syncope).
MC-C12.0	Describe and know when to refer common medical conditions that affect the ... gastrointestinal and hepatic-biliary systems from trauma, chemical and drug irritation, local and systemic infections, psychological stress, and anatomic defects (e.g., hepatitis, pancreatitis, dyspepsia, gastroesophageal reflux, peptic ulcer, gastritis and gastroenteritis, inflammatory bowel disease, irritable bowel syndrome, appendicitis, sports hernia, hemorrhoids, splenomegaly, liver trauma).
MC-C13.0	Describe and know when to refer common medical conditions of the ... endocrine and metabolic systems from acquired disease and acute and chronic nutritional disorders (e.g., diabetes mellitus and insipidus, hypothyroidism, Cushing's syndrome, thermoregulatory disorders, gout, osteoporosis).
MC-C14.0	Describe and know when to refer common medical conditions of the renal ... and urogenital systems from trauma, local infection, congenital and acquired disease, nutritional imbalance, and hormone disorder (e.g., kidney stones, genital trauma, gynecomastia, monorchidism, scrotum and testicular trauma, ovarian and testicular cancer, breast cancer, testicular torsion, varicoceles, endometriosis, pregnancy and ectopic pregnancy, female athlete triad, primary amenorrhea, oligomenorrhea, dysmenorrhea, kidney laceration or contusion, cryptorchidism).
MC-P1.0	Obtain a medical history of the patient that includes a previous history ... and a history of the present condition.
MC-P2.0	Perform a visual observation of the clinical signs associated with common ... injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin abnormalities.
MC-P3.0	Palpate the bones and soft tissues, including the abdomen, to determine ... normal or pathological characteristics.
MC-P4.0	Apply commonly used special tests and instruments (e.g., otoscope, ... stethoscope, ophthalmoscope, peak flowmeter, chemical "dipsticks" [or similar devices]) and document the results for the assessment of:
MC-P4b.0	Heart, lung, and bowel sounds
MC-P4c.0	Pupil response, size and shape, and ocular motor function
MC-P4f.0	Urinalysis

## ATP 3161 - Assessment & Evaluation Lab - Upper

Code	Description
AC-P4b.0	<input type="checkbox"/> Closed-head trauma (using standard neurological tests and tests for ... cranial nerve function)
AC-P4c.0	Environmental illness
AC-P4g.0	Thoracic, respiratory, and internal abdominal injury or illness
AC-P4i.0	Spinal cord and peripheral nerve injuries
AD-P4.0	<input type="checkbox"/> Demonstrate the ability to access medical and health care information ... through electronic media.
AD-P5.0	<input type="checkbox"/> Use appropriate terminology and medical documentation to record injuries ... and illnesses (e.g., history and examination findings, progress notes, and others).
AD-P6.0	<input type="checkbox"/> Use appropriate terminology to effectively communicate both verbally and ... in writing with patients, physicians, colleagues, administrators, and parents or family members.
RM-CP3.0	<input type="checkbox"/> Demonstrate the ability to develop, implement, and communicate effective ... policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.
RM-P6.1	Operate a sling psychrometer and/or wet bulb globe index
RM-P6.2	<input type="checkbox"/> Formulate and implement a comprehensive, proactive emergency action plan ... specific to lightening safety
RM-P6.3	Access local weather/environmental information
RM-P6.4	<input type="checkbox"/> Assess hydration status using weight charts, urine color charts, or ... specific gravity measurements
DI-CP1.8	Thoracic Spine
DI-CP1.9	Ribs
DI-CP1.10	Cervical Spine
DI-CP1.11	Shoulder Girdle
DI-CP1.12	Upper Arm
DI-CP1.13	Elbow
DI-CP1.14	Forearm
DI-	Wrist

CP1.15	
DI-CP1.16	Hand, Fingers & Thumb
DI-P1.0	<input type="checkbox"/> Obtain a medical history of the patient that includes a previous history ... and a history of the present injury.
DI-P2.0	<input type="checkbox"/> Perform inspection/observation of the clinical signs associated with ... common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.
DI-P3.0	<input type="checkbox"/> Perform inspection/observation of postural, structural, and biomechanical ... abnormalities.
DI-P4.0	<input type="checkbox"/> Palpate the bones and soft tissues to determine normal or pathological ... characteristics.
DI-P5.0	<input type="checkbox"/> Measure the active and passive joint range of motion using commonly ... accepted techniques, including the use of a goniometer and inclinometer.
DI-P6.0	<input type="checkbox"/> Grade the resisted joint range of motion/manual muscle testing and break ... tests.
DI-P8.0	<input type="checkbox"/> Apply appropriate special tests for injuries to the specific areas of the ... body as listed above.
DI-P9.0	<input type="checkbox"/> Assess neurological status, including cranial nerve function, myotomes, ... dermatomes and reflexes, and circulatory status.
DI-P10.0	Document the results of the assessment including the diagnosis.
MC-CP1.2	Head, including the Brain
MC-CP1.4	Thorax, including the heart and lungs
MC-CP1.5	<input type="checkbox"/> Abdomen, including the abdominal organs, the renal and urogenital systems

ATP 3073 - Assessment & Evaluation - Lower	
Code	Description
AC-C4.0	<input type="checkbox"/> Know and be able to use appropriately standard nomenclature of injuries ... and illnesses.
AC-C16.0	Describe the injuries and illnesses that require medical referral.
AC-C22.0	<input type="checkbox"/> Identify the signs and symptoms of trauma to the cervical, thoracic and ... lumbar spines, the spinal cord, and spinal nerve roots, including neurological signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.
AC-C26.0	<input type="checkbox"/> Identify the appropriate short-distance transportation method, including ... immobilization, for an injured patient.
AC-C30.0	<input type="checkbox"/> Identify information obtained during the examination to determine when to ... refer an injury or illness for further or immediate medical attention.
AC-C32.0	<input type="checkbox"/> Describe the proper ambulatory aid and technique for the injury and ... patient.
AC-	Spinal cord and peripheral nerve injuries

P4i.0	
EX-C4c.0	<input type="checkbox"/> The anatomical and/or biomechanical alterations resulting from acute and ... chronic injury and improper mechanics
EX-C4e.0	<input type="checkbox"/> The physiological responses of additional factors, such as age and disease
AD-P4.0	<input type="checkbox"/> Demonstrate the ability to access medical and health care information ... through electronic media.
AD-P5.0	<input type="checkbox"/> Use appropriate terminology and medical documentation to record injuries ... and illnesses (e.g., history and examination findings, progress notes, and others).
AD-P6.0	<input type="checkbox"/> Use appropriate terminology to effectively communicate both verbally and ... in writing with patients, physicians, colleagues, administrators, and parents or family members.
DI-C6.0	<input type="checkbox"/> Describe common techniques and procedures for evaluating common injuries ... including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests.
DI-C7.0	<input type="checkbox"/> Explain the relationship of injury assessment to the systematic ... observation of the person as a whole.
DI-C9.0	<input type="checkbox"/> Assess neurological status, including cranial nerve function, myotomes, ... dermatomes and reflexes, and circulatory status.
DI-C10.0	Explain the roles of special tests in injury assessment.
DI-C11.0	<input type="checkbox"/> Explain the role of postural examination in injury assessment including ... gait analysis.
DI-C12.0	<input type="checkbox"/> Describe strength assessment using resistive range of motion, break ... tests, and manual muscle testing.
DI-C13.0	<input type="checkbox"/> Describe the use of diagnostic tests and imaging techniques based on ... their applicability in the assessment of an injury when prescribed by a physician.
DI-C15.0	Describe and identify postural deformities.
DI-C17.0	<input type="checkbox"/> Describe the components of medical documentation (e.g. SOAP, HIPS and ... HOPS).
DI-CP1.1	Foot and Toes
DI-CP1.2	Ankle
DI-CP1.3	Lower Leg
DI-CP1.4	Knee (tibiofemoral and patellofemoral)
DI-CP1.5	Thigh
DI-CP1.6	Hip/Pelvis/Sacroiliac Joint
DI-CP1.7	Lumbar Spine
DI-CP1.8	Thoracic Spine
DI-	<input type="checkbox"/> Obtain a medical history of the patient that includes a previous history ...

