

Welcome to the University of Mobile Athletic Training Education Program

You are about to start an amazing journey in didactic and clinical education in the field of Athletic Training. Always keep in mind that this is an academic program that has a clinical component. It will not be an easy journey, but, if you follow the prescribed path with diligence, it will be a very rewarding journey. The rewards are in the form of education, clinical experience, and companionship with your fellow athletic training students, preparation for the BOC Exam, preparation for graduate study, and preparation to take your place in the profession of Athletic Training.

Your education will take place in the classroom and in clinical experiences. You will follow the paths of Learning Over Time and Seamless (Integrated) Learning. Those terms will mean virtually nothing to you as you start the program, but will become ingrained in your mind as you proceed through the program. You will begin by listening and watching and progress to listening and hands-on experience with increasing responsibility under the direct supervision of ACI's and CI's. You will also learn from each other, which may be one of the most important aspects of your athletic training education. The discussions must go beyond the classroom and clinical site to become shared and critiqued experiences for all athletic training students.

We demand much of you, but you should demand even more of yourself. Historically, athletic training students have succeeded in direct proportion to what they are willing to put into the program. You will have ample opportunities to make the most of your education through ATS blogs, your clinical experience journals, the Athletic Training Student Society and special events such as the ACES Workshops, SEATA Student Symposia, Hall of Fame Lecture Series, presentations by the ATEP Medical Director, and coverage of special events like the First Light Marathon, AFL spring training, summer camp positions working with Certified Athletic Trainers and the opportunity to do remote Senior Clinical Experiences.

You cannot succeed in this program by being a "sponge" and hoping just to soak up enough information to meet the minimum criteria. You will succeed by giving everything you have for four years to fully prepare yourself far beyond minimal competency. Strive to be your absolute best and you will become an integral part of the best.

The faculty and staff of UMobile ATEP are here to help you. One of the big advantages of a small University is the individual attention it affords. Take advantage of it.

University Of Mobile Mission Statement

University Mission Statement

The University of Mobile is a Christian institution of liberal Arts and Sciences affiliated with the Alabama Baptist State Convention and is committed to providing educational programs of the highest quality to its students. Its primary emphasis is establishing and maintaining a tradition of excellence in undergraduate studies as well as in professional, graduate, continuing education, and specialized degree-granting programs. Whereas research is encouraged, all educational programs of the University are student-oriented, designed for the intellectual, spiritual, cultural, and personal growth of students in their search for meaningful careers and in their future lives as responsible, informed members of a global society. As a Christian institution, the University of Mobile explicitly seeks to combine critical pursuit of knowledge with cultivation of religious awareness and to unite academic excellence with dedication to service at the local, state, national, and international levels.

University Objectives & Goals

In response to the University's commitment to Christian higher education through programs in the liberal arts and sciences, it has adopted the following goals, which serve as the standards for all University activities and programs.

1. To establish and maintain a tradition of excellence in all academic programs and administrative operations.
2. To reflect in all academic programs and administrative operations those ideals and standards consistent with the Christian faith.
3. To provide exceptional undergraduate and graduate academic programs to maintain a balanced emphasis on both education for career benefits and the breadth and depth of knowledge consistent with a liberal arts and sciences experience.
4. To graduate students who are able to think critically and to express themselves clearly, correctly, and succinctly, both orally and in writing.

5. To provide the qualified faculty and administrative services necessary to allow for the efficient and effective operation of the University and the fulfillment of its goals.
6. To provide curricular and extra-curricular activities that encourage each student to fully develop his or her physical, intellectual, cultural, social, spiritual, and leadership capacities.
7. To provide opportunities for students to interact with the economic, cultural, political, and human services sectors of the local and/or international community and to encourage each student to develop a personal commitment to community service in the appropriate region.
8. To develop and maintain mutually beneficial relationships with business, civic, and political leaders of the region.
9. To develop continuing education and special degree-granting programs which are deemed appropriate, timely, and useful.
10. To secure the external resources needed to implement fully the academic programs and to provide the facilities necessary for the orderly growth and development of the University.

ATEP Mission Statement

In keeping with the mission of the University of Mobile which encourages the intellectual, spiritual, cultural and personal growth of learners in their search for meaningful careers and their future lives as responsible, informed members of a global society, the mission of the of the Athletic Training Education Program, under the auspices of the Department of Human Performance and Exercise Science, is to prepare students to meet cognitive, psychomotor, and affective competencies and proficiencies to not only pass the Board of Certification Exam, but to also excel in the profession of athletic training. Graduates will be prepared as Certified Athletic Trainers who are able to provide, administer and manage the health care of athletes; to participate in research and other activities designed to advance the quality of Athletic Training Services; and to participate in the education of future professionals, clients and the public regarding the profession of Athletic Training.

UMobile ATEP Program Goals & Objectives

ATEP Objectives

The University of Mobile Athletic Training Education Program, utilizing didactic and clinical education, shall, as measured by outcomes assessment:

1. Present an educational program that meets or exceeds requirements set forth by CAATE, NATA, and the BOC as measured by both formative and summative evaluation results and success on the BOC exam.
2. Use professional development to keep the didactic and clinical educational programs current in terms of trends and issues in the profession of athletic training as measured by student performance and student satisfaction with instruction instruments.
3. Incorporate the areas of cognitive, psychomotor and affective domains and their associated clinical proficiencies into the Athletic Training Education Program by utilizing various methods of instruction and evaluation.
4. Encourage learning over time of the competencies and clinical proficiencies by athletic training students by leading them through incremental and progressive courses and through direct supervision and evaluation during progressive clinical experiences as measured by Student Stress Surveys, didactic and clinical formative and summative evaluations.
5. Follow the Learning Over Time directives of background science, athletic training didactic and laboratory courses, evaluation both formative and summative, practice and evaluation during the clinical experience and clinical experience application to enable athletic training students to develop mastery of the competencies and clinical proficiencies as measured by Student Stress Surveys, ATEP File Reviews and ATEP faculty semi-annual reviews of each athletic training student.
6. Place athletic training students in progressive, directly supervised clinical experiences that allow the athletic training student to apply the theories and skills learned in the didactic and laboratory portions of their education and to utilize these under direct supervision in the clinical setting where they may exhibit integrated learning, critical thinking, rational thinking and problem solving skills as measured by Student Stress Surveys, discussions with athletic training students and ACI's/CI's, evaluations of athletic training students by supervisors and evaluations of supervisors by athletic training students.
7. Expose athletic training students to a variety of other healthcare professionals as measured by adherence to CAATE directives, semi-annual evaluation of athletic

- training student's clinical rotations and presentations during the year to the Athletic Training Student Society.
8. Prepare athletic training students to be successful on the BOC Exam as measured by performance on the BOC Exam.
 9. Providing athletic training students with the desire and tools to become lifelong learners capable of contributing to the profession of athletic training as measured by alumni surveys, employer surveys and by keeping in close contact with program graduates.

UMobile ATEP Goals:

The University of Mobile Athletic Training Education Program has as its goals the following:

1. Recruit students who can succeed not only in the Athletic Training Program, but also in the profession of athletic training.
2. Provide all athletic training students with exposure to injuries and illnesses of the diverse population of athletes and other physically active individuals.
3. Promote ethical standards of practice and professionalism.
4. Properly prepare students to succeed on the BOC Exam by offering an effective combination of didactic instruction, clinical experience and formative and summative evaluations.
5. Provide progressively challenging opportunities for each athletic training student to develop mastery of competencies and clinical proficiencies.
6. Provide progressively challenging clinical opportunities for the athletic training student to apply, under direct supervision of an ACI, their knowledge and skills in practical situations working with men's and women's sports, equipment intensive sports, high and low risk sports, upper and lower extremity intensive sports and working closely with team physicians and other healthcare providers.
7. Encourage professional development through mentoring, supervision and evaluation.
8. Prepare athletic training students who will be qualified for employment in a variety of athletic training settings and other healthcare settings.

9. Actively assist ATEP graduates in professional placement.

10. Continuously evaluate the reliability and validity of ATEP course content and clinical experiences to facilitate the best possible learning environment for the athletic training students.

NATA Education Council Clinical Education Definitions

ACI: Approved Clinical Instructor

CI: Clinical Instructor

CIE: Clinical Instructor Educator

ATS: Athletic Training Student

PPS: Pre-Professional Student

Ability to Intervene

The CI or ACI is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being “physically present.”

Academic Catalog/Bulletin

The official publication of the institution that describes the academic programs offered by the institution. This may be published electronically and/or in paper format.

Academic Plan

The plan that encompasses all aspects of the student’s academic classroom and clinical experiences.

Adequate

Allows for the delivery of student education that does not negatively impact the quality or quantity of the education. Same as sufficient.

Administrative Support Staff

Professional clerical and administrative personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented, but not replaced, by student assistants.

Affiliate (Affiliated Setting)

Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the ATEP for clinical experiences.

Affiliation Agreement

A formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. Same as the memorandum of understanding.

Allied Health Care Personnel

Physician Assistants, physical therapists, registered nurses, doctors of dental surgery, and other health care professionals, recognized by the AMA/AOA as allied health professionals, who are involved in direct patient care and are used in the classroom and clinical education portions of the ATEP. These individuals may or may not hold formal appointments to the instructional faculty. Same as other health care professionals.

Approved Clinical Instructor (ACI)

An appropriately credentialed professional identified and trained by the program CIE to provide instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies. The ACI may not be a current student within the ATEP.

ATEP

Athletic Training Education Program.

ATEP Faculty

BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training major.

Athletic Training Facility/Clinic	The facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.
Athletic Training Student (ATS)	A student enrolled in the athletic training major or graduate major equivalent.
Clinical Coordinator	The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATEP. The clinical coordinator position is currently recommended, but not required by the Standards.
Clinical Education	The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of an ACI/CI.
Clinical Experiences	Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.
Clinical Instruction Site	The location in which an ACI or CI interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the ATEP, then there must be annual review and documentation that the remote clinical site meets all educational requirements.
Clinical Instructor (CI)	An individual identified to provide supervision of athletic training students during their clinical experience. An ACI may be a CI. The ACI may not be a current student within the ATEP.
Clinical Instructor Educator (CIE)	The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for ACI training. If more than one individual is recognized as a CIE for an ATEP, then at least one of those individuals must be a BOC Certified Athletic Trainer.
Clinical Plan	The plan that encompasses all aspects of the clinical education and clinical experiences.
Clinical Ratio	The ratio of ACI or CI to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of the experience or academic term. The ratio must not exceed eight students per instructor. If directed observation students are providing direct patient care or require supervision they must be included in this ratio.

Communicable Disease Policy	A policy, developed by the ATEP, consistent with the recommendations developed for other allied health professionals, that delineates the access and delimitations of students infected with communicable diseases. Policy guidelines are available through the CDC
Contemporary Instructional Aid	Instructional aids used by faculty and students including, but not limited to, computer software, AED trainers, and Epi-Pen trainers.
Contemporary Information Formats	Information formats used by faculty and students including electronic databases, electronic journals, digital audio/video, and computer software.
Didactic Instruction	See: Formal classroom and laboratory instruction.
Direct Patient Care	The application of professional knowledge and skills in the provision of health care.
Direct Supervision	Supervision of the athletic training student during clinical experience. The ACI and or CI must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.
Directed Observation Athletic Training Student	A student who may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.
Distance Education	Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution and students at that institution and additional locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences. Same as remote education.
Equitable	Not exact but can be documented as comparable with other similar situations or resources.
Expanded Subject Area	Subject matter that should constitute the academic “core” of the curriculum. It must include, but not be limited to the following areas: assessment of injury/illness, exercise physiology, first aid and emergency care, general medical conditions and disabilities, health care administration, human anatomy, human physiology, kinesiology/biomechanics, medial ethics and legal issues, nutrition, pathology of injury/illness, pharmacology, professional development and responsibilities, psychosocial intervention and referral, risk management and injury/illness prevention, strength training and reconditioning, statistics and research design, therapeutic exercise and rehabilitative techniques, therapeutic modalities, weight management and body composition.
Formal Instruction	Teaching of required competencies and proficiencies with instructional emphasis in structured classroom and laboratory environment(s). Same as didactic instruction.

Full-time Faculty	Recognized by the sponsoring institution as a full-time member of the faculty with all responsibilities and voting privileges as other designated full-time faculty and documented in institutional faculty delineations.
Funding Opportunities	Opportunities for which students may participate for reimbursement, but that do not require the students to utilize athletic training skills, to replace qualified staff, and are not required of the academic program.
General Medical Experience	Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.
Geographic Proximity	Within a vicinity to allow for annual inspection, review, and documentation of meeting all academic requirements by the ATEP faculty/staff.
Learning Over Time (Mastery of Skills)	The process by which professional knowledge and skills are learned and evaluated. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a time of sufficient length to allow for practice and internalization of the information/skill, and then a subsequent re-evaluation of that information/skill in a clinical (actual or simulated) setting.
Major	In documents of the institution (catalogue, web pages, etc.) where majors are listed, athletic training must be listed as a major. The designation as a major must be consistent with institutional and system wide requirements.
Master Plan	The plan of the ATEP that encompasses all aspects of student education and learning in both the clinical and didactic settings.
Medical Director	The physician (MD or DO) who serves as a resource for the programs director and ATEP faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.
Memorandum of Understanding	See: Affiliation agreement.
Other Health Care Personnel	See: Allied health care personnel.

Outcome Assessment Instruments	The instruments used for program evaluations that are designed to collect data and feedback in regard to outcomes that relate to the ATEP mission, goals, and objectives of the program. Instruments also must be designed to collect data and feedback in regard to the effectiveness of program instruction relative to the Athletic Training Educational Competencies.
Outcomes	The effect that the ATEP has on the preparation of students as entry-level athletic trainers and the effectiveness of the program to meet its mission, goals, and objectives.
Physical Examination	An examination performed by an appropriate health care provider (MD, DO, PA, NP) to verify that the student is able to meet the physical and mental requirements (i.e., technical standards) with or without reasonable accommodation as defined by the ADA.
Physically Interact	See: Ability to intervene and physically present.
Physically Present	See: Ability to intervene.
Physician	A Medical Doctor (MD) as defined by the American Medical Association or a Doctor of Osteopathic Medicine (DO) as defined by the American Osteopathic Association.
Pre-Professional Student	A student who has not yet been admitted formally into the ATEP. May be required to participate in non-patient activities as described by the term Directed Observation Athletic Training Student.
Pre-Professional Component	Those didactic course and directed observational clinical experience courses taken by Pre-Professional students who have not yet been admitted into the ATEP.
Professional Development	Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services, that allow for the continuation of eligibility for professional credentials.
Program Director	The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the ATEP.
Remote Education	See Distance education.
Service Work	Volunteer activities outside of the required clinical experiences (e.g., Special Olympics, State Games). If athletic training skills are part of this service work, then they must be supervised in those activities.
Sponsoring Institution	The college or university that awards the degree associated with the ATEP and offers the academic program in Athletic Training.

Sufficient	See: Adequate.
Team Physician	The physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he may also be the medical director; however, this is not required by the Standards.
Technical Standards	The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the ATEP. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

NATA Code of Ethics

PREAMBLE

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:

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

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care.

1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2:

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

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

2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.

2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.

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

PRINCIPLE 3:

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

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

3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.

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

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.

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

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

PRINCIPLE 4:

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

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

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

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

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

Board of Certification Standards of Professional Practice

Introduction

The mission of the Board of Certification Inc. (BOC) is to certify Athletic Trainers and to identify, for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs. The BOC has been responsible for the certification of Athletic Trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as "Athletic Trainer" from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director. The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The **BOC Standards of Professional Practice** consists of two sections:

- I. Practice Standards
- II. Code of Professional Responsibility

I. Practice Standards

Preamble

The Practice Standards (Standards) establish essential practice expectations for all Athletic Trainers.

Compliance with the Standards is mandatory.

The Standards are intended to:

- assist the public in understanding what to expect from an Athletic Trainer
- assist the Athletic Trainer in evaluating the quality of patient care
- assist the Athletic Trainer in understanding the duties and obligations imposed by virtue of holding the ATC® credential

The Standards are NOT intended to:

- prescribe services
- provide step-by-step procedures
- ensure specific patient outcomes

©Board of Certification, Inc. Page 2 of 4

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Standards at all times.

Standard 1: Direction

The Athletic Trainer renders service or treatment under the direction of a physician.

Standard 2: Prevention

The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

Standard 3: Immediate Care

The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

Standard 4: Clinical Evaluation and Diagnosis

Prior to treatment, the Athletic Trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

Standard 5: Treatment, Rehabilitation and Reconditioning

In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

Standard 6: Program Discontinuation

The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient's status.

Standard 7: Organization and Administration

All services are documented in writing by the Athletic Trainer and are part of the patient's permanent records. The Athletic Trainer accepts responsibility for recording details of the patient's health status.

II. Code of Professional Responsibility

Preamble

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code.

The *Professional Practice and Discipline Guidelines and Procedures* may be accessed via the BOC website, www.bocatc.org.

Code 1: Patient Responsibility

The Athletic Trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
- 1.2 Protects the patient from harm, acts always in the patient's best interests and is an advocate for the patient's welfare

1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice

1.4 Maintains the confidentiality of patient information in accordance with applicable law

1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress

1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain

1.7 Exercises reasonable care, skill and judgment in all professional work

Code 2: Competency

The Athletic Trainer or applicant:

2.1 Engages in lifelong, professional and continuing educational activities

2.2 Participates in continuous quality improvement activities

2.3 Complies with the most current BOC recertification policies and requirements

Code 3: Professional Responsibility

The Athletic Trainer or applicant:

3.1 Practices in accordance with the most current BOC Practice Standards

3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care

3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care

3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education

3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/her or by another Athletic Trainer that is related to athletic training, public health, patient care or education

3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful

3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials

3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public

3.10 Complies with all confidentiality and disclosure requirements of the BOC

3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity

©Board of Certification, Inc. Page 4 of 4

3.12 Cooperates with BOC investigations into alleged illegal or unethical activities; this includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion

3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

Code 4: Research

The Athletic Trainer or applicant who engages in research:

4.1 Conducts research according to accepted ethical research and reporting standards

established by public law, institutional procedures and/or the health professions

4.2 Protects the rights and well being of research subjects

4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

Code 5: Social Responsibility

The Athletic Trainer or applicant:

5.1 Uses professional skills and knowledge to positively impact the community

Code 6: Business Practices

The Athletic Trainer or applicant:

6.1 Refrains from deceptive or fraudulent business practices

6.2 Maintains adequate and customary professional liability insurance

Alabama Athletic Training Law

Alabama Athletic Training Licensure Act

On May 13, 1994 the Governor of Alabama signed a historical bill into law that is known as the Alabama Athletic Training Licensure Act. The Alabama Athletic Training Licensure Act promotes public protection by having qualified persons licensed as athletic trainers, title protection and sets standards known as rules and regulations by which any licensed athletic trainer in the state of Alabama must abide. Prior to this act there was no Alabama statute specifically providing for the regulation and licensure of athletic training. Under present law this act provides for the regulation and licensure of athletic trainers and prescribes certain continuing educational requirements for athletic trainers in the state of Alabama. This act also provides for an athletic trainers' board, powers and duties; provides for a fund and appropriation; and prescribes fines and penalties for violations of this act.

Definition of a Licensed Athletic Trainer

Any person licensed by the Alabama Board of Athletic Trainers as an athletic trainer and who practices athletic training on an athlete under the direction or referral, or both, of a licensed physician after meeting the requirements of the act and rules and regulations. Licensed athletic trainers follow protocols approved jointly by the State Board of Medical Examiners and the Alabama Board of Athletic Trainers.

Alabama Board of Athletic Trainers

The Alabama Board of Athletic Trainers

Domains of Athletic Training

These domains are categorized according to the major tasks comprising the role of the certified athletic trainer. There domains have been identified as those necessary to be effective in functioning as a certified athletic trainer.

1. Prevention of athletic injuries/illnesses.
Evaluation and recognition of athletic injuries/illnesses and medical referral.
First Aid and emergency care.
Rehabilitation and reconditioning of athletic injuries.

regulates the profession of athletic training within the state. The Board is composed of nine members; three physicians appointed by the Medical Association of the State of Alabama and six licensed athletic trainers appointed by the Alabama Athletic Trainers' Association.

BOC Certified Athletic Trainers

BOC Certified athletic trainers are recognized by the American Medical Association as allied healthcare providers. Through their advanced educational background they are able to provide the utmost professional care possible, early evaluation and treatment of athletic injuries, and proper medical referral. Athletic trainers not only provide quality healthcare but they also educate athletes in prevention of injuries. Therefore the standard for licensure in the state of Alabama is BOC certification. This nationally accredited board examination ensures minimum standards for entry level athletic trainers.

Educational Requirements

Required courses in undergraduate studies as outlined by CAATE (including health, human anatomy, kinesiology, biomechanics, human physiology, physiology of exercise, basic and advanced athletic training, first aid, and CPR).

Practical experience under the direct supervision of a BOC certified athletic trainer.

Baccalaureate degree---accredited college/university.

Successful completion of the BOC exam.

Continuing Education Units (80 CEU's in a 3 year reporting period -- - 80 contact hours)

There are colleges and universities in

Organization and administration.

Counseling

2. Guidance and education of athletes.

Settings of Employment for Athletic Trainers

1. Colleges and Universities
High Schools
Sports Medicine
Clinics/hospitals
Professional sports
Industrial/Corporate
Fitness centers
2. Gyms and clubs.

National Athletic Trainers' Association, as a leader in health care for the physically active, believes that the prevention and treatment of injuries to student-athletes is a priority. The recognition and treatment of injuries to student-athletes must be immediate. The medical delivery system for injured student-athletes needs a coordinator within the local school community who will facilitate the prevention, recognition, treatment and reconditioning of sports related injuries. Therefore, it is the position of the National Athletic Trainers' Association that all high schools should provide the services of a certified athletic trainer (ATC) to student athletes.

As a qualified health care professional, understanding the nature, severity and management of injuries properly prepares the licensed athletic trainer in effective communication and guidance between both parents and coaches.

The presence of a licensed athletic trainer serves as a worth beyond the cost to a school, coach, parents and above all athletes. Athletic trainers have a responsibility to provide expert care and management of sports injuries to all those involved. This responsibility can help reduce the possibility of complications of even the most minor of injuries.

Alabama that have approved athletic training curriculums. These settings provide an environment for students to learn the fundamentals necessary to become proficient certified athletic trainers.

Athletic Training Student Work Policy

The athletic training student must fulfill both didactic and clinical requirements in all courses in order to progress through the Athletic Training Education Program. Students that work must arrange their schedules so that clinical experiences are a priority. At no time will an athletic training student take the place of a Certified Athletic Trainer. Athletic Training Students are not to be paid for their participation in a clinical or be used in any other capacity other than a learning one. Each student must coordinate their class, clinical, and work schedules with their Approved Clinical Instructor and the ATEP Program Director and be aware of the many demands that will be placed on them as a result of program requirements. Working more than 25 hours a week is discouraged as this may take away from the total learning experience. Keep in mind that time spent in clinical education experiences is limited to 9 hours + 1 hour classroom component for pre-professional observational clinicals (HPE 125 and 126) and 19 hours + 1 hour classroom component for clinical education experiences HPE 225-426. Clinical education experience time should not be “work”, but rather a learning experience since the pre-professional or ATS is **not** there to take the place of a BOC Certified Athletic Trainer.

Students with Special Concerns

The University of Mobile is an equal opportunity educational institution and, as such, does not discriminate on the basis of race, sex, or disability in any of its programs, including admission of students and employment, as required by, but not limited to, Title IV of the Educational Amendments of 1972, Section 504 or the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. It is the policy of the University of Mobile to provide reasonable accommodations for persons with disabilities as defined in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act

of 1990. The University coordinates support resources for students with disabilities and is an accommodation resource for faculty and administration. Eligibility for service requires prior documentation of the disability. It is the responsibility of the student to bring to the University's attention the need for accommodations due to a qualifying disability. If the student has submitted official documentation to the appropriate official of a reasonable accommodation needed, we will notify their faculty of these needs each semester. The student must submit a copy of their schedule to the Coordinator of Student Services for ADA before the last day to drop/add a course. The form requesting accommodation of the Disability Act can be obtained on the Admissions section of the UM website.

University of Mobile Non-Discrimination Statement

The University of Mobile is an equal opportunity educational institution and, as such, does not discriminate on the basis of race, sex, or disability in any of its programs, including admission of students and employment, as required by, but not limited to, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. The University of Mobile is in compliance with the policies on privacy of student records as described in the Family Educational Rights and Privacy Act of 1974. Grievances can be put in writing to the Vice President for Campus Affairs, University of Mobile, 5735 College Parkway, Mobile, Alabama, 36613-2842, 251.442.2563. (University of Mobile Undergraduate Catalog 2008-2010)

Accreditation Status

The University of Mobile Athletic Training Education Program began its candidacy for accreditation in 2001 under JRC-AT and CAAHEP. The Self-Study was filed with JRC-AT in August of 2003 and a JRC-AT Site Visit was performed on Feb 26-28, 2004. As a result of that site visit, the University of Mobile Athletic Training Education Program was found to have zero non-compliance issues and CAAHEP accreditation was officially granted on May 14, 2004. That accreditation was subsequently changed to the Commission on Accreditation of Athletic Training Education and the next comprehensive review is scheduled for Spring 2009.

The University of Mobile is accredited by the Southern Association of Colleges and School (SACS) and the next comprehensive review is scheduled for 2014.

Admission to the Athletic Training Education Program

Admission to the University of Mobile and to the College of Education, Department of Human Performance and Exercise Science does not constitute acceptance into the Athletic Training Education Program. Students are allowed to enter the pre-professional phase and then make application during the Spring Semester (see time parameters below) for consideration for acceptance into the Athletic Training Education Program. Students may not take Clinical Experiences 225, 226, 325, 326, 425, or 426 unless they have been admitted to the athletic training education program. Admission to the athletic training education program is also a prerequisite for didactic courses HPE 363, 364, 361, 365, and 367.

For consideration for admission to the Athletic Training Education Program at the University of Mobile, the pre-professional student must:

1. File the appropriate application with the ATEP Program Director or Clinical Education Coordinator by 1st Monday in February.
2. Show proof of completion or current enrollment in courses that would, upon successful completion, amount to 24 semester hours including pre-professional courses HPE 251, HPE 214, HPE 261, HPE 269, HPE 125 and HPE 126.
3. Submit proof of cumulative GPA of 2.75 on a 4.0 scale overall and 3.0 on a 4.0 scale for courses HPE 251, HPE 214, HPE 261, and HPE 126 and 126. If the pre-professional student is currently registered in the remainder of these courses, his/her grade point average will be determined at the conclusion of 24 semester hours and these listed courses.
4. Submit proof of a physical exam and technical standard document signed and completed by a physician within six months prior to application to ATEP stating that the pre-professional student meets or exceed the technical standards for the rigorous activity involved in the field of athletic training.
5. Submit proof of Hepatitis B vaccination or waiver.
6. Submit three (3) letters of recommendation, one of which must be from a BOC Certified Athletic Trainer.
7. Obtain the threshold passing cumulative score on the interviews with members of the ATEP Admissions Interview Committee composed of Program Director, ATEP Liaison with Athletics, Chair of HPES, Education Faculty Member, ATEP Medical Director and one University administrator (rotating, Dean or above). See *Athletic Training Education Program Policies and Procedures Manual for Students, ACI's and CI's* and the Athletic Training Education Program web page for the full text of the ATEP Program Admission Point System.

Eligible applicants will be informed of the committee's decision by the start of the 2nd Summer Session at the University of Mobile. Notification may be by letter, telephone communication or email by the Program Director.

- Pre-professional students who have applied for acceptance into the Athletic Training Education Program will be allowed to conditionally pre-register for professional classes the following Fall semester, with the condition being acceptance into ATEP before the start of the Fall semester.

CAATE Standards and Guidelines state the student: clinical instructor ratio shall not exceed eight (8) students to one clinical instructor during the course of a clinical experience course. Acceptance into the ATEP is based on Criteria 1-7 above. Number of available openings does not guarantee acceptance into the Program. Offers of acceptance into the ATEP are presented on a competitive basis to those pre-professional students deemed most qualified.

Each student accepted into the Athletic Training Education Program must submit a letter stating that he/she accepts the invitation and responsibility connected with the Athletic Training Education Program.

Transfer Student Policy

Transfer students with previous documented clinical experiences in a traditional athletic training setting or in a sports medicine clinic and meet the following requirements in addition to the above admission requirements may be eligible for waiver of the requirements of observational clinical experiences HPE 125 and 126 and eligible for conditional admission to the ATEP during his/her second (Spring) semester on campus if they have completed or are concurrently enrolled in the remaining qualifying courses (HPE 214, 251, 261, 269):

1. Documentation of 100 clock hours of clinical experience supervised by a BOC Certified Athletic Trainer.
2. Student must present one letter of recommendation from the BOC Certified Athletic Trainer under whom he/she amassed the 100 clock hours of clinical experience. At least one of the remaining two recommendation letter must be from a faculty member of the student's former institution of higher learning.

Transfer students should be aware that it will take a minimum of three years from time of acceptance into the ATEP to complete the Program.

Retention Policy for the University of Mobile Athletic Training Education Program

1. Students are conditionally accepted into the Athletic Training Education Program in the Spring semester of their level I (Freshman) year. The condition is that final Spring grades of the student will confirm a 2.75 overall GPA and a 3.0 GPA in courses HPE 214, HPE 251, HPE 261, HPE 269 and clinical experience courses HPE 125 and HPE 126. Student cannot enroll in any clinical or didactic ATEP course above the level 1 sequence without being accepted into the ATEP.
2. Admission to the Athletic Training Education Program is selective. Enrollment is limited due to the availability of resources.

3. Students are required to maintain 2.75 overall GPA and a 3.0 GPA in all Athletic Training Education Program core courses.
4. All students must maintain current Professional Rescuer certification and proof of annual physical examination when enrolled in Athletic Training Education Program clinical courses. Professional liability insurance is provided for University of Mobile athletic training students when they are participating in clinical experiences. . Students are responsible for their own medical care if needed in the clinical education settings.. Students must abide by the Centers for Disease Control and OSHA guidelines.
5. Athletic training students are responsible for personal transportation to off-campus affiliated clinical sites.

Costs Associated with the Athletic Training Education Program

The following is a list of additional expenditures beyond those of tuition, room and board, if applicable, and fees for which pre-professional and athletic training students are responsible:

1. Cost of appropriate athletic training attire such as khaki pants and athletic shoes (shirts are provided by the Athletic Training Student Society fund-raising endeavors).
2. All costs incident to travel to and from clinical experience sites or special athletic training events such as field trips and coverage of First Light Marathon..
3. Annual certification or recertification costs of Professional Rescuer/AED First Aid and CPR.
4. Costs incident to Hepatitis B vaccination if no documentation of completed series or waiver of Hepatitis B vaccination is completed.