P1.0	and a history of the present injury.
DI-P2.0	<input type="checkbox"/> Perform inspection/observation of the clinical signs associated with ... common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.
DI-P3.0	<input type="checkbox"/> Perform inspection/observation of postural, structural, and biomechanical ... abnormalities.
DI-P4.0	<input type="checkbox"/> Palpate the bones and soft tissues to determine normal or pathological ... characteristics.
DI-P5.0	<input type="checkbox"/> Measure the active and passive joint range of motion using commonly ... accepted techniques, including the use of a goniometer and inclinometer.
DI-P6.0	<input type="checkbox"/> Grade the resisted joint range of motion/manual muscle testing and break ... tests.
DI-P7.0	<input type="checkbox"/> Apply appropriate stress tests for ligamentous or capsular stability, ... soft tissue and muscle, and fractures.
DI-P8.0	<input type="checkbox"/> Apply appropriate special tests for injuries to the specific areas of the ... body as listed above.
DI-P9.0	<input type="checkbox"/> Assess neurological status, including cranial nerve function, myotomes, ... dermatomes and reflexes, and circulatory status.
DI-P10.0	Document the results of the assessment including the diagnosis.
MC-P1.0	<input type="checkbox"/> Obtain a medical history of the patient that includes a previous history ... and a history of the present condition.
MC-P2.0	<input type="checkbox"/> Perform a visual observation of the clinical signs associated with common ... injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin abnormalities.
MC-P3.0	<input type="checkbox"/> Palpate the bones and soft tissues, including the abdomen, to determine ... normal or pathological characteristics.

ATP 3171 - Assessment & Evaluation Lab - Lower	
Code	Description
AC-P4i.0	Spinal cord and peripheral nerve injuries
AD-P4.0	<input type="checkbox"/> Demonstrate the ability to access medical and health care information ... through electronic media.
AD-P5.0	<input type="checkbox"/> Use appropriate terminology and medical documentation to record injuries ... and illnesses (e.g., history and examination findings, progress notes, and others).
AD-P6.0	<input type="checkbox"/> Use appropriate terminology to effectively communicate both verbally and ... in writing with patients, physicians, colleagues, administrators, and parents or family members.
DI-CP1.1	Foot and Toes
DI-CP1.2	Ankle
DI-CP1.3	Lower Leg
DI-CP1.4	Knee (tibiofemoral and patellofemoral)

DI-CP1.5	Thigh
DI-CP1.6	Hip/Pelvis/Sacroiliac Joint
DI-CP1.7	Lumbar Spine
DI-P1.0	☐ Obtain a medical history of the patient that includes a previous history ... and a history of the present injury.
DI-P2.0	☐ Perform inspection/observation of the clinical signs associated with ... common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.
DI-P3.0	☐ Perform inspection/observation of postural, structural, and biomechanical ... abnormalities.
DI-P4.0	☐ Palpate the bones and soft tissues to determine normal or pathological ... characteristics.
DI-P5.0	☐ Measure the active and passive joint range of motion using commonly ... accepted techniques, including the use of a goniometer and inclinometer.
DI-P6.0	☐ Grade the resisted joint range of motion/manual muscle testing and break ... tests.
DI-P7.0	☐ Apply appropriate stress tests for ligamentous or capsular stability, ... soft tissue and muscle, and fractures.
DI-P8.0	☐ Apply appropriate special tests for injuries to the specific areas of the ... body as listed above.
DI-P9.0	☐ Assess neurological status, including cranial nerve function, myotomes, ... dermatomes and reflexes, and circulatory status.
DI-P10.0	Document the results of the assessment including the diagnosis.

ATP 3083 - Therapeutic Modalities	
Code	Description
AC-C17.0	☐ Explain the application principles of rest, cold application, elevation, ... and compression in the treatment of acute injuries.
AC-C18.0	Describe the signs, symptoms, and pathology of acute inflammation.
AC-C33.0	☐ Describe home care and self-treatment plans of acute injuries and ... illnesses.
TM-C1.0	☐ Describe the physiological and pathological processes of trauma, wound ... healing and tissue repair and their implications on the selection and application of therapeutic modalities used in a treatment and/or rehabilitation program.
TM-C2.0	☐ Explain the principles of physics, including basic concepts associated ... with the electromagnetic and acoustic spectra (e.g., frequency, wavelength) associated with therapeutic modalities.
TM-C3.0	☐ Explain the terminology, principles, basic concepts, and properties of ... electric currents as they relate to therapeutic modalities.
TM-C4.0	Describe contemporary pain-control theories.

TM-C5.0	Describe the role and function of the common pharmacological agents that ... are used in conjunction with therapeutic modalities
TM-C6.0	Explain the body's physiological responses during and following the ... application of therapeutic modalities.
TM-C7.0	Describe the electrophysics, physical properties, biophysics, patient ... preparation and modality set-up (parameters), indications, contraindications, and specific physiological effects associated with commonly used therapeutic modalities.
TM-C8.0	Identify appropriate therapeutic modalities for the treatment and ... rehabilitation of injuries and illness.
TM-C9.0	Describe the process/methods of assessing and reassessing the status of ... the patient using standard techniques and documentation strategies to determine appropriate treatment and rehabilitation and to evaluate readiness to return to the appropriate level of activity. This includes the ability to:
TM-C10.0	Identify manufacturer's, institutional, state, and federal standards for ... the operation and safe application of therapeutic modalities.
TM-C11.0	Identify manufacturer's, institutional, state and federal guidelines for ... the inspection and maintenance of therapeutic modalities.
TM-C9a.0	Describe and interpret appropriate measurement and assessment procedures ... as they relate to the selection and application of therapeutic modalities.
TM-C9b.0	Interpret objective measurement results as a basis for developing ... individualized therapeutic modality application and set-up (parameters).
TM-C9c.0	Interpret the results of injury assessment and determine an appropriate ... therapeutic modality program to return the patient to physical activity.
TM-C9d.0	Determine the appropriate therapeutic modality program and appropriate ... therapeutic goals and objectives based on the initial assessment and frequent reassessments.
TM-C9e.0	Determine the criteria for progression and return to activity based on ... the level of functional outcomes.
TM-C9f.0	Describe appropriate methods of assessing progress when using therapeutic ... modalities and interpret the results.
TM-C9g.0	Interpret physician notes, postoperative notes, and physician ... prescriptions as they pertain to a treatment plan.
TM-C9h.0	Describe appropriate medical documentation for recording progress in a ... therapeutic modality program.
TM-CP1.0	Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, patient set-up, and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed modality(s). While maintaining patient confidentiality, all aspects of the treatment plan should be documented using standardized record-keeping methods.
TM-CP1.1	Infrared Modalities
TM-CP1.2	Electrical Stimulation Modalities
TM-CP1.3	Therapeutic Ultrasound
TM-CP1.4	Mechanical Modalities
TM-	Massage and other Manual Techniques

CP1.5	
TM-P1.0	Assess patient to identify indications, contraindications, and ... precautions applicable to the application of therapeutic modalities.
TM-P2.0	Obtain and interpret baseline and posttreatment objective physical ... measurements to evaluate and interpret results.
TM-P3.0	Inspect the therapeutic modalities and treatment environment for ... potential safety hazards.
TM-P4.0	Position and prepare the patient for the application of therapeutic ... modalities.
TM-P5.0	Select and apply appropriate therapeutic modalities according to ... evidence-based guidelines.
TM-P6.0	Document treatment goals, expectations, and treatment outcomes.
EX-C1.0	Describe the physiological and pathological processes of trauma, wound ... healing and tissue repair and their implications on the development, progression and implementation of a therapeutic exercise program.
EX-C2.0	Describe the mechanical principles applied to the design and use of ... therapeutic exercise equipment and techniques (leverage, force, kinesiology and biomechanics).
EX-C4a.0	The physiological responses of the human body to trauma
EX-C7a.0	Describe and interpret appropriate measurement and functional testing ... procedures as they relate to the selection and application of therapeutic exercise.
EX-C7g.0	Interpret physician notes, postoperative notes, and physician ... prescriptions as they pertain to a therapeutic exercise program.
EX-C9.0	Describe manufacturer's, institutional, state and federal guidelines for ... the inspection and maintenance of therapeutic exercise equipment.
PS-C15.0	Describe the psychosocial factors that affect persistent pain perception ... (i.e., emotional state, locus of control, psychodynamic issues, sociocultural factors, and personal values and beliefs) and identify multidisciplinary approaches for managing patients with persistent pain.
AD-C2.0	Identify components of a medical record (e.g., emergency information, ... treatment documentation, epidemiology, release of medical information, etc.), common medical record-keeping techniques and strategies, and strengths and weaknesses of each approach and the associated implications of privacy statutes (Health Insurance Portability and Accountability Act [HIPAA] and Federal Educational Rights Privacy Act [FERPA]).
AD-C10.0	Describe the various types of health insurance models (e.g., health ... maintenance organization [HMO], preferred provider organization [PPO], fee-for-service, cash, and Medicare) and the common benefits and exclusions identified within these models.
AD-C11.0	Describe the concepts and procedures for third-party insurance ... reimbursement including the use of diagnostic (ICD-9-CM) and procedural (CPT) coding.
PD-C10.0	Identify the issues and concerns regarding the health care of patients ... (e.g., public relations, third-party payment, and managed care).
PD-C17.0	Describe the theories and techniques of interpersonal and cross-cultural ... communication among athletic trainers, patients, administrators, health care professionals, parents/guardians, and other appropriate personnel.