UMobile ATEP Academic Probation Policy

Once the student's cumulative GPA has fallen below 3.0 in the ATEP professional curriculum or 2.75 overall, the ATEP Director will place this student on academic probation. Access to clinical experiences will be denied. As a result of lack of clinical access, the student will be required to choose one of two options: (1) sit out the academic sequence for one academic year or (2) leave the ATEP. If the student does not improve his/her cumulative GPA to a 3.0 in the ATEP curriculum and 2.75 overall during the probationary period, he/she will be released from the ATEP. Athletic training students, other than those on probation, once admitted to the Program, must take a clinical education course every semester during the academic year, with the exception of HPE 326 which can be taken during the summer term. Failure to schedule a clinical education course will result in the student being placed on probation. If a student is placed on probation for failure to schedule a clinical experience course, he/she must file a reconsideration statement, and if reconsideration is granted, must sign up for the next appropriate clinical education course during the next semester it is offered.

Grievance/ Appeal Policy

University of Mobile Grade Correction Appeal Policy

The faculty member determines the final grades of students in each course. To correct a grade recorded in error, a change in grade report must be filed by the faculty member with the office of the registrar **before the end of the following academic period (semester)**. Exceptions require approval of the Academic Affairs Committee.

The student who questions the accuracy of a grade in his or her semester grade report should ask the faculty member of the course to check for possible errors. One who still believes the grade is inaccurate or unjust may then appeal to the departmental chairman and, if necessary, to the dean of the college or school. If the student still believes the grade to be inaccurate or unjust, an appeal form may be secured from the Academic Affairs Office; and the written appeal must be submitted to the vice president for academic affairs who will schedule a review with the academic affairs committee. Following the review, the academic affairs committee will either uphold the faculty member's grade or make other related determinations, and notify the student of the committee's action. A final appeal may be made in writing to the president of the University. Such written appeals must be made **before the end of the following academic period (semester)**.

University of Mobile Course Forgiveness Policy

The purpose of academic forgiveness at the University of Mobile is to allow a baccalaureate student who has courses with a D or F to request to have a maximum of four courses removed from his or her grade-point average. To apply for course forgiveness, a currently enrolled student must file an application in the office of the registrar. Guidelines are as follows.

1. The courses were originally taken at the University of Mobile.
2. Course forgiveness cannot be requested for upper level courses (courses numbered 300 or 400). Forgiveness courses cannot be applied on associate degree transcripts.
3. Course forgiven grades, to a maximum of four courses, will no longer be calculated into the students' grade-point average and will not be included in cumulative earned hours.

4. Forgiven grades remain on the transcript and a special notation is added explaining course forgiveness.
5. Course forgiveness can be granted only one time per course.
6. Course forgiveness, when granted, applies only to University of Mobile undergraduate courses.

Notes: a. Course forgiveness may not be recognized by another college or university. Associate Degree students are not eligible to apply for course forgiveness. Nursing courses numbered 100 and 200 are excluded from course forgiveness. Students forfeit course forgiveness when changing from baccalaureate majors to associate majors.

UMobile ATEP Program Appeals

The student has the right to appeal any decision made by the athletic training education program. The appeal policy can be instituted if the student feels that they have been treated unfairly in regards to the policies and procedures manual set forth by the University of Mobile's Athletic Training Education Program. In order for the grievance or appeal to go through the proper channels the student must submit a letter to the Program Director of Athletic Training stating the reason for the appeal or the specific grievance within ten (10) working days of receiving notification of an adverse decision. The letter should contain the reasons the student is appealing the decision and why the decision should be reversed. The appeal will be discussed at the next scheduled athletic training education staff meeting and a decision will be made to the student in writing within (5) working days after the meeting. The staff meeting will consist of the Program Director, the Clinical Coordinator, the Chair of HPES, the Dean of Education, and the Vice President of Academic Affairs.

Course Sequencing

Level 1 (Freshman) Fall Semester

Engl 101	3 sem hrs
History	3
Math 102 or higher	3
FS 100	1
HPE 251	3
HPE 214	3
Clin 125 Obs	<u>1</u>
	17

Total credit hrs

Spring Semester Level 1

Eng 102	3
History	3
HPE 261	3
HPE activity	1
HPE 269	3
HPE 212	3
Clin 126 Obs	<u>1</u>
	17

Level 2 (Soph) Fall Semester

EN 201	3
HPE 364	3
Bio 201	4
HPE 237	3
HPE Elective	2
Clinical 225	<u>2</u>
Total Cr Hrs	17

Spring Level 2

Bio 202 (A&P)	4
CIS	3
HPE 363	3
EN202	3
Elective	2
Clinical 226	<u>2</u>
	17

Level 3 (Jr) Fall

COM 101	3
HPE 301	3
HPE 361	3
HPE 365	3
CST 310	3
Clin 325	<u>2</u>
Total Cr Hrs	17

Spring Level 3

PSY 201	3
HPE 220	3
HPE 367	3
CST 321/331	3
HPE 332	3
Clinical 326	<u>2</u>
	17

Level 4 (Senior) Fall

Music/Art App	3
HPE 403 (O&A)	3
HPE activity	1
HPE 351	3
Elective	3
HPE 425	<u>2</u>
	15

Level 4 Spring

HPE Research)	3
HPE 310	3
Elective	6
HPE 213	3
HPE 426	<u>2</u>
	17

TOTAL HOURS-134

*Chapel is required for graduation. (ZCH 007).

Freshmen under the age of 21 are required to take FS 100

ATEP Courses HPE 225, 226,364, 363,361,365,325, 326,367, 425 and 426 require admission to the Athletic Training Education Program as a pre-requisite for enrollment.

Electives or any non- ATEP courses could be taken during the summer to lighten course loads.

HPE 326 can be taken the summer following Level 3 year instead of in Spring of Level 3 year, however the ATS cannot enroll in HPE 425 or HPE426 until he/she has completed HPE 326.

Required Course Sequencing

Effective May 7, 2008, all pre-professional and athletic training students must follow the course sequence contained in the latest version of the 2008-2010 University of Mobile Catalog for the Athletic Training Major. The only available exception to the course sequencing is for the athletic training student to enroll in HPE 326 (general medical clinical education experience) during the summer following their level 3 (Junior) year. This would cause the athletic training student to have no clinical experience course during the Spring semester of their Level 3 year as no clinical substitution can be made.

The course sequence that appears in the latest version of the 2008-2010 University of Mobile catalog is also in the ATEP Policies and Procedure Manual, on the online version of the 2008-2010 University of Mobile catalog and on the ATEP website.

Please do not ask for an exception to the sequencing to be made, as the sequence is important in maintaining proper learning over time.

Students are free to take University of Mobile core courses or elective courses during the summer to lighten their academic load during the Fall or Spring, but cannot take ATEP courses out of sequence.

UMobile ATEP

ACI/CI Commitment to Excellence

The Athletic Training Education Program at the University of Mobile is committed to providing athletic training students with the best educational experience possible. An important component of that learning experience includes the clinical education experiences in which athletic training students are involved. Each athletic training student enrolled in the Program play an integral role in determining his/her own success. To assure that Learning Over Time makes the transition from the classroom to the clinical situation, each athletic training student must accept his/her own role in the clinical education component of the Athletic Training Education Program. UMobile ATEP wants the clinical education component to be an optimal learning experience. In order to accomplish this, the Program believes that each of the following must occur between the athletic training student and the ACI/CI.

- 1. Initial establishment of expectations, roles, responsibilities and limitations.*
- 2. Introduction and orientation of policies and procedures for the respective facilities including, but not limited to, blood-borne pathogens protocols.*
- 3. Review of ATS academic courses completed and clinical proficiencies previously mastered. An electronic newsletter is published biweekly by the Athletic Training Student Society to keep the ACI/CI aware of what the athletic training students at each level are currently studying.*
- 4. Review of appropriate Clinical Expectation for Clinical Experience document.*
- 5. Recognition of athletic training student's current knowledge base.*
- 6. Cooperation with UMobile ATEP Program Director and Clinical Coordinator.*
- 7. Provide regular and ongoing feedback to the athletic training student in a positive and constructive manner. Maintain a Professional relationship.*
- 8. Observe UMobile ATEP's Sight and Sound Policy of direct supervision at all time the athletic training student is present at your site.*
- 9. Open and honest communication when potential conflicts arise in accordance with the ATEP Policies and Procedures Manual.*
- 10. Timely completion of evaluation forms.*
- 11. Delivery of truthful, accurate and factual information regarding clinical accomplishments, professionalism and strengths and challenges.*
- 12. Mutual respect between ATS and ACI/CI observed at all times.*

I, _____, acknowledge my support of the UMobile ATEP's ACI/CI Commitment to Excellence and agree to do everything I can to assure that each of the aforementioned items are adhered to between myself and any UMobile ATS assigned to me for clinical experience.

ACI/CI

Date

UMobile ATEP Athletic Training Student Commitment to Excellence

The Athletic Training Education Program at the University of Mobile is committed to providing athletic training students with the best educational experience possible. An important component of that learning experience includes the clinical education experiences in which athletic training students are involved. Each athletic training student enrolled in the Program play an integral role in determining his/her own success. To assure that **Learning Over Time** makes the transition from the classroom to the clinical situation, each athletic training student must accept his/her own role in the clinical education component of the Athletic Training Education Program. UMobile ATEP wants the clinical education component to be an optimal learning experience. In order to accomplish this, the Program believes that each of the following must occur.

- 1. Insist on a thorough orientation of policies and procedures for the site on your first day at the clinical site.*
- 2. Advice ACI/CI of clinical expectations and paperwork (evaluations) and timetables.*
- 3. Determine with ACI/CI what your clinical hours are to be subject to the nineteen (19) hour maximum. Always be on time.*
- 4. Attend all classroom components of the clinical.*
- 5. Limit yourself to practicing skills you have previously been taught in the classroom.*
- 6. Always dress appropriately for the clinical experience.*
- 7. Conduct yourself as a professional at all times.*
- 8. Wear your ATEP badge at all times while on the clinical site.*
- 9. Observe the Sight and Sound Policy restrictions.*
- 10. Be sure that any clinical proficiency masteries are properly documented.*
- 11. Do not exceed your authority or skill proficiency level.*
- 12. Ask questions at appropriate times.*
- 13. If in doubt, refer to the UMobile ATEP Policies & Procedures Manual or contact UMobile ATEP faculty.*

I _____, acknowledge my support of the UMobile ATEP Clinical Policies and Procedures and the Athletic Training Student Commitment to Excellence and agree to do everything that I can to assure that each of the aforementioned items is adhered to when I am assigned to a clinical experience.

ATS

Date

University of Mobile
Athletic Training Education Program

Application to Athletic Training Major

Date: _____

Name: _____

I, _____, hereby make formal application for consideration for acceptance in the Athletic Training Major at the University of Mobile. It is my belief that I have met all of the terms and conditions for consideration for this Program as set out in the University of Mobile Academic Catalog and the University of Mobile Athletic Training Education Program.

I further authorize the designated authorities at the University of Mobile to review my academic transcript to verify fulfillment of the academic criteria for consideration for admission to the Athletic Training Major.

Student Signature

Date

Admission to Program Interview Form

Date: _____
Applicant Interviewed: _____
Evaluator: _____
Title: _____

- 4= Excellent:** **Demonstrates communication and verbal skills above expectations for this level**
3= Good: **Meets expectations for this level**
2= Average: **Skills are considered average for this level**
1= Unacceptable: **Communicative and verbal skills are seriously deficient at this time**

	Excellent	Good	Average	Unacceptable
Professional Conduct				
• Appropriate Attire				
• Professional Attitude				
• Abides by policies, Procedures, and Regulations				
Interpersonal Skills				
• Interaction with Faculty				
• Rapport				
• Voice/Articulation				
• Grammar, usage, word choice				
• Poise				
• Profession standards, Ethics, liability				

Additional Comments: _____

I have interviewed _____ and evaluated his/her personal aptitude for admission into the University of Mobile's Athletic Training Education Program.

I recommend:

_____ Acceptance without reservation

_____ Deferral with recommendations for improvement and follow-Up

Evaluator Signature

Date

Program Admission Point System

The applicant is graded based on the application packet. Each packet should include: three letters of recommendation (one must be from a certified athletic trainer), a biography of the student's life goals, ambitions, and future learning opportunities, completion of the form to check the applicants grades and verify GPA, completion of the required course work and a grade of B or better in those courses, a 2.7 GPA overall and 3.0 for program courses.

This process verifies the students overall success in a program and alleviates the dilemma of a student performing poorly on one particular requirement.

There are 144 possible points in the interview process.. This is based on the 36 points for each interviewer and the four individuals that will interview each applicant. The minimum points allowed for admission is 100.

Learning Over Time

The UMobile ATEP Learning Over Time Policy spells out that a student must first be taught a proficiency in a didactic class and practice it in the laboratory component of that class before he/she can practice or apply that proficiency in a clinical setting under the direct supervision of the clinical supervisor (ACI/CI).

The UMobile ATEP Policy and Procedures Manual lists which proficiencies are taught in which course and in which course they are to be practiced and evaluated. Additionally, all ACI's and CI's receive a biweekly electronic newsletter that updates them on what the athletic training students are covering in class during that period.

A final fail safe mechanism to assure the learning over time and appropriate learning level concepts is the site visit conducted at least twice each semester to the clinical sites by the Program Director or Clinical Coordinator. During these visits, clinical expectations and progress on proficiencies is a required topic of discussion, and, if not in line with Program expectations, the issue will be addressed and solved at that time.

Competencies/Proficiencies

Students will be allowed to utilize skills and knowledge in Athletic Training clinical experience under direct supervision of the ACI/CI once they these skills have been taught and assessed on that particular technique by an Approved Clinical Instructor. These techniques are associated with competencies and proficiencies which will be taught and demonstrated in classes and evaluated either through didactic courses or in Clinical Experience courses. If you are asked to perform a skill that you have not been taught in the classroom or assessed, please decline and inform the ACI/CI or health care professional that you have not learned that particular technique.

Pre-Professional and Professional Course Descriptions

HPES 251. FOUNDATIONS OF ATHLETIC TRAINING/TERMINOLOGY.

Introduces students to athletic training medical and legal parameters, basic terminology of the field, and academic requirements to become certified athletic trainers. *Credit, three hours.*

HPES 125. ATHLETIC INJURIES CLINICAL EXPERIENCE I. Introduces the pre-professional student to the athletic training room environment. The emphasis of this observational practicum is to provide an overview of the duties and responsibilities of the ATC. *Credit, one hour.*

HPES 214. FIRST AID AND CPR FOR THE PROFESSIONAL RESCUER. Course content and simulated practical experiences prepare the student to make appropriate decisions about the care needed in case of emergency. Provides opportunity to acquire skills necessary to act as a crucial link in the emergency medical services (EMS) system. Course content includes first aid techniques and decision-making, CPR for the professional rescuer, emergency response, oxygen administration, automated external defibrillator, preventing disease transmission. Course leads to first aid and CPR for the professional rescuer certifications. *Credit, three hours.*

HPES 126. ATHLETIC INJURIES CLINICAL EXPERIENCE II. Enhances the pre-professional student's knowledge of proper athletic training room functioning. The emphasis of this observation clinical experience will be reflex testing, sensory testing, taping skills and protective equipment. *Credit, one hour.*

HPES 212. PERSONAL AND COMMUNITY HYGIENE. Facilitates an understanding of the general nature of personal hygiene and community health. This course is designed to be of value to teachers and social workers regardless of the age or level of instruction. *Credit, three hours.*

HPES 213. DRUGS AND SOCIETY. Explores societal use, misuse, and abuse of drugs; the basic scientific facts of drugs and how they affect the body; the student's understanding of self and others in relation to decision making, attitudes, behavior, and value clarification. *Credit, three hours.*

HPES 220. SPORTS NUTRITION. Provides knowledge of various nutritional components as well as the body's requirements for and utilization of various nutrients. Emphasis is on developing specialized diets for weight gain or loss, and to complement the athlete's participation in various sports. *Credit, three hours.*

HPES 225. ATHLETIC INJURIES CLINICAL EXPERIENCE III. Increases the athletic training student's knowledge of the duties of a NATABOC Certified Athletic

Trainer. This emphasis of this course will be in development of skills for assessment of injuries to the lower extremities. Prerequisite: Admission into Athletic Training Education Program. *Credit, two credit hours.*

HPES 226. ATHLETIC INJURIES CLINICAL EXPERIENCE IV. Enhances the athletic training student's ability to assess and care for athletic injuries. The emphasis of this practicum will be on development of skills required for assessment and care for athletic injuries to the upper body under the direct supervision of the clinical supervisor. Prerequisite: Admission into Athletic Training Education Program. *Credit, two credit hours*

HPES 237. INTRODUCTORY STATISTICS. Gives the student a basic understanding of the computation, interpretation, and application of statistical research in health-related fields, physical education, athletic training, and sports medicine. *Credit, three hours.*

HPES 261. CARE AND PREVENTION OF ATHLETIC INJURIES. Introduces the procedures for caring for the injuries that most frequently occur in athletic competition, and the safety and training procedures for preventing athletic injuries. Prerequisite: permission of instructor. *Credit, three hours.*

HPES 269. FUNCTIONAL ANATOMY/PHYSIOLOGY. The scientific application of physical exercise, training, therapy, fitness, and health promotion with emphasis on anatomical and physiological responses and adaptations. Rehabilitation and preventative medicine as well as the role of the physical/physiological examination are stressed. *Credit, three hours.*

HPES 301. KINESIOLOGY AND CORRECTIVES. Analyzes the mechanics of human motion. This course deals with a study of the skeletal system, the muscular system, the nervous system, and the basic principles underlying motor skill. *Credit, three hours.*

HPES 310. DEVELOPING STRENGTH AND CONDITIONING PROGRAMS. This course is designed to teach advanced techniques in the area of strength, conditioning, and flexibility. The focus of the course is the development of strength, conditioning, and flexibility programs for sports specific conditioning, physical pre-rehabilitation and physical rehabilitation of athletic injuries utilizing muscular strengthening and flexibility. *Credit, three hours.*

HPES 325. ATHLETIC INJURIES CLINICAL EXPERIENCE V. This course is designed to familiarize the athletic training student with all aspects of management of the injured athlete. The emphasis of this practicum will be on developing a continuity of the skills required for patient assessment, care, treatment and rehabilitation of the injured athlete under the direct supervision of the clinical supervisor (ACI/CI). Prerequisite: Admission into the Athletic Training Education Program. *Credit, Two credit hours.*

HPES 326. ATHLETIC INJURIES CLINICAL EXPERIENCE VI. This course is designed to provide the athletic training student the opportunity to emphasize refinement and practice of the athletic training skills necessary for the management of general medical conditions affecting the athlete or other physically active person in an athletic healthcare setting under the director supervision of the clinical supervisor. Prerequisite: Admission into the Athletic Training Education Program. *Credit Two credit hours.*

HPES 332. SPORTS PSYCHOLOGY. Studies the major psychological theories, models, research, and principles that apply to the coaching and learning process in physical education and sports. (WI) *Credit, three hours.*

HPES 351. PHYSIOLOGY OF EXERCISE. Studies the physiological effects of various types of exercise on the systems of the body. *Credit, three hours.*

HPES 361. GENERAL MEDICAL CONDITIONS AND PHARMACOLOGY. This course is designed to present a collection of knowledge, skills, and values that the athletic training student must possess to recognize, treat and refer when appropriate, the general medical conditions and disabilities of athletes and others involved in physical activity. The second half of the course teaches the theories of pharmacologic applications including awareness of the indications, contraindications, precautions and interactions of medications and of the governing regulations. Prerequisite: Admission into the Athletic Training Education Program. (WI) *Credit, three hours.*

HPES 363. EVALUATION OF MUSCULOSKELETAL INJURIES AND ILLNESSES. Surveys musculoskeletal injuries, i.e., symptoms, initial and secondary clinical evaluation, and special tests leading to clinical impressions. Develops concepts in implementing emergency care and training room procedures. Prerequisites: Admission into the Athletic Training Education Program. *Credit, three hours.*

HPES 364. EVALUATION OF HEAD, SPINE, AND INTERNAL INJURIES. Surveys head, spine, and internal injuries, i.e., symptoms, initial and secondary clinical evaluation, and special tests leading to clinical impressions. Develops concepts in implementing emergency care and training room procedures. Prerequisites: Admission into the Athletic Training Education Program. *Credit, three hours.*

HPES 365. THERAPEUTIC MODALITIES. Surveys the theory and operation of the most commonly used physiological therapeutic modalities. Students will develop an understanding of indications for each modality and medical/legal parameters for their usage. Prerequisite: Admission into the Athletic Training Education Program. *Credit, three hours.*

HPES 367. THERAPEUTIC EXERCISE. Techniques of rehabilitation to assist the athlete in returning to his or her optimal potential in sports activities. This course also includes preventive exercise, rehabilitative exercise, and the proper use of appropriate equipment. Prerequisite: Admission into the Athletic Training Education Program.. *Credit, three hours.*

HPES 403. ORGANIZATION AND ADMINISTRATION OF HEALTH, PHYSICAL EDUCATION, AND RECREATION. Teaches the prospective physical education student how to organize and administer a program of health, physical education, and recreation on the elementary, secondary, and college levels and also in the areas of community and church recreation. The organization and administration of inter-scholastic athletics will also be discussed. (WI) *Credit, three hours.*

HPES 421. RESEARCH IN PHYSICAL EDUCATION. Acquaints the student with the various types of research in the areas of health, physical education, recreation, athletics, and sports medicine. Special emphasis will be placed on experimental research. (WI) *Credit, three hours.*

HPES 425. ATHLETIC TRAINING CLINICAL EXPERIENCE VII. This course is designed to increase the athletic training student's level of confidence in dealing with all aspects of the athletic training profession while under the direct supervision of the clinical supervisor (ACI/CI). Emphases in this course include preseason and post season programs and the therapeutic modality usage in an athletic healthcare setting. Prerequisite: Must be admitted to Athletic Training Education Program. *Credit, Two credit hours.*

HPES 426. ATHLETIC TRAINING CLINICAL EXPERIENCE VIII. This course is designed to be the culminating experience of the athletic training student's didactic and clinical education program. The emphases in the course are on total review/tutorial of the didactic and clinical education program and preparation for the BOC Certification Exam. Prerequisite: Must be admitted to Athletic Training Education Program. *Credit, Two credit hours.*

Learning Management System (LMS)

The Learning Management System at the University of Mobile is the student's window to the classroom twenty-four hours a day. During your first week on campus, you will receive a password and orientation to the use of LMS. In the Athletic Training Education Program, the student will be able to view or download course syllabi, lecture notes, presentations and supplemental materials for the class. You will also need to check LMS for announcements pertaining to each class. You will also utilize LMS to take exams in some of the ATEP classes.

ATEP Area Library

The ATEP Area Library is located within the ATEP Classroom Facility. This library contains books, journals, videos, CD-ROMs, and computer programs relating to Athletic Training Education. The Area Library also contains two computers with internet access. This library is exclusively for the use of pre-professional students and athletic training students and is open whenever the Bedsole Library (main campus library) is open. Access to the area can be attained at the Library desk. This area is used by study groups and individuals. Material within the room is to be considered reference material and must remain in the ATEP Area Library.

Bedsole Library Athletic Training Education Resources

The J. L. Bedsole Library provides support for the Athletic Training Education Program through a collection of print, audio-visual and electronic resources. These resources are available to UM patrons both on-campus (library, dorms) and from off campus (remote) locations.

The print and audio-visual resources include a collection of books, videos, and journals located in the JLB library. The books and videos are cataloged and available for check-out while the journals are available for in-house only. In addition to these resources, a collection of print and audio-visual materials are available to ATEP students in the ATEP library located on the second floor of the library.

Electronic resources include on-line databases, e-books, e-journals, and Internet research links. The library subscribes to over 70 databases, including SportDiscus, MEDLINE, PUBMED, CINAHL and ProQuest Nursing. The e-journal collection provides access to hundreds of journals including the Journal of Sports Medicine and Physical Fitness, Journal of Athletic Training, American Journal of Sports Medicine, Journal of the American Medical Association, Sports Medicine and Athletic Therapy Today. The library maintains internet links to numerous athletic training related websites including NATA, CAATE, JAMA, and ACSM. In addition, patrons have access to over 30,000 e-books in the library's collection.

Electronic Newsletter

An electronic newsletter is published biweekly and sent to all ACI/CI involved with clinical education. The purpose of this newsletter is to keep ACI/CI current on what each level of athletic training students are studying in their didactic classes and to announce special events.

Requirements for Successful Completion of the Athletic Training Education Program

Requirements for successful completion of the University of Mobile Athletic Training Education Program follows three paths, namely:

1. Satisfaction of University of Mobile requirements for graduation
2. Fulfilling the requirements for admission to and retention in the Athletic Training Education Program
3. Documented mastery of the athletic training competencies and clinical Proficiencies

The University of Mobile general requirements for graduation are listed in the University Catalog 2008-2010. You should read these carefully and discuss your progress with your faculty advisor on a regular basis.

Requirements for admission to and retention in the Athletic Training Major are listed in the University of Mobile Catalog 2008-2010 and in the Athletic Training Education Program Policies and Procedures Manual. You should read these carefully and discuss them with your faculty advisor on a regular basis to assure that you are staying on track.

The third area of requirements for those desiring to major in Athletic Training at the University of Mobile is the area of **successful, documented progression and mastery of the athletic training clinical proficiencies**. The didactic and clinical courses in which these competencies and proficiencies are taught, practiced, applied and evaluated are listed in the Athletic Training Education Policies and Procedures Manual under the following headings:

1. Courses in which athletic training competencies are taught
2. Courses in which athletic training clinical proficiencies are taught
3. Clinical experiences expectations

The Athletic Training Competencies and Athletic Training Clinical Proficiencies are taught in didactic classes taught by a University of Mobile faculty member who is a BOC Certified Athletic Trainer or other medical professional and practiced in laboratories sessions of that class and in the proficiencies lab. If an athletic training student should be deficient in the accomplishment of those competencies and proficiencies stated in the syllabus of a didactic course, it would have an adverse effect on the grade the athletic training student receives for that class. As stated in the University of Mobile Catalog 2008-2010, "Grades below "C" (2.0) will not be

counted in the major or minor area.” This means that you would not receive credit toward graduation for any course in your major for which you received a grade below a “C”.

If an athletic training student (including pre-professional students) fails to meet the mastery of clinical proficiencies as listed in the “Clinical Experience Expectations” listed in the Athletic Training Education Policies and Procedural Manual for two consecutive semesters of clinical experiences, then he/she will not be permitted to register for the next progressive clinical experience course until such time as the deficiencies have been successfully rehabilitated as evidenced by documented evaluation indication that the athletic training student has met the criteria for mastery of all clinical proficiency deficiencies.

It is the ultimate responsibility of the pre-professional student, the athletic training student, the Program Director, the Athletic Training Education faculty, and the ACIs to make assure that the athletic training student is being evaluated on a timely basis and that the evaluations are documented.

If you have any doubt about your progress in the Athletic Training Education Program, check with the Program Director or Clinical Coordinator.

Beyond the factors listed above, success for the Pre-Professional and Athletic Training Student should involve “giving back” to the Program by leading study groups, taking an active part in the Athletic Training Student Society, getting involved in special events, and mentoring lower level students.

Acknowledgement:

I have read this document entitled “Requirements for Successful Completion of the Athletic Training Education Program which consists of two (2) pages and understand what is contained therein.

Athletic Training Student Signature

Date

Characteristics of a Successful Athletic Training Student

1. Has read, understands, and **agrees to live by the Policies and Procedures** of the ATEP.
2. **Dedication**-regardless of what you endeavor; dedicate yourself to giving it everything you have. You have four years to prepare yourself to accomplish your goal-use every second wisely and productively.
3. Become Critical **Thinker**-evaluate what you should do and why you should do it, then make your decisions.
4. **Poise and Self-Control**-you must be the calmest person in an emergency situation and you will accomplish this by being academically and clinically prepared, having poise and having control of your emotions.
5. **Fitness**-Vince Lombardi, the famous football coach said, "Fatigue makes cowards of us all". Though you will be busy with classes, clinical experiences and studying, find time in your schedule to maintain or improve your physical fitness level.
6. Be **Competitive**-strive to be the best at everything you do.
7. Become **Skillful**-the clinical proficiencies are best learned through repetition, so that when they become appropriate to be applied, your mastery of them will be apparent.
8. **Loyalty**-be true to yourself, your faculty, your fellow athletic training students and you will become a trusted student leader.
9. **Believe** in what you want to do and keep your eye on the goal and what it takes to achieve it.
10. **Be Enthusiastic**-come into the ATEP Program excited and stay that way-we do best what we enjoy most.

University of Mobile Grading Standards

The grading system of the University is based on a 4.00 scale. Final course grades are determined by the instructor. The interpretations of grades and grade points are as follows:

Grade Interpretation Grade Points

A Excellent 4.00

B Good 3.00

C Satisfactory 2.00

D Passing 1.00

F Not Passing 0.00

V or CF Course Forgiveness 0.00

W Withdrawn ——

WP Withdrawn while passing ——

WF Withdrawn while not passing ——

I Incomplete ——

P Passed (credit by examination) ——

AU or T Audit Credit

S Satisfactory (service component credit) ——

U Unsatisfactory (no service component credit) —
N No Grade Reported (extenuating circumstances as determined by the instructor)
Q Administrative withdrawal (extenuating circumstances as determined by the
Academic Affairs Committee)

An incomplete (I) is awarded with the approval of the instructor, adviser, and the academic affairs committee when extenuating circumstances justify the granting of additional time for completion of work. It may be removed if all work is completed by a time indicated by the instructor. A student is strongly discouraged from requesting an incomplete; however, if granted a student should not register a second time for a course in which an (I) is pending. An incomplete not made up by the indicated deadline is automatically changed to the grade designated by the instructor on the application.

Class Attendance Policy

Pre-Professional and Athletic Training students are expected to attend all classes in which they are enrolled. Class attendance is a vital part of the academic program. Attendance makes possible the dialogue that is the foundation of the educational process between the pre-professional or athletic training students and the instructor. Absence from class denies students access to the full measure of a college education. Each college and school has an established attendance policy, which is published on course syllabi. In the event an absence is necessary, students are accountable for work missed.