Code	Description
TM-CP1.0	<input type="checkbox"/> Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, patient set-up, and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed modality(s). While maintaining patient confidentiality, all aspects of the treatment plan should be documented using standardized record-keeping methods.
TM-CP1.1	Infrared Modalities
TM-CP1.2	Electrical Stimulation Modalities
TM-CP1.3	Therapeutic Ultrasound
TM-CP1.4	Mechanical Modalities
TM-CP1.5	Massage and other Manual Techniques
TM-P1.0	<input type="checkbox"/> Assess patient to identify indications, contraindications, and ... precautions applicable to the application of therapeutic modalities.
TM-P2.0	<input type="checkbox"/> Obtain and interpret baseline and posttreatment objective physical ... measurements to evaluate and interpret results.
TM-P3.0	<input type="checkbox"/> Inspect the therapeutic modalities and treatment environment for ... potential safety hazards.
TM-P4.0	<input type="checkbox"/> Position and prepare the patient for the application of therapeutic ... modalities.
TM-P5.0	<input type="checkbox"/> Select and apply appropriate therapeutic modalities according to ... evidence-based guidelines.
TM-P6.0	Document treatment goals, expectations, and treatment outcomes.

#### ATP 3213 - Pharmacology in A. T.

Code	Description
AC-C27a.0	Different types of shock
AC-C27b.0	Diabetic coma
AC-C27c.0	Seizures
AC-C27d.0	Toxic drug overdose
AC-C27e.0	<input type="checkbox"/> Allergic, thermal, and chemical reactions of the skin (including ... infestations and insect bites)
AC-C28.0	<input type="checkbox"/> Identify the signs and symptoms of serious communicable diseases and ... describe the appropriate steps to prevent disease transmission.
AC-	Administer an EpiPen for anaphylactic shock

P3i.0	
AC-P4d.0	Seizures
AC-P4e.0	Acute asthma attack
AC-P4f.0	Different types of shock
AC-P4j.0	Diabetic coma
AC-P4k.0	Toxic drug overdose
AC-P4l.0	<input type="checkbox"/> Allergic, thermal, and chemical reactions of the skin (including ... infestations and insect bites)
PH-C1.0	<input type="checkbox"/> Explain the laws, regulations, and procedures that govern storing, ... transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).
PH-C2.0	<input type="checkbox"/> Identify appropriate pharmaceutical terminology and abbreviations used in ... the prescription, administration, and dispensing of medications.
PH-C3.0	<input type="checkbox"/> Identify information about the indications, contraindications, ... precautions, and adverse reactions for common prescription and nonprescription medications (including herbal medications) using current pharmacy resources.
PH-C4.0	<input type="checkbox"/> Explain the concepts of pharmacokinetics (absorption, distribution, ... metabolism, and elimination) and the suspected influence that exercise might have on these processes.
PH-C5.0	<input type="checkbox"/> Explain the concepts related to bioavailability, half-life, and ... bioequivalence.
PH-C6.0	<input type="checkbox"/> Explain the general pharmacodynamic principles as they relate to the ... mechanism of drug action and therapeutic effectiveness (e.g. receptor theory, dose-response relationship, potency, and drug interactions).
PH-C7.0	<input type="checkbox"/> Describe the common routes used to administer medications (e.g., oral, ... inhalation, and injection) and their advantages and disadvantages.
PH-C8.0	Explain the relationship between generic or brand name pharmaceuticals.
PH-C9.0	<input type="checkbox"/> Identify medications that might cause possible poisoning, and describe ... how to activate and follow the locally established poison control protocols.
PH-C10.0	<input type="checkbox"/> Explain the known usage patterns, general effects, and short- and ... long-term adverse effects for the commonly used performance-enhancing substances.
PH-C11.0	<input type="checkbox"/> Identify which therapeutic drugs and nontherapeutic substances are banned ... by sport and/or workplace organizations in order to properly advise patients about possible disqualification and other consequences.
PH-P1.0	<input type="checkbox"/> Obtain and communicate patient education materials regarding ... physician-prescribed medications, over-the-counter drugs, and performance-enhancing substances using appropriate references.
PH-P2.0	<input type="checkbox"/> Abide by federal, state, and local regulations for the proper storage, ... transportation, dispensing (administering where appropriate), and documentation of commonly used medications.
PH-P3.0	<input type="checkbox"/> Activate and effectively follow locally established poison control ... protocols.
PS-C11.0	<input type="checkbox"/> Identify and describe the sociological, biological and psychological ... influences toward substance abuse, addictive personality traits, the commonly abused substances, the signs and

	symptoms associated with the abuse of these substances, and their impact on an individual's health and physical performance
PS-C14.0	☐ Explain the potential need for psychosocial intervention and referral ... when dealing with populations requiring special consideration (to include but not limited to those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, unilateral organs, physical and/or mental disability).
PS-CP1.0	☐ Demonstrate the ability to conduct an intervention and make the ... appropriate referral of an individual with a suspected substance abuse or other mental health problem. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the intervention and referral should be documented using standardized record-keeping methods.
PD-C14.0	☐ Interpret the current research in athletic training and other related ... medical and health areas and apply the results to the daily practice of athletic training.
RM-C6.0	☐ Describe the general principles of health maintenance and personal ... hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.
RM-C15.0	☐ Describe the components for self-identification of the warning signs of ... cancer.
MC-C7.0	☐ Describe and know when to refer common and significant respiratory ... infections, thoracic trauma, and lung disorders. (e.g., influenza, pneumonia, bronchitis, rhinitis, sinusitis, upper-respiratory infection (URI), pneumothorax, hemothorax, pneumomediastinum, exercise-induced bronchospasm, exercise-induced anaphylaxis, asthma).
MC-C9.0	☐ Describe strategies for reducing the frequency and severity of asthma ... attacks.
MC-C10.0	Explain the possible causes of sudden death syndrome.
MC-C11.0	☐ Describe and know when to refer common cardiovascular and hematological ... medical conditions from trauma, deformity, acquired disease, conduction disorder, and drug abuse (e.g., coronary artery disease, hypertrophic cardiomyopathy, heart murmur, mitral valve prolapse, commotion cordis, Marfan's syndrome, peripheral embolism, hypertension, arrhythmogenic right ventricular dysplasia, Wolf-Parkinson-White syndrome, anemias, sickle cell anemia and sickle cell trait [including rhabdomyolysis], hemophilia, deep vein thrombosis, migraine headache, syncope).
MC-C12.0	☐ Describe and know when to refer common medical conditions that affect the ... gastrointestinal and hepatic-biliary systems from trauma, chemical and drug irritation, local and systemic infections, psychological stress, and anatomic defects (e.g., hepatitis, pancreatitis, dyspepsia, gastroesophageal reflux, peptic ulcer, gastritis and gastroenteritis, inflammatory bowel disease, irritable bowel syndrome, appendicitis, sports hernia, hemorrhoids, splenomegaly, liver trauma).
MC-C13.0	☐ Describe and know when to refer common medical conditions of the ... endocrine and metabolic systems from acquired disease and acute and chronic nutritional disorders (e.g., diabetes mellitus and insipidus, hypothyroidism, Cushing's syndrome, thermoregulatory disorders, gout, osteoporosis).
MC-C14.0	☐ Describe and know when to refer common medical conditions of the renal ... and urogenital systems from trauma, local infection, congenital and acquired disease, nutritional imbalance, and hormone disorder (e.g., kidney stones, genital trauma, gynecomastia, monorchidism, scrotum and testicular trauma, ovarian and testicular cancer, breast cancer, testicular torsion, varicoceles, endometriosis, pregnancy and ectopic pregnancy, female athlete triad, primary amenorrhea, oligomenorrhea, dysmenorrhea, kidney laceration or contusion, cryptorchidism).
MC-C15.0	☐ Describe and know when to refer common and/or contagious skin lesions ... from trauma, infection, stress, drug reaction, and immune responses (e.g., wounds, bacteria lesions, fungal lesions, viral lesions, bites, acne, eczema dermatitis, ringworm).
MC-C16.0	☐ Describe and know when to refer common medical conditions of the immune ... system from infection, congenital and acquired disease, and unhealthy lifestyle. (e.g., arthritis, gout, upper