Counseling Services, Testing & Remediation

The mission of the University Counseling Services is to assist currently enrolled students in obtaining counseling appropriate to their needs, provide consultation and crisis intervention services to students and others concerned with students' emotional well-being, and teach healthy coping skills to students through outreach efforts. These services are provided within a developmental framework and reflect the values of a Christian community. See the University of Mobile Counseling Services at www.umobile.edu or contact the Counseling and Career Services office. The counselor is Sara Jane Waite and can be reached at 442-2545.

Tutoring and Review within the Program

The University of Mobile Athletic Training Education Program understands that many demands are placed on the time of athletic training students and the didactic and clinical education proficiency required for admission and retention in the athletic training major. Therefore, the following review and tutoring sessions have been initiated. Their aim is not only to facilitate learning over time, but also to enhance athletic training academic success: All review and tutoring sessions are held in the Athletic training Education Library. UMobile ATEP has established a mentoring program that is designed to put the senior level student in a position to both learn and teach. The faculty supports any out of class opportunities that assist all learners.

Clinical Education Courses

Level I

HPES 125-Clinical Experience I –This is the pre-professional student’s first clinical experience and is purely observational. The pre-professional student observes what a Certified Athletic Trainer does in a clinical situation. The pre-professional student is not directly involved in patient care. This is the pre-professional student’s orientation into clinical education and gives the pre-professional student the opportunity to learn the duties, responsibilities and functions of a Certified Athletic Trainer, During this clinical experience, communication between the ACI and the pre-professional student is extremely important and observations are documented, discussed and feed-back is provided. Students must complete case studies, participate in all taping activities, locate and summarize one article for each topic: 1) Role and function for the governing structures of the National Athletic Trainers’ Association, 2) Athletic Training Educational Competencies, 3) Licensure/ Certification, and submit a semester journal based on experiences.

HPES 126-Clinical Experience II- The pre-professional student’s second clinical experience again is purely observation with no direct involvement in patient care. This clinical experience is designed to be Equipment Intensive wherein the pre-professional student becomes familiar with protective equipment for sport and activity and becomes familiar with the proper fitting and maintenance of that equipment. Students are required to complete case studies, submit a semester journal, participate in all taping activities, take a yearly comprehensive exam, locate and summarize one article for each topic: 1). Qualifications of an ATC, 2). BOC certification exam, 3). Purpose of the Role delineation study, and athletic training competencies.

Level II

HPES 225-Clinical Experience III- This clinical experience is designed to be Lower Body Intensive, concerning itself with the skills and competencies associated with prevention of injury, treatment and rehabilitation of injuries to the patient's lower body. In this clinical experience, the ATS is allowed to participate in limited patient care under direct supervision of the ACI. Students are required to do case studies on three lower body injuries, submit a semester journal, locate and summarize article on Confidentiality/HIPPA and FERPA/ Purpose for documenting injuries, myotome/ dermatome/ goniometer chart, oral practical exams, and semester competencies.

HPES 226-Clinical Experience IV- This clinical experience is designed to be Upper Body Intensive, concerning itself with the skills and competencies associated with the prevention of injury, treatment and rehabilitation of injuries to the patient's upper body. The ATS is expected to practice and apply those previously learned skills and competencies regarding upper body pathology. Students are required to submit a semester journal, competencies, myotome/dermatome/goniometer on upper body, cranial nerve chart, case studies on three upper body injuries, locate and summarize one article for each topic: 1).purpose of BOC, 2). Professionalism in athletic training, take a comprehensive exam from Level 1 and 2

Level III

HPES 325 - Clinical Experience V-This clinical experience is designed to give the ATS greater hands-on involvement with patient care under direct supervision. Intensities during this clinical experience should be patient evaluation, patient treatment, use of modalities and patient rehabilitation. Students are required to participate in isokinetic testing done off campus, PowerPoint presentation, three case studies, and a semester journal.

HPES 326-Clinical Experience VI-This clinical experience is designed to be General Medical Intensive. This clinical experience takes the ATS outside of the traditional athletic training room and sports medicine clinic and into the physician's offices, emergency rooms and in contact with other healthcare professionals. Students are required to develop a professional directory, case studies, PowerPoint presentation, semester journal, locate and summarize one article for each topic.1). communicable diseases 2). sexually transmitted diseases, and a comprehensive exam for Level 1, 2, and 3.

Level IV

HPES 425 –Clinical Experience VII-By this point, the ATS should have had the spectrum of clinical experiences. Now, the ATS should be deciding the area in which he/she has the most interest in pursuing for their athletic training career. Care is taken to match those interest with a clinical site that will enhance those interests. Also during this time period, the ATS will be doing mentoring with less experienced athletic training students in the Program, EAP's, personnel list, budget, architectural plan, a mock SEATA exam, and finally answering these questions in a one page typed paper: how will you represent the profession of athletic training?. What type of personality and professional traits will you look for in an employee?

HPES 426-Clinical Experience VIII-Senior Capstone Experience- This clinical experience is designed to be a cumulative and comprehensive review of skills and competencies for the ATS. Reevaluation of all skills and competencies will be conducted during this clinical experience as well as a Mock BOC Exam covering Levels 1,2,3, and 4. The ATS will spend time mentoring under classmen, developing a policies and procedures manual, three case studies, semester journal, mock SEATA exam, answering these questions in a one page typed paper: List short term (6 months) and long terms (5 years) goals that you plan on achieving once you graduate from UM and what type of certified athletic trainer you desire to be?

- Each of these clinical experience courses has specific guidelines as well as various projects. All courses are currently on LMS and can be accessed by using the students ID number for username and password.
- Pre-professional and athletic training students are responsible for personal transportation to and from off-campus clinical experience sites.
- Every clinical education course must involve **direct supervision** by an ACI or CI.
- **75 percent of all clinical experience courses must be supervised by a BOC Certified Athletic Trainer.**

Evaluation Policies

Criteria for Mastery of Athletic Training Competencies

The Mastery of the Athletic Training Competencies represents the culmination of the didactic and experiential learning in Athletic Training Education at the University of Mobile. The first step is the achievement of Mastery of the Athletic Training skills. These skills have been observed, learned in the classroom, evaluated by peers, ACI's, CI's, and instructors, practiced in the laboratory and clinical experiences, applied in the clinical setting under direct supervision of the ACI and then reevaluated during the Senior Capstone Experience. The next step is to integrate these skills into Mastery of the Athletic Training Competencies. This involves case studies, problem solving and integrative learning wherein the athletic training student must decide such issues as which evaluative tests are appropriate, what treatment is necessary, whether the patient should be referred to a physician, what rehabilitation is appropriate and, eventually, when it is appropriate for the patient to return to activity. Evaluations of Athletic Training Education Competencies at the University of Mobile are evaluated in terms of skills,

accuracy and efficiency. The skill aspect concerns itself with the athletic training student's ability to perform a component with expertise, judgment and knowledge. The accuracy aspect measures whether the athletic training student possesses the ability to perform the component carefully without making mistakes. The final aspect of the evaluation is efficiency, a measure of the athletic training student's ability to perform the component with a minimum of wasted effort-choosing the correct action and following through in a timely, systematic and efficient manner.

Scoring of Evaluations of Athletic Training Competencies at the University of Mobile Athletic Training Education Program is based on a three (3) point scale which is rated as follows:

A score of 1 indicates a lack of proficiency and need for remedial work

A score of 2 indicates proficiency or mastery

A score of 3 indicates excellence

Cumulative scoring must average out to a 2 or better for the athletic training student to achieve Mastery.

Learning Over Time

In accordance with the University of Mobile Athletic Training Education Program's commitment to Learning Over Time, a pre-professional student or an athletic training student will be evaluated numerous times through various methods until the Program Director, Clinical Coordinator, ACI or CIE certifies that the athletic training student has met the criteria listed above. The athletic training student shall have the right to challenge any evaluation by notifying the Director of the Athletic Training Education Program in writing. The Program Director will then assign another ACI to repeat the evaluation. The general progression of a student's learning process involves teaching the material in the class, clinical courses, integrating the material into practical experiences at each designated site, and finally the ability to apply all information learned into a concise evaluation. It is the goal of the University of Mobile ATEP to provide endless learning opportunities for students to become proficient in the skills needed to be a competent certified athletic trainer.

Clinical Education Component

The clinical component allows hands- on –approach to understand these concepts and skills and follows a natural course of learning. For example, HPE 225 Lower Body Intensive teaches components of every aspect of the ankle, knee, and hip. Students learn to demonstrate range of motion exercises, bony landmarks, manual muscle testing, goniometry, special tests, and functional drills to return to activity. In the HPE 325 course students learn the contraindications, indications, and protocols for modalities that are designed to facilitate healing. The ATS learns what each athlete will feel in regards to the modalities they prescribe and what they should expect with each treatment setting. The purpose of every clinical class is to provide each student with a safe and productive environment for learning outside the rigors of the real world. These clinical courses also have written assignments that are due throughout the semester as a means to further measure the student’s progression of learning. These written assignments allow the instructor to continually add material into the course without worrying about not getting all the information to the student within such a short time frame. The students will practice skills numerous times throughout the semester, but must master the competencies prior to completing the course.

Master Assessment Plan (MAP)

Every ATEP Program objective is subject to outcomes assessment at least twice a year (Fall, Spring semesters). All of the instruments in the Master Assessment Plan are designed to provide feedback to the Program Director, Clinical Coordinator, ATEP faculty and adjuncts, ATEP Medical Director and ATEP students as to whether or not the ATEP is accomplishing its objectives. More importantly, the data gathered is utilized to assess the effectiveness of the program and decide what, if any, changes need to be made or issues addressed to make the ATEP stronger, more efficient, and able to provide a superior athletic training education program. The instruments included in the MAP are the Mentor/Mentee Evals, the Student Stress Survey, Code of Ethics Exam, ATEP Policies and Procedures Exam, Annual Affiliated Clinical Experience Site form, Learning Styles Evaluation, Bloodborne Pathogens Training Eval, Athletic Training Organization Exam, UMobile ATEP Missions and Goals Exam, Clinical Site Evals of Pre-professionals/ATS/ ACI/CI, Annual Mock BOC Exam, ATEP Program Evaluations, Proposed Affiliated Site form, and Clinical Proficiency evaluations, as well as results from didactic courses and evaluations of didactic and laboratory faculty.

The UMobile ATEP Master Assessment Plan strives to evaluate clinical and didactic education both from the instruction viewpoint to the ATS performance viewpoint, clinical sites to assure the proper learning in a clinical experience environment, and clinical supervisors (ACI’s/CI’s) in terms of teaching style and adherence to the Program’s cumulative learning over time philosophy. The UMobile ATEP MAP evaluates ATS knowledge base in terms of athletic training competencies and skill base in terms of

clinical proficiency mastery over time. Employer survey, alumni surveys and BOC exam performance are also evaluated as tools to be used to improve the Program.

Some evaluations are validating in that they indicate that current methods being utilized are successful while other evaluations lead us to areas that can be improved to better prepare the athletic training student not only for success on the BOC exam, but also for success in the profession of athletic training.

The UMobile ATEP MAP philosophy is that no single evaluation is sufficient to indicate anything. That is why evaluations are relatively frequent and thorough, in an attempt to cover every aspect of the Program. The MAP seeks trends that tend to indicate issues that need to be addressed in order for the Program to function properly for the benefit of the athletic training education students.

Self Evaluation

Another aspect of the learning process is self evaluation. This tool for learning is a part of every didactic educational experience. Written into each Lecture/Lab athletic training class is a self-evaluation component where the student not only learns a skill or concept, but also is required to utilize critical thinking skills regarding the when and how of application. This self-evaluation is documented and becomes a part of the ATS file. Every didactic class in the University of Mobile Athletic Training Education Program has a laboratory and an Oral Practical component. These laboratory assessments require not only that the athletic training student be able to demonstrate skills, but also be able to “Think in Action” by explaining the how, when and why of application of the skill. The University of Mobile encourages athletic training students to take an active role in their learning process and practice amongst themselves to improve their skills.

Clinical Experiences

Clinical experience evaluations are the heart of the evaluation system. In this setting, the pre-professional student or the ATS is able to work closely with the ACI and practice and ultimately apply, under direct supervision of the ACI, those skills and competencies which the ATS has learned didactically. The clinical experience aspect of the program is designed to stress those skills and competencies which the athletic training student has previously learned in class or is learning in class the same semester. The ACI evaluations during the clinical experiences are extremely important because they are the dynamic of the profession. It is the University of Mobile’s goal that students will look to the ACI as a means to fine tune the skills they have already learned and been tested on in the clinical courses. We realize that many ACI’s are bombarded by the many tasks of

their jobs and hope that they feel their primary goal is to assist and not teach these vital skills. Retest is one aspect that the ACI is in control of and can be done in the form of controlled evaluations. Retest is a method that aims at long-term learning rather than short-term accomplishments keeping the information fresh in their minds as sometimes students place information into their heads for the sole intent of passing a test. Each clinical, although designed to be intensive for one particular area of study may indeed add more insight into other aspects of the student learning process which keeps the students sharp on skills that may or may not be utilized on a regular basis for every clinical rotation.

Assessment

Assessment, in line with the UMobile ATEP Master Assessment Plan comes in several forms, both formative and summative, by way of mastery forms, tests within the classroom, oral and practical exams each semester, and finally the mock BOC Exam given at the end of the Spring semester for every level. This method is most helpful to the instructors of the program as it is an opportunity to evaluate teaching styles and the students learning and test taking styles in order to better assist the student. This test is given to each level and covers the level the student has just completed and all other levels prior to that year. It allows the pre-professional student and the athletic training student to identify areas of strengths and weaknesses and understand how far they must reach to achieve their goal of being a BOC Certified Athletic Trainer. The University of Mobile ATEP also hosts the ACES workshop every two years as a means for our students and our instructors to gain insight into the programs needs, concerns, and/or successes. During that year that UMobile ATEP does not host the conference, students are encouraged to attend the SEATA conference in Atlanta, Georgia to gauge their knowledge base.

Peer Evaluations

Peer evaluation is a viable learning method. Not only does it serve to reinforce learning, but it also allows for mentoring of less experienced students by the students who have been in the program longer and have more experience. Learning is accomplished on both ends of this process as the person being evaluated learns as he/she is being evaluated and the evaluator continues his/her learning process so they remain sharp in their skills to properly mentor the less experienced pre-professional or athletic

training students. One way UMobile ATEP has incorporated this into the program is through playing UMobile ATEP's version of "Jeopardy" and the ever famous "1 versus 20" game. The senior level student is given a skill, bony landmark, manual muscle test, special test, or flexibility question and if he/she correctly answers the question, the student brings that person onto their team as a consult for future questions. The game ends when all the students are on the senior's side. This game encourages critical thinking, thinking under pressure situations, and knowledge of the skills. The Program has learned that students are competitive, just as the athletes they cover, and sometimes need these games to spark their interests and make learning fun.

Another way for students to interact is through study groups. In the ATEP Policies and Procedures Manual, one will find what skills and competencies are taught in each class. Also in the Manual, there is a list of "clinical expectations" for each clinical experience. These expectations create guidelines for both the student and ACI to adhere to and keep both parties on task. These guidelines should be used as a reference point to further facilitate the learning process of their current student. Each ACI must refer to the criteria for mastery and uniformity of skills section of the ATEP Policies and Procedures Manual when evaluating. These are designed to promote fairness and consistency of evaluations.

Faculty Information

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ATEP Faculty

Dr. William Carroll, Ed.D., JD, ATC

Dr. Carroll is a Professor of Human Performance and Exercise Science and Director of the Athletic Training Education Program at the University of Mobile.