	respiratory tract infection [URTI], influenza, pneumonia, myocarditis, gastrointestinal infection, urinary tract infection [UTI], sexually transmitted diseases [STDs], pelvic inflammatory disease, meningitis, osteomyelitis, septic arthrosis, chronic fatigue and overtraining, infectious mononucleosis, human immunodeficiency virus (HIV) infection and AIDS, hepatitis B virus infection, allergic reaction and anaphylaxis, childhood infectious diseases [measles, mumps, chickenpox]).
MC-C17.0	Describe and know when to refer common neurological medical disorders ... from trauma, anoxia, drug toxicity, infection, and congenital malformation (e.g., concussion, postconcussion syndrome, second-impact syndrome, subdural and epidural hematoma, epilepsy, seizure, convulsion disorder, meningitis, spina bifida, cerebral palsy, chronic regional pain syndrome [CRPS], cerebral aneurysm).
MC-C19.0	Describe a plan to access appropriate medical assistance on disease ... control, notify medical authorities, and prevent disease epidemics.
MC-C20.0	Describe and know when to refer common cancers (e.g., testicular, breast).
MC-CP1.1	Derma

ATP 4093 - Rehab./Ther. Ex.	
Code	Description
AC-C33.0	Describe home care and self-treatment plans of acute injuries and ... illnesses.
TM-C9.0	Describe the process/methods of assessing and reassessing the status of ... the patient using standard techniques and documentation strategies to determine appropriate treatment and rehabilitation and to evaluate readiness to return to the appropriate level of activity. This includes the ability to:
TM-C9f.0	Describe appropriate methods of assessing progress when using therapeutic ... modalities and interpret the results.
TM-C9g.0	Interpret physician notes, postoperative notes, and physician ... prescriptions as they pertain to a treatment plan.
TM-C9h.0	Describe appropriate medical documentation for recording progress in a ... therapeutic modality program.
TM-P2.0	Obtain and interpret baseline and posttreatment objective physical ... measurements to evaluate and interpret results.
TM-P6.0	Document treatment goals, expectations, and treatment outcomes.
EX-C1.0	Describe the physiological and pathological processes of trauma, wound ... healing and tissue repair and their implications on the development, progression and implementation of a therapeutic exercise program.
EX-C2.0	Describe the mechanical principles applied to the design and use of ... therapeutic exercise equipment and techniques (leverage, force, kinesiology and biomechanics).
EX-C3.0	Describe common surgical techniques, pathology, and any subsequent ... anatomical alterations that may affect the implementation of a therapeutic exercise program.
EX-C4b.0	The physiological effects of inactivity and immobilization on the ... musculoskeletal, cardiovascular, nervous, and respiratory systems of the human body
EX-C4c.0	The anatomical and/or biomechanical alterations resulting from acute and ... chronic injury and improper mechanics

EX-C4d.0	Describe the physiological adaptations induced by the various forms of therapeutic exercise, such as fast- versus slow-twitch muscle fibers
EX-C5.0	Describe the indications, contraindications, theory, and principles for the incorporation and application of various contemporary therapeutic exercise equipment and techniques, including aquatic therapy, manual therapy and mobilization.
EX-C6.0	Define the basic components of activity-specific rehabilitation goals, functional progressions, and functional outcomes in a therapeutic exercise program.
EX-C7a.0	Describe and interpret appropriate measurement and functional testing procedures as they relate to the selection and application of therapeutic exercise.
EX-C7b.0	Interpret objective measurement results (muscular strength/endurance, range of motion) as a basis for developing an individualized therapeutic exercise program.
EX-C7c.0	Interpret the results of a physical assessment and determine an appropriate therapeutic exercise program to return the patient to physical activity.
EX-C7d.0	Determine the appropriate therapeutic exercise program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
EX-C7e.0	Determine the criteria for progression and return to activity based on the level of functional outcomes.
EX-C7f.0	Describe appropriate methods of assessing progress in a therapeutic exercise program and interpret the results.
EX-C7g.0	Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a therapeutic exercise program.
EX-C7h.0	Describe appropriate medical documentation for recording progress in a therapeutic exercise program.
EX-CP1.0	Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP1.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP1.2	Exercises to Improve Muscular Strength
EX-CP1.3	Exercises to Improve Muscular Endurance
EX-CP1.4	Exercises to Improve Muscular Speed
EX-CP1.5	Exercises to Improve Muscular Power
EX-CP1.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP1.7	Exercises to Improve Agility
EX-CP1.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP1.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening

EX-CP2.0	<input type="checkbox"/> Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the lower extremity. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP2.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP2.2	Exercises to Improve Muscular Strength
EX-CP2.3	Exercises to Improve Muscular Endurance
EX-CP2.4	Exercises to Improve Muscular Speed
EX-CP2.5	Exercises to Improve Muscular Power
EX-CP2.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP2.7	Exercises to Improve Agility
EX-CP2.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP2.9	<input type="checkbox"/> Exercises to Improve Activity-Specific Skills, including Ergonomics and ... Work Hardening
EX-CP3.0	<input type="checkbox"/> Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the trunk. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP3.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP3.2	Exercises to Improve Muscular Strength
EX-CP3.3	Exercises to Improve Muscular Endurance
EX-CP3.4	Exercises to Improve Muscular Speed
EX-CP3.5	Exercises to Improve Muscular Power
EX-CP3.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP3.7	Exercises to Improve Agility
EX-CP3.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP3.9	<input type="checkbox"/> Exercises to Improve Activity-Specific Skills, including Ergonomics and ... Work Hardening

EX-CP4.0	<input type="checkbox"/> Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP4.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP4.2	Exercises to Improve Muscular Strength
EX-CP4.3	Exercises to Improve Muscular Endurance
EX-CP4.4	Exercises to Improve Muscular Speed
EX-CP4.5	Exercises to Improve Muscular Power
EX-CP4.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP4.7	Exercises to Improve Agility
EX-CP4.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP4.9	<input type="checkbox"/> Exercises to Improve Activity-Specific Skills, including Ergonomics and ... Work Hardening
EX-P1.0	<input type="checkbox"/> Assess a patient to determine specific therapeutic exercise indications, ... contraindications, and precautions.
EX-P2.0	<input type="checkbox"/> Obtain and interpret baseline and postexercise objective physical ... measurements to evaluate therapeutic exercise progression and interpret results.
EX-P3.0	<input type="checkbox"/> Inspect therapeutic exercise equipment to ensure safe operating condition.
EX-P4.0	<input type="checkbox"/> Demonstrate the appropriate application of contemporary therapeutic ... exercises and techniques according to evidence-based guidelines.
EX-P5.0	<input type="checkbox"/> Instruct the patient in proper techniques of commonly prescribed ... therapeutic exercises.
EX-P6.0	Document rehabilitation goals, progression and functional outcomes.
EX-P7.0	Perform a functional assessment for safe return to physical activity.
PS-C2.0	<input type="checkbox"/> Explain the stress-response model and the psychological and emotional ... responses to trauma and forced inactivity.
PS-C3.0	<input type="checkbox"/> Describe the motivational techniques that the athletic trainer must use ... during injury rehabilitation and reconditioning.
PS-C4.0	<input type="checkbox"/> Describe the basic principles of mental preparation, relaxation, ... visualization, and desensitization techniques.
PS-C6.0	<input type="checkbox"/> Explain the importance of providing health care information to patients, ... parents/guardians, and others regarding the psychological and emotional well being of the patient.
PS-	<input type="checkbox"/> Describe the theories and techniques of interpersonal and cross-cultural ...

C8.0	communication among athletic trainers, their patients, and others involved in the health care of the patient.
PS-C13.0	Describe the acceptance and grieving processes that follow a catastrophic ... event and the need for a psychological intervention and referral plan for all parties affected by the event.
PS-CP2.0	Demonstrate the ability to select and integrate appropriate motivational ... techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.
PA-C6.0	Describe the body's responses to physical exercise during common ... diseases, illnesses, and the injury.
RM-C2.0	Identify and explain the risk factors associated with common congenital ... and acquired abnormalities, disabilities, and diseases.
RM-C14.0	Explain the precautions and risks associated with exercise in special ... populations.
DI-C3.0	Describe the physiological and psychological effects of physical activity ... and their impact on performance.
DI-C5.0	Describe the principles and concepts of body movement including ... functional classification of joints, arthrokinematics, normal ranges of joint motion, joint action terminology, and muscle groups responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesia/proprioception.
DI-C11.0	Explain the role of postural examination in injury assessment including ... gait analysis.