Dr. Carroll has 30 years of experience in Athletic Training. He was Head Athletic Trainer at West Texas State University, Northeastern University in Boston, and the University of Illinois at Chicago. He was also the Head Athletic Trainer for the Indianapolis Racers of the World Hockey Association, Lyon Sportif of the European Hockey League and was Head Athletic Trainer for the United Football League in Asia and for the Mobile Wizards of the Arena2 Football League. Dr. Carroll has taught internationally in France, Saudi Arabia, Mexico, Thailand, Russia, Taiwan and China.

Dr. Carroll is both a Clinical Instructor Educator CIE and Approved Clinical Instructor (ACI) and a CAATE site visitor. Dr. Carroll formerly served as an examiner for the BOC Exam.

Dr. Carroll teaches Foundations of Athletic Training, Functional Anatomy, Evaluation, Modalities and Drugs and Society .

Ms. Melissa Thomas, M.A., ATC

Ms. Thomas is an Assistant Professor of Human Performance and Exercise Science and serves as ATEP Liaison to Athletics at the University of Mobile.

Melissa received her undergraduate and graduate degrees from the University of Mobile and is currently pursuing her Doctorate in Sports Medicine at the United States Sports Academy. Melissa has been active with various high school athletics programs across the area for the past 8 years. She has been an Athletic Trainer for Bryant High School, Mobile Christian High School, the Alabama Sports Festival, First Light Marathon, and the YMCA. Melissa enters her ninth year at UM and is responsible for coordinating coverage for 12 intercollegiate NAIA sports teams.

Melissa has the designation of Approved Clinical Instructor (ACI) and Certified Instructor for the National Safety Council.

Melissa teaches First Aid, Evaluation, Nutrition, Clinical Courses, Personal and Community Health, and Health.

Janele Huelat, ATC

Janele enters her second year at the University of Mobile as Assistant Athletic Trainer and Approved Clinical Instructor for both the University of Mobile and Leflore High School. Janele's primary responsibility is to assist athletic training students within the program with various clinical responsibilities and oversee students during their clinical rotation at UM.

Courtney Jones, ATC

Courtney begins her first year as a Graduate Assistant for the Athletic Training Education Program. Courtney's primary responsibility is to assist ATEP faculty with course instruction, develop student study groups designed for each clinical level, assist faculty with evaluating clinical proficiencies through the evaluation laboratory, and creating a bridge between student and instructor.

University of Mobile Academic Integrity Code

Students attending the University of Mobile are expected to reflect a high standard of academic integrity. A lack of academic integrity is considered a serious violation of the basic mission of the University. Any student violating the academic integrity code by copying, plagiarizing, cheating, engaging in unauthorized use of a test, forging, or lying to a faculty member in order to complete an assignment will be subject to disciplinary action. Each faculty member has the responsibility of defining his or her academic expectations at the beginning of the academic period (semester) in writing on the course syllabus. If a faculty member discovers a student violating the academic integrity code, he or she must 1) assign a grade of “0” for the test or assignment; and 2) report the incident in writing to the vice president for academic affairs, with a copy of the report mailed to the student. The office of the vice president for academic affairs determines whether the incident is the student's second offense and, if so, requires the student to appear before the academic affairs committee for disciplinary action. A student found guilty of a second offense is subject to academic suspension for up to one academic year. A third offense will result in academic dismissal.

University of Mobile Code of Student Conduct

1. College Citizenship

The University of Mobile seeks to assist each student in becoming increasingly self-disciplined. It is assumed that every student will conduct himself/herself in a manner which reflects evidence of the highest moral character and Christian principles. While a student is enrolled, he or she is expected to show respect for authorities, private property, self, and the rights of others. A complete education includes the recognition of both the rights and duties of responsible citizenship. Each student is expected to adhere to the rules and regulations set forth in the student handbook, University catalog, any addendums, or other student related publications. It is the student's responsibility to read

this handbook and abide by the requirements and regulations herein. All who work, study, and learn at the University of Mobile do so voluntarily.

When a student enrolls at the University of Mobile, that student agrees to respect and abide by the college's principles of conduct as well as federal, state, and local laws, and to comply with those standards and laws in the interest of orderly community living. Students are responsible for their own behavior and for developing and upholding their commitment to the mission and goals of the University of Mobile. **In addition to their own behavior, students may be held responsible for the behavior of their guests and for what occurs in their residence hall rooms.** As members of the University community, they enjoy the rights and privileges of full citizenship, limited only when their actions infringe on the rights of others, when their actions compromise the integrity of the University community and its commitment to Christian values, and/or when health and safety are threatened.

2. Authority For Student Conduct

The guidelines for behavior outlined in this handbook, the University catalog, and any other student-related publications, outline the judicial process. **The Vice President for Campus Affairs and his or her assignees with assistance from the Director of Residential Life, the Student Judicial Board and the Disciplinary Committee will be responsible for enforcing all University rules and regulations related to student behavior.** The Vice President for Campus Affairs is responsible for administering the judicial process as it relates to any allegations and complaints involving University students. For certain offenses, the authority to recommend sanctions may be delegated to the Judicial Board for students who have filed a written appeal. There are times when disciplinary action will be necessary in response to behavior not specifically listed in this handbook. Response in such cases is to be determined by the Vice President for Campus Affairs in keeping with the spirit of this handbook and the University's philosophy.

3. Procedures for the Judicial Process

Regulation and policy violations as categorized in this handbook are subject to disciplinary sanctioning. Disciplinary sanctioning procedures are administered by the Associate Vice President for Campus Affairs. Disciplinary proceedings may also be instituted for alleged violations of University policies and regulations. All other offenses will be processed by the Vice President for Campus Affairs or other appropriate University of Mobile officials designated by the Vice President for Campus Affairs.

Penalties imposed must bear a reasonable relationship to the violation. Students attending the University that are currently on disciplinary probation may be ineligible for UM-funded scholarships or grants. A student accused of violation of University regulations has the following rights:

- a. The student may have a person of choice from the University community to advise or assist in any hearings. Neither legal counsel nor parents may represent students or attend disciplinary hearings.
- b. The student can request a written statement of charges.
- c. The student can offer personal testimony and witnesses in his/her own behalf.
- d. The student may exercise his or her right to appeal sanctioning decisions as outlined below.

Appeals for category 1 or 2 offenses must be made to the Vice President for Campus Affairs in writing within 24 hours of the original sanctioning decision. Upon receipt of the written appeal the Vice President will forward the written appeal along with any other appropriate information to the Judicial Board for consultative review. Once reviewed, the Judicial Board will make a recommendation(s) to the Vice President for Campus Affairs regarding the appeal. If based on the recommendation(s) of the Judicial Board a favorable decision is reached, the Vice President for Campus Affairs will notify the student in writing that the appeal has been granted. If a favorable decision is not reached, the student may then appeal directly to the chairman of the Disciplinary Committee. The Disciplinary Committee shall respond to the appeal as quickly as the members can schedule a hearing. If the time period will exceed two weeks, the chairman of the Disciplinary Committee will notify the student in writing. Decisions of the Disciplinary Committee may be appealed to the President of the University within the time specified by the Committee. A decision of the President is not subject to further appeal.

Appeals for category 3 offenses must be made to the President in writing within 24 hours of the original sanctioning decision. A decision of the President is not subject to further appeal.

4. Prohibited Conduct

Any student who commits, aids or attempts to commit any of the following acts of misconduct may face disciplinary action through the University's judicial system.

CATEGORY 1 OFFENSES

Offenses within Residential Life

1. Room check

- a. Dirty dishes
 - b. Improperly stored food
 - c. Trash not taken out
 - d. Floors not cleared
 - e. Bathroom not cleaned (mildew collecting, trash not cleared)
 - f. Unreported major maintenance requests (broken windows, flooded carpet, etc.)
2. Large objects stored in hallway
 - a. First offense
 - b. Each additional violation
 3. Quiet hours violation
 4. Common areas
 - a. Failure to pick up after self
 - b. Laundry left in laundry room more than 48 hours
 - c. Moving common area furnishings into residential room or relocating furniture without permission from the appropriate university official.
 5. Other
 - a. Lock outs
 - b. Access key not with resident
 - c. Setting off alarm (side or back doors)
 - d. Parking in reserved areas in residential areas
 - e. Failure to obtain/possess a valid UM Student I.D.

CATEGORY 2 OFFENSES

A. Offenses Against the University Community

1. Acts of dishonesty, including but not limited to the following:
 - a. Cheating, plagiarism, or other forms of academic dishonesty.
 - b. Furnishing false information to any UM official, faculty member, or office.
 - c. Forgery, alteration, or misuse of any document, record, or instrument of identification.
 - d. Tampering with the election of any University-recognized student organization.
2. Visitation violations
 - a. Doors not open
 - b. Lights not on
 - c. Visitors lying with resident
 - d. Visitors not out of building/area by posted times.

3. Failure to comply with directions of a University official or law enforcement officers acting in performance of their duties and/or failure to identify oneself to these persons when requested to do so.
4. Knowingly furnishing false information to a University officer or member of any hearing board acting in performance of their duties, or the failure to provide University personnel with adequate identification upon request.
5. Conduct which is disorderly, lewd, or indecent; breach of peace; or aiding, abetting, or procuring another person to breach the peace on University premises or at functions sponsored by, or participated in by, the University of Mobile.
6. Operating a vehicle in violation of traffic rules or so as to endanger people or property.
7. Having an animal on campus.
8. Damage to or littering on public grounds.
9. Ejecting any objects from the windows, roofs, or balconies of University buildings.
10. Use, possession, distribution, being under the influence or in the presence of alcoholic beverages on campus or at a University sponsored/sanctioned event.
11. Posting and/or submitting personal information or photographic images of yourself or others for display on the internet that may be considered contrary to the philosophy of the University of Mobile.
12. Students living off-campus who do not meet the off-campus eligibility requirements.

B. Offenses Against Persons

1. Hazing, defined as an act which endangers the mental or physical health or safety of a student, or which destroys or removes public or private property, for the purpose of initiation, admission into, affiliation with, or as a condition for continued membership in, a group or organization.
2. The intentional infringement upon the rights of any member of the community, including the persistent interruption of a reasonable level of peace and quiet.

C. Offenses Against Property

1. Forgery, alteration, or the unauthorized possession or use of University documents, records or instruments of identification.
2. Unauthorized entry into or use of college property, including facilities, residence halls, equipment, or resources (including for example, library materials).
3. Theft or other abuse of computer time.

4. The unauthorized use or the abuse, destruction, or theft of property of the University or any of its members, guests, or neighbors. This regulation includes the unauthorized appropriation or “borrowing” of common property for personal use. It also includes unauthorized use, abuse, destruction, or theft of property in University care or custody.

CATEGORY 3 OFFENSES

**Note: Due to the severe nature of the offenses in category 3, expulsion is the typical Sanction issued.*

1. Physical abuse, verbal abuse, threats, intimidation, harassment, coercion and/or other conduct which threatens or endangers the health or safety of any person.
2. Sexual abuse
3. Harassment
4. Violation of federal, state, or local law on University premises or at a University-sponsored or supervised activity.
5. Use, possession or distribution of narcotics or controlled substances except as expressly permitted by law.
6. Sexual misconduct defined as but not limited to sexual activity outside of marriage, adultery, rape, sexual assault or harassment, or, the possession of pornographic material.
7. Use of computing facilities to obtain or send obscene or abusive messages.
8. Illegal or unauthorized possession of firearms, fireworks, explosives, other weapons, or dangerous chemicals on University premises.
9. Use or possession of firearms on University premises.
10. Tampering with fire extinguishers, fire alarm boxes, or smoke or heat detectors anywhere on University property or making a false report concerning a fire, bomb, or other emergency.
11. Theft/Possession of stolen property.

Disciplinary Sanctions For Misconduct

• Sanctions

- A. Reprimand: An informal warning that continuation or repetition of inappropriate behavior may result in a more severe sanction.
- B. Disciplinary Warning: An official written notification that a student’s behavior is in violation of University regulations or standards, and clarifies expected behavior in the future. Further misconduct may be treated with more serious sanctions.

- C. Referral for Counseling: Students may be referred for counseling, either on campus or to an appropriate professional agency, at the expense of the student. Progress reports are to be provided as requested by the Vice President for Campus Affairs.
- D. Campus Service: When deemed appropriate, the University official may require the performance of a specified number of campus service hours either on or off campus.
- E. Fines: Fines ranging from \$25.00 - \$250.00 may be levied for policy violations. Fines are payable to the University by the date specified by the University official.
- F. Restitution: When deemed appropriate, the University official may require restitution for damages done or other payment for expenses incurred as a result of the student's actions. Restitution may be required to the University, a specific department, or individual as designated by the Vice President for Campus Affairs.
- G. Educative Sanctions: Tasks, assignments or experiences which a student is obligated to complete as a result of the decision of a University official. Examples are: letters of apology; research on an issue related to the offense; attending a workshop, lecture or meeting.
- H. Disciplinary Probation: Disciplinary probation implies that the individual's standing within the University is in jeopardy and that further negligent or willful violations will normally result in suspension or expulsion.
- I. Disciplinary Probation with Restriction: In addition to Disciplinary Probation listed above, Disciplinary Probation with restriction involves the imposition of specified restrictions and/or prohibits the student from participation in designated activities for a stated period of time. The extent of the restrictions and the length of the period of restriction are determined by the magnitude of the offense. A written record of the loss of privilege will be maintained in a file by the Vice President for Campus Affairs. Additional infractions of the University rules and regulations during a period of restriction may lead to probation, suspension, or dismissal.
- J. Disciplinary Suspension: Separates the student from the University for a specified period of time, prohibits attendance at any classes, social events or other functions, or visiting University grounds or buildings unless by written permission.
- K. Denial of Privilege to Re-enroll: This sanction places the student on indefinite disciplinary probation, may allow for the completion of the current semester but

prohibits enrollment for subsequent semesters without permission from the Vice President for Campus Affairs.

L. Disciplinary Dismissal: Any student who receives disciplinary dismissal will be permanently excluded from the University of Mobile. Once a student has been dismissed, he or she is not eligible for readmission. Disciplinary dismissal is permanently recorded on the student's academic record maintained by the Registrar's Office.

First Aid and CPR Requirements

Each pre-professional student and athletic training student enrolled in a clinical experience course will be required to show proof of professional rescuer CPR or concurrent enrollment in such a course before he/she is allowed to report to his/her designated clinical experience site. The University of Mobile will annually provide a course to instruct both new and returning students on the standards of first aid and the role in which they play during emergency situations. This course will lead to professional rescuer CPR with AED certification. If the student misses the regularly scheduled class they must take a similar class with either the Red Cross or the American Heart Association.

Transportation Policy for Pre-Professional Students and Athletic Training Students

Students must be able to facilitate personal transportation, at their own expense, that will be necessary for travel to off campus clinical experience sites. Clinical experience sites cover both the Mobile and Baldwin county areas and can reach into other parts of the country, therefore increasing the need for the student to have his/her own transportation.

UMobile ATEP ATS/ Student Athlete Policy

The University of Mobile Athletic Training program welcomes all qualified pre-professional students interested in a career in Athletic Training to apply to the Program. However, student-athletes should be aware of the following and discuss these issues with their coaches prior to making the decision to enroll in the Pre-Professional phase of the UMobile ATEP:

1. University of Mobile athletes will not be permitted to do clinical experiences involving coverage of the team for which they are a member.
2. During the course of the eight (8) clinical experiences that are an integral part of the ATEP Program, University of Mobile athletes should be aware that not all of these experiences can be completed on campus. Some required clinical experiences involve experience with sports not available on the University of Mobile campus. Others, such as the General Medical Clinical Experience, also require the athletic training student to be off campus for that experience. Some of these clinical experiences will be taking place in the afternoon, which may conflict with practice and conditioning times for the University of Mobile athlete desiring to be a part of the UMobile ATEP.
3. During all eight (8) clinical experiences, the pre-professional/ATS student-athlete will be required to complete one prime clinic hours (3-6pm) experience per week
The remainder of the clinical hours per week are negotiable as far as time between the pre-professional student or ATS and the clinical supervisor .

Hopefully, arrangements can be made for the pre-professional student or ATS/ student-athlete to be available to participate fully in the clinical experiences, but this issue needs to be addressed by the student-athlete with their coaching staff prior to making application to the pre-professional component of the University of Mobile Athletic Training Education Program.

I have read, understand and agree to abide by the University of Mobile ATEP ATS/ Student Athlete Policy.

ATS/ Student- Athlete

Date

Coach

Date

Intercollegiate Athletes in the Athletic Training Education Program.

Because of the demands of courses, practice and competition it may take longer than the normal four years to complete the Bachelor's degree. Intercollegiate athletes are expected to fulfill the clinical experience and coursework requirements the same as any other student in the ATEP.

Sight & Sound Policy/ Direct Supervision

Clinical Supervision as defined by CAATE and the University of Mobile Athletic Training Education Program requires that anyone supervising a pre-professional student or Athletic Training Student “must maintain auditory and visual contact with the pre-professional student or Athletic Training Student at all times in order to be able to intervene on behalf of the patient or the pre-professional or Athletic Training Student”. This may be a new concept to many ACI's or CI's because of how things were formerly done and many of you were probably “on your own” a great deal while accumulating your clinical experience hours. Many of you were in Programs where you were basically utilized as an extension of the professional athletic training work force. Although you learned to make decisions, your level of education and experience at that point was probably insufficient to rationally and prudently be expected to make such decisions. With the advent of the mandate of Direct Supervision subject to the Sight and Sound Rule, pre-professional students and Athletic Training Students are not put in positions for which they are not ready and comfortable, and patients/athletes are protected from mistakes that a novice pre-professional or Athletic Training Student might commit. This is one of the reasons that all UM pre-professional students and Athletic Training Students must wear a nametag identifying them as either a “Pre-Professional Student” or an “Athletic Training Student” when they are participating in their clinical experiences.

If you, as an ACI or CI, recognize that, for any reason, yours has become a position where you cannot provide Direct Supervision of the Athletic Training Student assigned to your site, please contact the UMobile ATEP Director or the Clinical Coordinator and arrangements will be made for reassignment of the pre-professional student or Athletic Training Student.

Student Identification Tags (SIT)

Student Identification Tags must be worn at all times while the student is at their designated clinical site. This is done for the protection of both the student and the athlete. The colors of these tags represent the level in which the student is engaged in the program.

Green-	Represents Level 1-	Pre-Professional Student
Yellow-	Represents Level 2-	Sophomores
Orange-	Represents Level 3-	Juniors
Red-	Represents Level 4-	Seniors

Tags will indicate the student's name- level within the program- and that they are indeed a athletic training student associated with the University of Mobile.

University of Mobile

**Athletic Training Student
or
Pre-Professional Student**

OSHA Requirements

Definitions. For purposes of this section, the following shall apply:

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.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needle less 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.

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.

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.

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).

UMobile ATEP “First Responder” Policy

When the decision was made to apply for accreditation candidacy in the fall of 2000, the matter of athletic trainer students being utilized as “First Responders” was discussed by the Athletic Training Faculty Committee. It was the decision of that committee to aggressively discourage the utilization of athletic training students in this capacity at any clinical experience site either at the University of Mobile or any other affiliated clinical experience site. This decision was based on the following:

1. Lack of supervision by BOC Certified Athletic Trainer.
2. Very thin line between the duties of a “First Responder” and those of someone practicing the profession of athletic training as defined by the applicable statute (Alabama Athletic Trainers Act).
3. Possibility that the unsupervised pre-professional or athletic training student could be pressured by athletes or coaches to perform tasks beyond the scope of a “First Responder”.
4. Allowing pre-professional or athletic training students to function in “First Responder” capacity is not in line with UMobile ATEP’s Learning Over Time Philosophy.

However, since the UMobile ATEP cannot prevent a pre-professional or athletic training student from acting in a “First Responder Capacity” if he or she so desires, in the event that a University of Mobile pre-professional or athletic training student should wish to get involved in a situation where he/she would be acting in the capacity of a “First Responder”, the following criteria must be met:

1. The pre-professional or athletic training student must volunteer for the “First Responder” function and must furnish the University of Clinical Coordinator a written statement that his/her actions are voluntary.
2. The pre-professional or athletic training student must inform coaches and athletes involved that he/she is acting in the capacity of a “First Responder” and not as a pre-professional or athletic training student.
3. The pre-professional or athletic training student must inform coaches and athletes involved that he/she is not functioning under any standing orders of the University of Mobile Team Physician.
4. The pre-professional or athletic training student must inform coaches and athletes involved that the University of Mobile liability insurance policy does **not** cover his/her actions while acting in the capacity of a “First Responder”.
5. The pre-professional or athletic training student must review and sign a form stating that he/she understands the provisions of the Alabama Athletic Trainer’s Licensure Act and that he/she understands the role limitations while acting as a “First Responder”.

For the purposes of this policy, “First Responder” status shall be defined as “a pre-professional student or athletic training student providing care to patients or athlete’s while not under the direct supervision of a BOC Certified Athletic Trainer or other duly authorized medical professional”.

**This policy has been published in the University of Mobile Athletic Training Education Program Policies and Procedures Manual, appears on the University of Mobile Athletic Training Education website and has also been furnished to all ACI’s working with the Program at the time of their attendance at the ACI Seminar.

Liability Insurance

Every student that is enrolled in a clinical education course and assigned to a designated clinical experience site is covered by the University of Mobile’s liability insurance plan. **The student will not be covered for events that are covered as a “first responder”**. The coverage plan is a 1,000,000/ 3,000,000 plan and is in effect year-round.

Clinical Experience Dress Code

The UMobile ATEP dress code is used to create uniformity among its students as well as to draw attention to the student’s professionalism and level of experience. Students are expected to wear clothes that are appropriate for the site in which they are engaged. One site may prefer the student to wear scrubs, and another may require the typical khaki pants and polo shirt. The student name tag must be displayed at all times so that every athlete, coach, administrator, or health care professional is aware that the pre-professional or athletic training student is in fact in a learning environment. Other requirements: hair should be maintained and cleanly cut, no excessive facial hair, no hats, no excessive jewelry, no face piercings, no visible tattoos should be displayed, no clothing bearing the name of another university, and no flip flops.

Policy Regarding Athletic Training Students with Communicable Diseases

The University of Mobile Athletic Training Education Program recognizes the importance of minimizing the exposure of athletes or patients in a clinical setting to communicable diseases. Therefore, pre-professional or athletic training students are instructed not to report to their clinical site if they have active signs or symptoms of a communicable disease. They are further instructed to notify the Clinical Supervisor of their status and an estimate of how long they will need to be absent from their clinical assignment. It is the option of the athletic training student whether or not to seek medical attention when they have communicable disease symptoms, but seeking such attention is strongly recommended. In the event that an ACI/CI feels that a pre-professional or athletic training student assigned to his/her site is missing an inordinate amount of time due to adherence to the communicable disease policy, he/she should contact the UMobile ATEP Program Director or Clinical Coordinator.

Communicable Diseases cited by the CDC:

Blood borne pathogens
Conjunctivitis
Cytomegalovirus
Diphtheria
Gastrointestinal infections, acute
Hepatitis A
Herpes simplex
Measles
Meningococcal disease
Mumps
Parovirus
Pertussis
Poliomyelitis
Rabies
Rubella
Scabies and pediculosis
Staphylococcus aureus infection
Streptococcus infection
Tuberculosis

Other Communicable Diseases

Mononucleosis
Influenza
Common Cold

University of Mobile Emergency Procedures

In the event of a campus-wide emergency, the Director of Institutional Operations and the Vice President for Campus Affairs will act with complete and full authority to implement a plan for coping with the emergency. In their absence, the Vice President for Academic Affairs will act as coordinators for emergency preparedness.

• **Fire, Bomb Threats And Laboratory Emergencies**

In the event of fire, pull the nearest alarm, notify your neighbors, and immediately exit the building through the nearest exit. Go to the nearest telephone and call the Prichard Fire Department at 911, then notify Campus Security of your action. Residence hall evacuation plans are posted in each student room. Periodic safety drills will be conducted in each building in compliance with state law. Failure to evacuate a building or to comply with instructions during an evacuation will result in disciplinary action. Each instructor, at the sounding of the fire alarm, should escort his or her students in an orderly fashion down the nearest stairwell and outside the building to a safe distance from the building. This procedure would also be applied to any bomb threat, laboratory emergency or similar type incident.

• **Tornado**

In case of tornado while classes are in session – Upon notification, instructors should escort students down the stairwell to the basement or north wing of Weaver Hall where the students should sit with their heads down. In buildings with no basement, proceed to the inside hallway on the first floor, away from windows.

Reporting An Emergency

Emergencies that occur during University operating hours may be reported by dialing 442-2433 – Campus Security or 442-2990 – Residential Life Office. In reporting an emergency, state your name, location, and nature of the emergency.

If an emergency occurs during evening hours, contact:

- 911
- Campus Security Guard - 510-4273
- Director of Residential Life - 251-689-7767

School Closing

Decisions regarding the suspension of classes will be made by the Administrative Council of the University and publicized by the Director of Public Relations. In the event of inclement weather or an emergency necessitating the suspension of classes, students should check www.umobile.edu or call the University switchboard at 251- 675-5990.

University of Mobile Athletic Training Room Emergency Action Plan

- Roles and responsibilities of the emergency care team
 - (see specific assignments below)
- Materials on Site of Athletic Events
 - A. Athletic Trainer/ First Aid Kits
 - B. Insurance Folders/ Allergy/ Consent Forms
 - C. AED/ Pocket Mask/ Vacuum Splints/ Crutches
- Directions and campus map to each University of Mobile athletic venue.
- Directions to the campus of the University of Mobile from Interstate 65.

Emergency Response Team Roles

Physician/ ATEP Liaison to Athletics

- Respond to the emergency
- Assess the athlete/ patient
- Begin necessary protocol for treatment

Assistant Athletic Trainer or Designated Person

- Assist with necessary protocol
- Document and record all actions and vital signs
- Assist with Emergency Medical Response
- Have keys for gate and access to venue and land based phone

Pre-Professional or Athletic Training Student 1 or Designated Person

- Activate Emergency Medical Services- On Campus 9-911
- Answer all questions asked by EMS dispatcher
- Notify the University of Mobile Security officer- 510-4273
- Assist EMS personnel to site of emergency

Pre-Professional or Athletic Training Student 2 or Designated Person

- Bring AED and Biohazard equipment to emergency site
- Clean area using OSHA standards

Phone Locations @ UM athletic venues

Gymnasium- upstairs in facility office

Baseball- baseball office complex

Soccer- soccer office or cellular

Softball- cellular only

University of Mobile Athletic Training Room Policies

If you are assigned to UM's athletic training room as a designated clinical site you must abide by the rules set by the ATEP Liaison to Athletics. Remember you are here to learn from the certified athletic trainers on staff and learn to provide quality care for the athletes at the University of Mobile, not to socialize. Your daily responsibilities should include, under direct supervision:

- Stocking the fridge with taping supplies
- Stocking taping areas with taping supplies
- Making heel and lace pads
- Taking inventory of materials that are frequently used
- Sanitize fitness machines
- Sanitize treatment tables
- Set up or tear down whirlpools daily
- Launder towels
- Assist with taping of athletes
- Set up water and the necessary emergency equipment for all sites
- Take walkie- talkies to coaches prior to practice
- Complete and file injury reports on sportswear
- Maintain the cleanliness of the training room
- Make sure athletes adhere to the rules of the training room
- Dress accordingly and wear SIT
- Assist the certified athletic trainers with daily operations of the training room

When you are assigned to a clinical experience site away from the University of Mobile, you should immediately find out from the ACI/CI what the rules for that facility are and follow them.

Student Health Records

The University of Mobile ATEP requires all pre-professional students and athletic training students to receive an annual physical prior to beginning any clinical experience. The physicals coincide with the physicals given each year by the University of Mobile team physician and his staff. All physicals are maintained in the student's files and kept in the Clinical Coordinators office in the Boothe Building. Along with the physical, pre-professional students and athletic training students are also required to read, sign, and

date all program forms prior to beginning their clinical experiences. These forms include, but are not limited to, the technical standards form, confidentiality form, tuberculosis and immunization records, and the Hepatitis B waiver.

Confidentiality of Medical Information

Student records are always kept confidential from other students. Pre-Professional and ATEP student files are maintained in the office of the Clinical Coordinator and any student wishing to see his/her file can do so in the office. Files will not be allowed outside the office. Remember these files contain important personal information and ,if misplaced, can lead to several problems for the student including identity theft. Student athlete records are also stored in the Boothe Building Athletic Training room. Information in those files is to be kept confidential. Any student that breaches the athletic training student confidentiality form will no longer be allowed to continue at that particular clinical site and therefore will receive a grade of “F” for the clinical experience course.

Pre-Professional and Athletic Training Student Confidentiality Statement

1. The pre-professional student and athletic training student demonstrates behavior that reflects integrity, supports objectivity, and foster trust in professional activities.
2. The pre-professional and athletic training student respects the dignity of each human being.
3. The pre-professional and athletic training student strives to improve personal competence and quality of services.
4. The pre-professional and athletic training student represents truthfully and accurately professional credentials, education, and experience.
5. The pre-professional and athletic training student refuses to participate in illegal or unethical acts and also refuses to conceal the illegal, incompetent, or unethical acts of others.
6. The pre-professional and athletic training student protects the confidentiality of primary and secondary health records as mandated by law, profession standards, and the employer's policies.
7. The pre-professional and athletic training student promotes to others the tenets of confidentiality.
8. The pre-professional and athletic training student adheres to pertinent laws and regulations.

As a pre-professional or athletic training student at the University of Mobile, I realize that I may come in contact with medical information that should be respected as confidential and I hereby pledge to uphold said confidentiality of medical information.

Pre-Professional or Athletic Training Student

Witness- Date

ATEP Learning Lab Policies

Pre-Professional students and Athletic Training Students are expected to come prepared to all clinical learning labs. The information is posted on LMS along with the weekly outline for lessons covered. The student should also be dressed appropriately to perform the necessary tests without any unnecessary exposure. The labs will either be held in the athletic training room or the ATEP classroom depending on the instructor's preference. Students should make every effort to be in class for every scheduled class and be on time. Remember, this is bonus time to enhance your learning and counts toward your maximum allowable weekly clinical experience hours. Therefore, you should take this opportunity seriously and use your time wisely. Other rules follow:

No gum.

No revealing clothing items.

No short shorts or cropped shirts.

No cell phones allowed.

Don't be a sponge, get involved.

Initiate class discussions.