ATP 4191 - Rehab/Therapeutic Exercise Lab	
Code	Description
TM-P2.0	Obtain and interpret baseline and posttreatment objective physical ... measurements to evaluate and interpret results.
TM-P6.0	Document treatment goals, expectations, and treatment outcomes.
EX-CP1.0	Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP1.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP1.2	Exercises to Improve Muscular Strength
EX-CP1.3	Exercises to Improve Muscular Endurance
EX-CP1.4	Exercises to Improve Muscular Speed
EX-CP1.5	Exercises to Improve Muscular Power

EX-CP1.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP1.7	Exercises to Improve Agility
EX-CP1.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP1.9	<input type="checkbox"/> Exercises to Improve Activity-Specific Skills, including Ergonomics and ... Work Hardening
EX-CP2.0	<input type="checkbox"/> Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the lower extremity. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP2.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP2.2	Exercises to Improve Muscular Strength
EX-CP2.3	Exercises to Improve Muscular Endurance
EX-CP2.4	Exercises to Improve Muscular Speed
EX-CP2.5	Exercises to Improve Muscular Power
EX-CP2.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP2.7	Exercises to Improve Agility
EX-CP2.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP2.9	<input type="checkbox"/> Exercises to Improve Activity-Specific Skills, including Ergonomics and ... Work Hardening
EX-CP3.0	<input type="checkbox"/> Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the trunk. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP3.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP3.2	Exercises to Improve Muscular Strength
EX-CP3.3	Exercises to Improve Muscular Endurance
EX-CP3.4	Exercises to Improve Muscular Speed
EX-CP3.5	Exercises to Improve Muscular Power

EX-CP3.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP3.7	Exercises to Improve Agility
EX-CP3.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP3.9	<input type="checkbox"/> Exercises to Improve Activity-Specific Skills, including Ergonomics and ... Work Hardening
EX-CP4.0	<input type="checkbox"/> Synthesize information obtained in a patient interview and physical ... examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP4.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP4.2	Exercises to Improve Muscular Strength
EX-CP4.3	Exercises to Improve Muscular Endurance
EX-CP4.4	Exercises to Improve Muscular Speed
EX-CP4.5	Exercises to Improve Muscular Power
EX-CP4.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP4.7	Exercises to Improve Agility
EX-CP4.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP4.9	<input type="checkbox"/> Exercises to Improve Activity-Specific Skills, including Ergonomics and ... Work Hardening
PS-C2.0	<input type="checkbox"/> Explain the stress-response model and the psychological and emotional ... responses to trauma and forced inactivity.
PS-C3.0	<input type="checkbox"/> Describe the motivational techniques that the athletic trainer must use ... during injury rehabilitation and reconditioning.
PS-CP2.0	<input type="checkbox"/> Demonstrate the ability to select and integrate appropriate motivational ... techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.
PA-C6.0	<input type="checkbox"/> Describe the body's responses to physical exercise during common ... diseases, illnesses, and the injury.

AC-C1.0	<input type="checkbox"/> Explain the legal, moral, and ethical parameters that define the scope of ... first aid and emergency care and identify the proper roles and responsibilities of the certified athletic trainer.
TM-C10.0	<input type="checkbox"/> Identify manufacturer's, institutional, state, and federal standards for ... the operation and safe application of therapeutic modalities.
TM-C11.0	<input type="checkbox"/> Identify manufacturer's, institutional, state and federal guidelines for ... the inspection and maintenance of therapeutic modalities.
TM-P3.0	<input type="checkbox"/> Inspect the therapeutic modalities and treatment environment for ... potential safety hazards.
EX-C9.0	<input type="checkbox"/> Describe manufacturer's, institutional, state and federal guidelines for ... the inspection and maintenance of therapeutic exercise equipment.
EX-P3.0	<input type="checkbox"/> Inspect therapeutic exercise equipment to ensure safe operating condition.
PS-C9.0	<input type="checkbox"/> Explain the basic principles of counseling (discussion, active listening, ... and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.
AD-C1.0	<input type="checkbox"/> Describe organization and administration of preparticipation physical ... examinations and screening including, but not limited to, developing assessment and record-keeping forms that include the minimum recommendations from recognized health and medical organizations, scheduling of appropriate health and medical personnel, and efficient site use.
AD-C2.0	<input type="checkbox"/> Identify components of a medical record (e.g., emergency information, ... treatment documentation, epidemiology, release of medical information, etc.), common medical record-keeping techniques and strategies, and strengths and weaknesses of each approach and the associated implications of privacy statutes (Health Insurance Portability and Accountability Act [HIPAA] and Federal Educational Rights Privacy Act [FERPA]).
AD-C3.0	Identify current injury/illness surveillance and reporting systems.
AD-C4.0	<input type="checkbox"/> Identify common human resource policy and federal legislation regarding ... employment (e.g., The Americans with Disabilities Act, Family Medical Leave Act, FERPA, Fair Labor Standards Act, Affirmative Action, Equal Employment Opportunity Commission).
AD-C5.0	<input type="checkbox"/> Describe duties of personnel management, including (1) recruitment and ... selection of employees, (2) retention of employees, (3) development of policies-and-procedures manual, (4) employment performance evaluation, 5) compliance with nondiscriminatory and unbiased employment practices.
AD-C6.0	<input type="checkbox"/> Identify principles of recruiting, selecting, and employing physicians ... and other medical and allied health care personnel in the deployment of health care services.
AD-C7.0	<input type="checkbox"/> Describe federal and state infection control regulations and guidelines, ... including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the athletic trainer.
AD-C8.0	<input type="checkbox"/> Identify key accrediting agencies for health care facilities (e.g., Joint ... Commission on Accreditation of Healthcare Organizations [JCAHO], Commission on Accreditation of Rehabilitation Facilities [CARF] and allied health education programs (e.g., Commission on Accreditation of Athletic Training Education [CAATE]) and describe their function in the preparation of health care professionals and the overall delivery of health care.
AD-C10.0	<input type="checkbox"/> Describe the various types of health insurance models (e.g., health ... maintenance organization [HMO], preferred provider organization [PPO], fee-for-service, cash, and Medicare) and the common benefits and exclusions identified within these models.
AD-C11.0	<input type="checkbox"/> Describe the concepts and procedures for third-party insurance ... reimbursement including the use of diagnostic (ICD-9-CM) and procedural (CPT) coding.
AD-C12.0	<input type="checkbox"/> Explain components of the budgeting process, including purchasing, ... requisition, bidding, and inventory.

AD-C13.0	<input type="checkbox"/> Describe basic architectural considerations that relate to the design of ... safe and efficient clinical practice settings and environments.
AD-C14.0	<input type="checkbox"/> Describe vision and mission statements to focus service or program ... aspirations and strategic planning (e.g., "weaknesses, opportunities, threats and strengths underlying planning" [WOTS UP], "strengths, weaknesses, opportunities and threats" [SWOT]) to critically bring out organizational improvement.
AD-C15.0	<input type="checkbox"/> Explain typical administrative policies and procedures that govern first ... aid and emergency care (e.g., informed consent and incident reports).
AD-C16.0	<input type="checkbox"/> Identify and describe basic components of a comprehensive emergency plan ... for the care of acutely injured or ill patients, which include (1) emergency action plans for each setting or venue; (2) personnel education and rehearsal; (2) emergency care supplies and equipment appropriate for each venue; (3) availability of emergency care facilities; (4) communication with onsite personnel and notification of EMS; (5) the availability, capabilities, and policies of community-based emergency care facilities and community-based managed care systems; (6) transportation; (7) location of exit and evacuation routes; (8) activity or event coverage; and (9) record keeping.
AD-C17.0	<input type="checkbox"/> Explain basic legal concepts as they apply to a medical or allied health ... care practitioner's responsibilities (e.g., standard of care, scope of practice, liability, negligence, informed consent and confidentiality, and others).
AD-C18.0	<input type="checkbox"/> Identify components of a comprehensive risk management plan that ... addresses the issues of security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.
AD-C19.0	<input type="checkbox"/> Describe strategic processes and effective methods for promoting the ... profession of athletic training and those services that athletic trainers perform in a variety of practice settings (e.g., high schools and colleges, professional and industrial settings, hospitals and community-based health care facilities, etc.).
AD-C20.0	<input type="checkbox"/> Differentiate the roles and responsibilities of the athletic trainer from ... those of other medical and allied health personnel who provide care to patients involved in physical activity and describe the necessary communication skills for effectively interacting with these professionals.
AD-C21.0	<input type="checkbox"/> Describe role and functions of various community-based medical, ... paramedical, and other health care providers and protocols that govern the referral of patients to these professionals.
AD-P1.0	<input type="checkbox"/> Develop risk management plans, including facility design, for safe and ... efficient health care facilities.
AD-P2.0	<input type="checkbox"/> Develop a risk management plan that addresses issues of liability ... reduction; security, fire, and facility hazards; electrical and equipment safety; and emergency preparedness.
AD-P3.0	<input type="checkbox"/> Develop policy and write procedures to guide the intended operation of ... athletic training services within a health care facility.
AD-P7.0	<input type="checkbox"/> Use a comprehensive patient-file management system that incorporates both ... paper and electronic media for purposes of insurance records, billing, and risk management.
AD-P8.0	<input type="checkbox"/> Develop operational and capital budgets based on a supply inventory and ... needs assessment.
PD-C1.0	<input type="checkbox"/> Explain the role and function of state athletic training practice acts ... and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.
PD-C2.0	<input type="checkbox"/> Describe the process of attaining and maintaining national and state ... athletic training professional credentials.
PD-C3.0	<input type="checkbox"/> Describe the current professional development requirements for the ... continuing education of athletic trainers and how to locate available, approved continuing education opportunities.
PD-	<input type="checkbox"/> Describe the role and function of the governing structures of the ...

C4.0	National Athletic Trainers' Association.
PD-C5.0	☐ Differentiate the essential documents of the national governing, ... certifying, and accrediting bodies, including, but not limited to, the Athletic Training Educational Competencies, Standards of Practice, Code of Ethics, Role Delineation Study, and the Standards for the Accreditation of Entry-Level Athletic Training Education Programs.
PD-C6.0	☐ Summarize the position statements regarding the practice of athletic ... training.
PD-C7.0	☐ Describe the role and function of the professional organizations and ... credentialing agencies that impact the athletic training profession.
PD-C9.0	☐ Identify the objectives, scope of practice and professional activities of ... other health and medical organizations and professions and the roles and responsibilities of these professionals in providing services to patients.
PD-C10.0	☐ Identify the issues and concerns regarding the health care of patients ... (e.g., public relations, third-party payment, and managed care).
PD-C11.0	☐ Identify and access available educational materials and programs in ... health-related subject matter areas (audiovisual aids, pamphlets, newsletters, computers, software, workshops, and seminars).
PD-C12.0	☐ Summarize the principles of planning and organizing workshops, seminars, ... and clinics in athletic training and sports medicine for health care personnel, administrators, other appropriate personnel, and the general public.
PD-C15.0	☐ Identify the components of, and the techniques for constructing, a ... professional resume.
PD-C16.0	☐ Summarize the history and development of the athletic training profession.
PD-C17.0	☐ Describe the theories and techniques of interpersonal and cross-cultural ... communication among athletic trainers, patients, administrators, health care professionals, parents/guardians, and other appropriate personnel.
PD-P2.0	☐ Access by various methods the public information policy-making and ... governing bodies used in the guidance and regulation of the profession of athletic training (including but not limited to state regulatory boards, NATA, BOC).
PD-P3.0	☐ Develop and present material (oral, pamphlet/handout, written article, or ... other media type) for an athletic training-related topic.
RM-C4.0	☐ Identify and explain the recommended or required components of a ... preparticipation examination based on appropriate authorities' rules, guidelines, and/or recommendations.
RM-C7.0	☐ Explain the importance for all personnel to maintain current ... certification in CPR, automated external defibrillator (AED), and first aid.
RM-C9.0	☐ Explain the accepted guidelines, recommendations, and policy and position ... statements of applicable governing agencies related to activity during extreme weather conditions.
MC-C19.0	☐ Describe a plan to access appropriate medical assistance on disease ... control, notify medical authorities, and prevent disease epidemics.

### ATP 4113 - Senior Seminar in A.T.

Code	Description
EX-C7g.0	☐ Interpret physician notes, postoperative notes, and physician ... prescriptions as they pertain to a therapeutic exercise program.

PS-C9.0	☐ Explain the basic principles of counseling (discussion, active listening, ... and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.
AD-C3.0	Identify current injury/illness surveillance and reporting systems.
AD-C4.0	☐ Identify common human resource policy and federal legislation regarding ... employment (e.g., The Americans with Disabilities Act, Family Medical Leave Act, FERPA, Fair Labor Standards Act, Affirmative Action, Equal Employment Opportunity Commission).
AD-C5.0	☐ Describe duties of personnel management, including (1) recruitment and ... selection of employees, (2) retention of employees, (3) development of policies-and-procedures manual, (4) employment performance evaluation, 5) compliance with nondiscriminatory and unbiased employment practices.
AD-C6.0	☐ Identify principles of recruiting, selecting, and employing physicians ... and other medical and allied health care personnel in the deployment of health care services.
AD-C9.0	☐ Identify and describe technological needs of an effective athletic ... training service and the commercial software and hardware that are available to meet these needs.
AD-C14.0	☐ Describe vision and mission statements to focus service or program ... aspirations and strategic planning (e.g., "weaknesses, opportunities, threats and strengths underlying planning" [WOTS UP], "strengths, weaknesses, opportunities and threats" [SWOT]) to critically bring out organizational improvement.
AD-C19.0	☐ Describe strategic processes and effective methods for promoting the ... profession of athletic training and those services that athletic trainers perform in a variety of practice settings (e.g., high schools and colleges, professional and industrial settings, hospitals and community-based health care facilities, etc.).
PD-C2.0	☐ Describe the process of attaining and maintaining national and state ... athletic training professional credentials.
PD-C3.0	☐ Describe the current professional development requirements for the ... continuing education of athletic trainers and how to locate available, approved continuing education opportunities.
PD-C4.0	☐ Describe the role and function of the governing structures of the ... National Athletic Trainers' Association.
PD-C6.0	☐ Summarize the position statements regarding the practice of athletic ... training.
PD-C7.0	☐ Describe the role and function of the professional organizations and ... credentialing agencies that impact the athletic training profession.
PD-C8.0	☐ Summarize the current requirements for the professional preparation of ... the athletic trainer.
PD-C9.0	☐ Identify the objectives, scope of practice and professional activities of ... other health and medical organizations and professions and the roles and responsibilities of these professionals in providing services to patients.
PD-C11.0	☐ Identify and access available educational materials and programs in ... health-related subject matter areas (audiovisual aids, pamphlets, newsletters, computers, software, workshops, and seminars).
PD-C12.0	☐ Summarize the principles of planning and organizing workshops, seminars, ... and clinics in athletic training and sports medicine for health care personnel, administrators, other appropriate personnel, and the general public.
PD-C13.0	☐ Describe and differentiate the types of quantitative and qualitative ... research and describe the components and process of scientific research (including statistical decision-making) as it relates to athletic training research.
PD-C14.0	☐ Interpret the current research in athletic training and other related ... medical and health areas and apply the results to the daily practice of athletic training.

PD-C15.0	☐ Identify the components of, and the techniques for constructing, a ... professional resume.
PD-P1.0	☐ Collect and disseminate injury prevention and health care information to ... health care professionals, patients, parents/guardians, other appropriate personnel and the general public (e.g., team meetings, parents' nights, parent/teacher organization [PTO] meetings, booster club meetings, workshops, and seminars).
PD-P2.0	☐ Access by various methods the public information policy-making and ... governing bodies used in the guidance and regulation of the profession of athletic training (including but not limited to state regulatory boards, NATA, BOC).

### ATP 4261 - Athletic Training Practicum V

Code	Description
PH-C1.0	☐ Explain the laws, regulations, and procedures that govern storing, ... transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).
PH-C2.0	☐ Identify appropriate pharmaceutical terminology and abbreviations used in ... the prescription, administration, and dispensing of medications.
PH-C3.0	☐ Identify information about the indications, contraindications, ... precautions, and adverse reactions for common prescription and nonprescription medications (including herbal medications) using current pharmacy resources.
PH-C4.0	☐ Explain the concepts of pharmacokinetics (absorption, distribution, ... metabolism, and elimination) and the suspected influence that exercise might have on these processes.
PH-C5.0	☐ Explain the concepts related to bioavailability, half-life, and ... bioequivalence.
PH-C6.0	☐ Explain the general pharmacodynamic principles as they relate to the ... mechanism of drug action and therapeutic effectiveness (e.g. receptor theory, dose-response relationship, potency, and drug interactions).
PH-C8.0	Explain the relationship between generic or brand name pharmaceuticals.
PH-C10.0	☐ Explain the known usage patterns, general effects, and short- and ... long-term adverse effects for the commonly used performance-enhancing substances.
PH-P1.0	☐ Obtain and communicate patient education materials regarding ... physician-prescribed medications, over-the-counter drugs, and performance-enhancing substances using appropriate references.
PH-P2.0	☐ Abide by federal, state, and local regulations for the proper storage, ... transportation, dispensing (administering where appropriate), and documentation of commonly used medications.
PS-CP1.0	☐ Demonstrate the ability to conduct an intervention and make the ... appropriate referral of an individual with a suspected substance abuse or other mental health problem. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the intervention and referral should be documented using standardized record-keeping methods.
NU-CP1.0	☐ Demonstrate the ability to counsel a patient in proper nutrition. This ... may include providing basic nutritional information and/or an exercise and nutrition program for weight gain or weight loss. The student will demonstrate the ability to take measurements and figure calculations for a weight control plan (e.g., measurement of body composition and BMI, calculation of energy expenditure, caloric intake, and BMR). Armed with basic nutritional data, the student will demonstrate the ability to develop and implement a preparticipation meal and an appropriate exercise and nutritional plan for an active individual. The student will develop an active listening relationship to effectively communicate with the patient and, as appropriate, refer the patient to other medical professionals (physician, nutritionist, counselor or psychologist) as needed.

NU-CP2.0	☐ Demonstrate the ability to recognize disordered eating and eating ... disorders, establish a professional helping relationship with the patient, interact through support and education, and encourage vocal discussion and other support through referral to the appropriate medical professionals.
NU-P3.0	☐ Provide educational information about basic nutritional concepts, facts, ... needs, and food labels for settings associated with physically active individuals of a wide range of ages and needs.
AD-C8.0	☐ Identify key accrediting agencies for health care facilities (e.g., Joint ... Commission on Accreditation of Healthcare Organizations [JCAHO], Commission on Accreditation of Rehabilitation Facilities [CARF] and allied health education programs (e.g., Commission on Accreditation of Athletic Training Education [CAATE]) and describe their function in the preparation of health care professionals and the overall delivery of health care.
AD-C12.0	☐ Explain components of the budgeting process, including purchasing, ... requisition, bidding, and inventory.
AD-C20.0	☐ Differentiate the roles and responsibilities of the athletic trainer from ... those of other medical and allied health personnel who provide care to patients involved in physical activity and describe the necessary communication skills for effectively interacting with these professionals.
AD-C21.0	☐ Describe role and functions of various community-based medical, ... paramedical, and other health care providers and protocols that govern the referral of patients to these professionals.
AD-P3.0	☐ Develop policy and write procedures to guide the intended operation of ... athletic training services within a health care facility.
AD-P7.0	☐ Use a comprehensive patient-file management system that incorporates both ... paper and electronic media for purposes of insurance records, billing, and risk management.
AD-P8.0	☐ Develop operational and capital budgets based on a supply inventory and ... needs assessment.
PD-P3.0	☐ Develop and present material (oral, pamphlet/handout, written article, or ... other media type) for an athletic training-related topic.

<b>BIO 3064 - Human A &amp; P</b>	
<b>Code</b>	<b>Description</b>
EX-C4a.0	The physiological responses of the human body to trauma
EX-C4e.0	☐ The physiological responses of additional factors, such as age and disease
PA-C1.0	☐ Describe the essential components of a typical human cell. Include the ... normal structure and the function of each component and explain the abnormal symptoms associated with injury, illness, and disease.
PA-C2.0	☐ Explain gross cellular adaptations in response to stress, injury, or ... disease (e.g., atrophy, hypertrophy, differentiation, hyperplasia, metaplasia, and tumors).
PA-C3.0	☐ Explain normal and abnormal circulation and the physiology of fluid ... homeostasis.
PA-C4.0	☐ Identify the normal acute and chronic physiological and pathological ... responses (e.g., inflammation, immune response, and healing process) of the human body to trauma, hypoxia, microbiologic agents, genetic derangements, nutritional deficiencies, chemicals, drugs, and aging affecting the musculoskeletal and other organ systems, and musculoskeletal system adaptations to disuse.
DI-C1.0	Demonstrate knowledge of the systems of the human body.

DI-C2.0	Describe the anatomical and physiological growth and development ... characteristics as well as gender differences across the lifespan.
DI-C4.0	Explain directional terms and cardinal planes used to describe the body ... and the relationship of its parts.

FCS 3383 - Sports Nutrition	
Code	Description
PS-C10.0	Identify the symptoms and clinical signs of common eating disorders and ... the psychological and sociocultural factors associated with these disorders.
NU-C1.0	Describe personal health habits and their role in enhancing performance, ... preventing injury or illness, and maintaining a healthy lifestyle.
NU-C2.0	Describe the USDA's "My Pyramid" and explain how this can be used in ... performing a basic dietary analysis and creating a dietary plan for a patient.
NU-C3.0	Identify and describe primary national organizations responsible for ... public and professional nutritional information.
NU-C4.0	Identify nutritional considerations in rehabilitation, including ... nutrients involved in healing and nutritional risk factors (e.g., reduced activity with the same dietary regimen and others).
NU-C5.0	Describe common illnesses and injuries that are attributed to poor ... nutrition (e.g., effects of poor dietary habits on bone loss, on injury, on long-term health, and on other factors).
NU-C6.0	Explain energy and nutritional demands of specific activities and the ... nutritional demands placed on the patient.
NU-C7.0	Explain principles of nutrition as they relate to the dietary and ... nutritional needs of the patient (e.g., role of fluids, electrolytes, vitamins, minerals, carbohydrates, protein, fat, and others).
NU-C8.0	Explain the physiological processes and time factors involved in the ... digestion, absorption, and assimilation of food, fluids, and nutritional supplements. Further, relate these processes and time factors to the design and planning of preactivity and postactivity meals, menu content, scheduling, and the effect of other nonexercise stresses before activity.
NU-C9.0	Describe the principles, advantages, and disadvantages of ergogenic aids ... and dietary supplements used in an effort to improve physical performance.
NU-C10.0	Explain implications of FDA regulation of nutritional products.
NU-C11.0	Identify and interpret pertinent scientific nutritional comments or ... position papers (e.g., healthy weight loss, fluid replacement, pre-event meals, and others).
NU-C12.0	Explain principles of weight control for safe weight loss and weight ... gain, and explain common misconceptions regarding the use of food, fluids, and nutritional supplements in weight control.
NU-C13.0	Explain consequences of improper fluid replacement.
NU-C14.0	Describe disordered eating and eating disorders (i.e., signs, symptoms, ... physical and psychological consequences, referral systems).
NU-C15.0	Identify effects of macronutrients (e.g., saturated fats, incomplete ...

	proteins, and complex carbohydrates) on performance, health, and disease.
NU-C16.0	Describe signs, symptoms, and physiological effects of mineral deficiency ... (e.g., iron, and calcium), and identify foods high in specific mineral content.
NU-C17.0	Identify and explain food label Daily Value recommendations and common ... food sources of essential vitamins and minerals in using current USDA Dietary Guidelines.
NU-C19.0	Explain the relationship between basal metabolic rate, caloric intake, ... and energy expenditure in the use of the Food Pyramid Guidelines.
NU-C20.0	Identify the nutritional benefits and costs of popular dietary regimen ... for weight gain, weight loss, and performance enhancement.
NU-CP1.0	Demonstrate the ability to counsel a patient in proper nutrition. This ... may include providing basic nutritional information and/or an exercise and nutrition program for weight gain or weight loss. The student will demonstrate the ability to take measurements and figure calculations for a weight control plan (e.g., measurement of body composition and BMI, calculation of energy expenditure, caloric intake, and BMR). Armed with basic nutritional data, the student will demonstrate the ability to develop and implement a preparticipation meal and an appropriate exercise and nutritional plan for an active individual. The student will develop an active listening relationship to effectively communicate with the patient and, as appropriate, refer the patient to other medical professionals (physician, nutritionist, counselor or psychologist) as needed.
NU-CP2.0	Demonstrate the ability to recognize disordered eating and eating ... disorders, establish a professional helping relationship with the patient, interact through support and education, and encourage vocal discussion and other support through referral to the appropriate medical professionals.
NU-P2.0	Calculate energy expenditure, caloric intake, and BMR.
NU-P3.0	Provide educational information about basic nutritional concepts, facts, ... needs, and food labels for settings associated with physically active individuals of a wide range of ages and needs.

<b>HPE 2411 - Methods of Conditioning</b>	
<b>Code</b>	<b>Description</b>
NU-C1.0	Describe personal health habits and their role in enhancing performance, ... preventing injury or illness, and maintaining a healthy lifestyle.
NU-C18.0	Describe the principles and methods of body composition assessment (e.g., ... skinfold calipers, bioelectric impedance, body mass index [BMI]) to assess a patient's health status and to monitor progress in a weight loss or weight gain program for patients of all ages and in a variety of settings.
NU-P1.0	Assess body composition by validated technique (e.g., skinfold calipers, ... bioelectric impedance, BMI, etc.) to assess a patient's health status and to monitor progress during a weight loss or weight gain program.
RM-C1.0	Explain the risk factors associated with physical activity.
RM-C2.0	Identify and explain the risk factors associated with common congenital ... and acquired abnormalities, disabilities, and diseases.
RM-C3.0	Identify and explain the epidemiology data related to the risk of injury ... and illness related to participation in physical activity.
RM-C5.0	Describe the basic concepts and practice of wellness screening.
RM-C11.0	Explain the importance and use of standard tests, test equipment, and ... testing protocol for the measurement of cardiovascular and respiratory fitness, body composition, posture, flexibility, muscular strength, power, and endurance

RM-C12.0	<input type="checkbox"/> Explain the components and purpose of periodization within a physical ... conditioning program
RM-C13.0	<input type="checkbox"/> Identify and explain the various types of flexibility, strength training, ... and cardiovascular conditioning programs. This should include the expected effects (the body's anatomical and physiological adaptation), safety precautions, hazards, and contraindications of each.
RM-C14.0	<input type="checkbox"/> Explain the precautions and risks associated with exercise in special ... populations.
RM-CP1.0	<input type="checkbox"/> Plan, implement, evaluate, and modify a fitness program specific to the ... physical status of the patient. This will include instructing the patient in proper performance of the activities and the warning signs and symptoms of potential injury that may be sustained. Effective lines of communication shall be established to elicit and convey information about the patient's status and the prescribed program. While maintaining patient confidentiality, all aspects of the fitness program shall be documented using standardized record-keeping methods.
RM-P1.0	<input type="checkbox"/> Instruct the patient how to properly perform fitness tests to assess his ... or her physical status and readiness for physical activity. Interpret the results of these tests according to requirements established by appropriate governing agencies and/or a physician. These tests should assess:
RM-P1.1	Flexibility
RM-P1.2	Strength
RM-P1.3	Power
RM-P1.4	Muscular Endurance
RM-P1.5	Agility
RM-P1.6	Cardiovascular Endurance
RM-P1.7	Speed
RM-P2.0	<input type="checkbox"/> Develop a fitness program appropriate to the patient's needs and selected ... activity or activities that meet the requirements established by the appropriate governing agency and/or physician for enhancing:
RM-P2.1	Flexibility
RM-P2.2	Strength
RM-P2.3	Power
RM-P2.4	Muscular Endurance
RM-P2.5	Agility
RM-P2.6	Cardiovascular Endurance
RM-P2.7	Speed
RM-P3.0	<input type="checkbox"/> Instruct a patient regarding fitness exercises and the use of weight ... training equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.

### HPE 2743 - Anatomy for Physical Education

Code	Description
PA-C1.0	Describe the essential components of a typical human cell. Include the ... normal structure and the function of each component and explain the abnormal symptoms associated with injury, illness, and disease.
PA-C2.0	Explain gross cellular adaptations in response to stress, injury, or ... disease (e.g., atrophy, hypertrophy, differentiation, hyperplasia, metaplasia, and tumors).
PA-C3.0	Explain normal and abnormal circulation and the physiology of fluid ... homeostasis.
DI-C1.0	Demonstrate knowledge of the systems of the human body.
DI-C4.0	Explain directional terms and cardinal planes used to describe the body ... and the relationship of its parts.

### HPE 3093 - Kinesiology

Code	Description
EX-C4d.0	The physiological adaptations induced by the various forms of therapeutic ... exercise, such as fast- versus slow-twitch muscle fibers
DI-C5.0	Describe the principles and concepts of body movement including ... functional classification of joints, arthrokinematics, normal ranges of joint motion, joint action terminology, and muscle groups responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesia/proprioception.

### HPE 3293 - Measurement and Evaluation

Code	Description
PD-C13.0	Describe and differentiate the types of quantitative and qualitative ... research and describe the components and process of scientific research (including statistical decision-making) as it relates to athletic training research.
RM-C11.0	Explain the importance and use of standard tests, test equipment, and ... testing protocol for the measurement of cardiovascular and respiratory fitness, body composition, posture, flexibility, muscular strength, power, and endurance

### HPE 4273 - Exercise Physiology

Code	Description
PA-C4.0	Identify the normal acute and chronic physiological and pathological ... responses (e.g., inflammation, immune response, and healing process) of the human body to trauma, hypoxia, microbiologic agents, genetic derangements, nutritional deficiencies, chemicals, drugs, and aging affecting the musculoskeletal and other organ systems, and musculoskeletal system adaptations to disuse.

PSY 1013 - General Psychology	
Code	Description
PS-C12.0	<input type="checkbox"/> Describe the basic signs and symptoms of mental disorders (psychoses), ... emotional disorders (neuroses, depression), or personal/social conflict (family problems, academic or emotional stress, personal assault or abuse, sexual assault, sexual harassment), the contemporary personal, school, and community health service agencies, such as community-based psychological and social support services that treat these conditions and the appropriate referral procedures for accessing these health service agencies.



**PARTICIPANT WAIVER AND HOLD HARMLESS FORM**  
**HENDERSON STATE UNIVERSITY**  
**INTRODUCTION TO ATHLETIC TRAINING**

1. In consideration for receiving permission to participate in the course identified as ATP 1102, Introduction to Athletic Training (herein referred to as ACTIVITY), which is conducted by Henderson State University, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes Henderson State University, the Board of Trustees of Henderson State University, and its officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises owned or leased by RELEASEES, ***including injuries sustained as a result of the negligence of RELEASEES***. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

2. I am fully aware that there are inherent risks involved with ACTIVITY, including but not limited to travel to and from clinical/field training sites, work in dangerous locations and in hazardous situations that require me to be constantly aware of my surroundings, risk of exposure to blood borne pathogens and infectious diseases, and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said activity ***including injuries sustained as a result of the negligence of RELEASEES***. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity.

3. I understand that RELEASEES do not maintain any insurance policy covering me or any injuries or losses that may befall me in any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review the professional liability insurance coverage and my other personal insurance coverage.

4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Arkansas.

5. I further acknowledge that:

- I must adhere to the blood borne pathogen training guidelines.
- I may be asked to submit to drug screening as an eligibility requirement to participate in some clinical settings. I agree that I will be responsible for the costs of any required testing. I acknowledge that results acceptable to Henderson State University on any drug screening are a requirement of my continued participation in the Athletic Training program. If the results of my drug screening are deemed to be unacceptable to Henderson State University, I may be dismissed from the Athletic Training program.
- I have received and reviewed a copy of the Athletic Training student handbook. I will comply with the requirements and rules set out in the handbook and I

acknowledge that if I fail to do so, I may be dismissed from the Athletic Training program at Henderson State University.

6. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

**SIGNED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Participant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_  
(If Participant is under 18 years old)

**Parent or Legal Guardian Printed Name:** \_\_\_\_\_  
(If Participant is under 18 years old)

**Witness Signature:** \_\_\_\_\_

**Witness Printed Name:** \_\_\_\_\_

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### INSTRUCTIONS TO INSTRUCTORS or SPONSORS

6. *Complete all blanks in form prior to execution.*
7. *Provide copy of executed form to Participant.*
8. *If a special event or other policy of insurance is in effect for the Activity, delete paragraph 3 and initial.*
9. *Attach additional pages as necessary to describe Activity or Inherent Risks, and have Participant initial all such pages at the time of execution of this document.*
10. *Keep this release on file in appropriate office of Sponsor.*

# Student Handbook Agreement

## Policy and Procedure Manual for Athletic Training Students

### Confirmation of Understanding

I \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
in the year \_\_\_\_\_, hereby confirm that during this program  
orientation process I have been given ample opportunity to ask for and  
receive further explanation of sections I did not understand. Therefore, I  
also confirm that I have read and fully understand this policy and  
procedure manual for the Henderson State University Athletic Training  
Education Program. I agree to adhere to the rules, regulations, and  
policies of the HSU-ATEP and I will keep this manual for later  
reference and guidance throughout the ATEP education process.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Introduction to AT Course Instructor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Program Director*

\_\_\_\_\_  
*Date*