Athletic Training Student Society

The Athletic Training Student Society consists of both pre- professional students and program students. The mission of the student society is to provide students more hands on experiences with various lab sessions and more involvement with other allied health care and health care professionals. The student society's main source of income is various fundraisers and the support of the UM Student Government Association. The money raised goes towards providing shirts for students, name tags, various field trips around the area, and entry fee for SEATA organized events and the ACES workshop. The society meets one time a week and is designed to provide the student with new information about the profession and any upcoming opportunities to enhance their education. In the past, speakers have included the University of Mobile's ATEP Medical Director, Team Physician, Team Neurologist, Team Dentist, Physical Therapists, Occupational Therapists, various employers searching for new graduates, and various other health care professionals. In April of each year, the society votes for the upcoming

president, vice president, secretary, web page designer, and fundraising planner. At the beginning of each school year, each student receives a calendar of events which allows him/her sufficient time to clear busy schedules to attend the meetings.

2008-2009 Officers include:

Faculty Representative:	Melissa Thomas
President:	Chandler McCulloch
Vice President:	Leah Shaffer
Secretary:	Audrey Anderson
Web design liaison:	Sherman Howze
Fundraising Planner:	Whitney Knight

2007- 2008 Events:

Gulf Coast Exploreum- The Human Body-The Universe Within
ACES Workshop
Lecture: Bethany Sharp- Occupational Therapist
Lecture: Dr. Ron Lee- Medical Director
Lecture: Melissa Thomas- Clinical Coordinator
Lecture: Rob Longhurst- CSCS
Lecture: Jinni Frisbey- University of South Alabama (ACI)

Athletic Training Student Scholarship Criteria

Students are divided into four categories and allocated money according to several criteria factors:

- 1). Students are required to submit an information packet prior to the start of their freshmen year that includes the student information form, two letters of recommendation, and a brief summary as to why they will be attending the University of Mobile for athletic training education.
- 2). Students are given the AT scholarships on a yearly basis and is renewable based on the terms and conditions of this agreement.
- 3). Students receive scholarship aid based on service to the program, individual needs of the student, academic performance as well as clinical involvement.
- 4). Students receiving scholarships are required to participate in all preview day events, local recruiting trips, community service opportunities, athletic training education meetings, peer assisted learning opportunities, fundraisers, and clinical time at the University of Mobile athletic training room.
- 5). Students are required to complete an exit interview at the end of the academic year to discuss the students overall performance within the program, scholarship details, and any other pertinent information regarding the students academic career.
- 6). These scholarships can be revoked at anytime throughout the students academic career if these guidelines are not met in their entirety.

Money is also available from work study. Work study time cannot be counted as clinical experience hours and does not involve patient care. The program has four scholarships: Jana Hayes, Jessica Boots Carroll Memorial Scholarship, Lois Carroll Scholarship, and the Kelly McGinley scholarships as additional funding.

Technical Standards Form

The University of Mobile is committed to the education of all qualified individuals, including persons with disabilities who, with or without reasonable accommodation, are capable of performing the essential functions of the educational program in which they are enrolled and the profession that type pursue.

It is the policy of each academic program to comply with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and state and local requirements regarding students and applicants with disabilities. Under these laws, no otherwise qualified and competitive individual with a disability shall be denied access to or participation in services, programs, and activities solely on the basis of the disability.

In accord with federal regulations established by the American with Disabilities Act, the following standards are described to assist each candidate in evaluating his/her prospect for academic and clinical success. These standards apply to many health care disciplines, but they apply specifically to those individuals who are entering and completing the professional phase of the Athletic Training Educational Program (ATEP). When a student's ability to perform is compromised, the students must demonstrate alternative means and/or abilities to perform the essential functions described.

The Athletic Training Educational Program is a rigorous and physically intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Education Program established the essential qualities considered necessary for students admitted to the program to achieve the knowledge, skills and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency. The following abilities and expectations must be met by all students admitted to the Athletic Training Education Program.

It is important to read each standard carefully. By signing your name below, you are indicating that you have read and understood these standards.

Observational Skills

Students must be able to acquire a defined level of required information as presented through educational experiences in both basic arts and sciences and clinical sciences. To achieve the required competencies in the classroom setting, students must perceive, assimilate, and integrate information from a variety of sources. These sources include oral presentation, printed material, visual media, and live demonstrations. Consequently, students must demonstrate adequate functional use of visual, tactile, auditory, and other sensory and perceptual modalities to enable such observations and information acquisitions necessary for academic and clinical performance.

Communication Skills

Effective communication is critical for students to build relationships with faculty, advisors, fellow graduate students, co-workers, clients, and their significant others in the students various roles of learner, colleagues, consultant, and leader. Students must be able to gather, comprehend, utilize and disseminate information effectively, efficiently and according to professional standards. Students are required to communicate in the English language both verbally and in writing, at a level consistent with competent professional practice. Students are expected to use grammar and vocabulary proficiently. They must be able to elicit information, gather information, and describe findings verbally and in writing (i.e. in a physical examination record and treatment plan). This communication should be comprehensible by patients, professionals, and lay persons.

Students must be able to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes but is not limited to, the ability to establish rapport with patients and communicate effectively judgments and treatment information. They should also be able to observe, recognize and understand non-verbal behavior.

Intellectual and Conceptual Abilities

Students must demonstrate critical thinking skills so that they can problem-solve creatively, master abstract ideas, and synthesize information presented in academic, laboratory and fieldwork settings. Students must be able to measure, calculate, reason, analyze, process, integrate, synthesize, apply and retain facts, concepts, and data related to the art and science of health care. In some areas, this requires comprehension of three-dimensional relationships and understanding of the spatial relationships of structures. Students must develop and exhibit a sense of medical ethics, and also recognize and apply pertinent legal and ethical standards.

Students must have the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.

Motor Skills

Students must possess the motor functions needed to manipulate tools or handle clients. These functions will vary depending on the particular educational and clinical settings. The motor capacities usually include the physical strength and coordination to safely handle and move clients; perform medical procedures, or direct clients in various practice settings according to the needs of their discipline.

Students must exhibit sufficient postural and neuromuscular control, sensory function, and coordination to move or lift clients, perform appropriate physical examinations using accepted techniques. They must also accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.

Behavioral and Social Skills

Students must demonstrate emotional stability and acceptable communication skills, and be capable of developing mature and effective interpersonal relationships with other students and health care workers. Student must be able to tolerate physically and emotionally taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility, and function in the face of uncertainties inherent in the clinical setting.

Students must exhibit the ability and commitment to work with individuals in an intense setting to meet the needs of people of diverse cultures, age groups, socioeconomic

groups and challenges without bias. These individuals may be severely injured; they may be limited to cognitive, emotional and functional deficits; and their behavior may create at times an aversive reaction. The ability to interact with these individuals without being judgmental or prejudiced is critical in establishing one's professionalism and therapeutic relationship. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are critical to complete each program.

Professional Responsibility

Students must exhibit the ability to meet the challenges of any medical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems. This requires training for emergencies (i.e. CPR, infection control).

Students must attend, and be able to travel independently to and from, classes and fieldwork assignments on time, and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames. This involves frequent oral, written, and practical examinations or demonstrations. The student must have the ability to perform problem-solving tasks in a timely manner.

Students will exhibit adherence to policies of the university, their program, and fieldwork sites. This includes matters ranging from professional dress and behavior, to attending to their program's academic schedule, which may differ from the University of Mobile's academic calendar and be subject to change at any time.

Students must demonstrate knowledge of and commitment to the code of ethics of their profession and behavior that reflects a sense of right and wrong in the helping environment.

Students will take initiative to direct their own learning. They need to work cooperatively and collaboratively with other students on assigned projects, and participate willingly in a supervisory process involving evaluation of abilities and reasoning skills.

If you require special needs or assistance, please check here yes or no.

Students Printed Name

Date

Students Signature

Evaluation of Clinical Site by Athletic Training Student

University of Mobile Clinical Experience Evaluation Form

Student Information

Student Name:
ACI Name

Clinical Site
Dates Completed Clinical
Hours Observed

Ratings

- 4= Excellent:** **Demonstrates communication and verbal skills above expectations for this level**
- 3= Good:** **Meets expectations for this level**
- 2= Average:** **Skills are considered average for this level**
- 1= Unacceptable:** **Communicative and verbal skills are seriously deficient at this time**

ACI	1	2	3	4	n/a
The clinical experience provided me with a positive learning experience	<input type="checkbox"/>				
The supplies and equipment at the site were sufficient to provide me the opportunity to practice athletic training skills	<input type="checkbox"/>				
The experiences I had during my clinical reinforced my knowledge and skills I learned in the classroom	<input type="checkbox"/>				
The emergency plan, protocols, and procedures were adequately explained to me during my initial orientation period	<input type="checkbox"/>				
There was adequate exposure to various athletic events including high risk sports	<input type="checkbox"/>				
Average rating					
ACI	1	2	3	4	n/a

The ACI is a positive role model for athletic training students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The ACI cares about the student athletic trainer in the clinical setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The ACI communicates effectively with the athletic training student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The ACI challenges the student to improve his or her skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The ACI respects athletic training students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Average rating					

Comments

ACI / Site Strengths:

ACI / Site Weaknesses:

Should the University of Mobile Athletic Training Education Program continue to use this site for clinical experiences:

Yes No

If no why:

Student
Signature

Date

Program
Director
Signature

HPES 125

Pre-Professional Student: _____ Midterm or Final Eval (circle one)

Clinical Experience Site: _____

Dates of Clinical Experience: _____ to _____ (mth and yr)

ACI/ CI: _____

Directions for completing this form: the ACI/ CI will please respond to the following items regarding the pre-professional student's performance during the clinical experience utilizing the Likert Scale as follows:

- 4 = Outstanding- Demonstrates skills above expectations for this level**
- 3= Good- Meets expectations for this level**
- 2= Average- Skill mastery and performance average for this level**
- 1= Unacceptable - Skill and performance level is below average for this level and may show serious deficiencies**

I. Performance Evaluation:

- 1). Time line- PPS is on time and remains until assignments are complete.
4 3 2 1
- 2). Professional appearance- PPS student dresses appropriately for clinical experience.
4 3 2 1
- 3). PPS follows directions and does not exceed instructions.
4 3 2 1
- 4). PPS completes tasks as assigned.
4 3 2 1
- 5). PPS demonstrates an initiative to learn.
4 3 2 1
- 6). PPS has learned and follows clinical site policies and procedures.
4 3 2 1
- 7). PPS demonstrates knowledge of use and respect of clinical site supplies and equipment.
4 3 2 1
- 8). PPS demonstrates effective communication skills.
4 3 2 1
- 9). PPS demonstrates a positive professional attitude in the clinical setting.
4 3 2 1

Specific to this course, has the pre-professional student learned, reviewed, practiced, utilized, and been evaluated on the following: Enter L for learned, R for reviewed, P for practices, U for utilized, and E for evaluated.

- 10). Taping and wrapping (basic)
4 3 2 1
- 11). Bracing (basic)
4 3 2 1
- 12). Splinting (basic)
4 3 2 1
- 13). Vital signs of measurement (pulse, temperature, respirations, skin color, blood pressure)
4 3 2 1
- 14). Initial injury evaluation and treatment (HOPS and RICE principles)
4 3 2 1

II. Narrative Section:

- 15). Identify the pre-professional student's strengths.

16). Recommendation for improvement of the pre-professional student.

III. Evaluation Summary:

17). Has this student made satisfactory progress and improved skills during this clinical experience.

YES NO

18). Has this pre-professional student met clinical experience site expectations.

YES NO

19). Has this pre-professional student demonstrated competence at his/her respective level.

YES NO

All letter grades for clinical experiences for University of Mobile Athletic Training Education courses are assigned by University of Mobile faculty. However, if you were asked what letter grade would accurately depict this pre-professional student's performance during this clinical experience, what grade would be appropriate in your opinion? _____

Pre-Professional Student

Date

ACI

Date

Program Director

Date

- This is only a useful evaluation tool if it is discussed in detail with the student regarding their strengths and weaknesses. Several problems can be alleviated by just sitting down with the student after midterm evaluations and reviewing this form.

UMobile ATEP
Athletic Training Education Program
Student Evaluation by ACI/ CI
HPES 126 (Equipment Intensive)

Pre-Professional Student: _____ Midterm or Final Eval (circle one)

Clinical Experience Site: _____

Dates of Clinical Experience: _____ to _____ (mth and yr)

ACI/ CI: _____

Directions for completing this form: the ACI/ CI will please respond to the following items regarding the pre-professional student's performance during the clinical experience utilizing the Likert Scale as follows:

- 4 = Outstanding- Demonstrates skills above expectations for this level**
- 3= Good- Meets expectations for this level**
- 2= Average- Skill mastery and performance average for this level**
- 1= Unacceptable – Skill and performance level is below average for this level and my show serious deficiencies**

I. Performance Evaluation:

- 1). Time line- PPS is on time and remains until assignments are complete.
4 3 2 1
- 2). Professional appearance- PPS dresses appropriately for clinical experience.
4 3 2 1
- 3). PPS follows directions and does not exceed instructions.
4 3 2 1
- 4). PPS completes tasks as assigned.
4 3 2 1
- 5). PPS demonstrates an initiative to learn.
4 3 2 1
- 6). PPS has learned and follows clinical site policies and procedures.
4 3 2 1
- 7). PPS demonstrates knowledge of use and respect of clinical site supplies and equipment.
4 3 2 1
- 8). PPS demonstrates effective communication skills.
4 3 2 1
- 9). PPS demonstrates a positive professional attitude in the clinical setting.
4 3 2 1

10). Specific to this course, the following items regarding equipment have been satisfactorily learned, utilized, evaluated, and reviewed. Place a (S) satisfactory and (U) for unsatisfactory:

- A. Fitting proper protective equipment for American football _____
- B. Fitting proper protective equipment for soccer _____
- C. Fitting proper protective equipment for basketball _____
- D. Fitting proper protective equipment for ice hockey _____
- E. Fitting proper protective equipment for baseball _____
- F. Injury prevention factors for racquets and other tennis gear _____
- G. Use of optional protective equipment for protection for any sport _____

Explanation for any unsatisfactory remarks:

11). Specific to this course, the following items regarding equipment, the athletic training student has observed and been explained the use of the following. Place a (S) satisfactory and (U) for unsatisfactory:

- A. Measuring, manufacture, and fitting of orthotics _____
- B. Custom brace fitting _____
- C. Fitting for all types of athletic shoes _____
- D. Fitting of intra-oral mouth guards _____
- E. Custom mouth guard procedures _____

Explanation for any unsatisfactory remarks:

II. Competency Evaluation:

12). Taping and wrapping (basic taping procedures)

4 3 2 1

13). Bracing (Prophylactic/ Custom)

4 3 2 1

14). Splinting (basic splinting procedures fx and dislocations)

4 3 2 1

15). Vital signs measurement (pulse/ bp/ respirations/ skin temp/ skin color)

4 3 2 1

16). Initial injury treatment (RICE/ PRICE)

4 3 2 1

17). Identify the pre-professional student's strengths at this point in their clinical education.

18). Recommendation for improvement for the pre-professional student.

IV. Evaluation Summary:

19). Has this student made satisfactory progress and improved skills during the clinical experience.

YES NO

20). Has this pre-professional student met clinical site expectations?

YES NO

21). Has this pre-professional student demonstrated competence at their respective level?

YES NO

All letter grades for the University of Mobile Athletic Training Education clinical experiences are assigned by UM faculty. However, if you were asked what letter grade would accurately depict this pre-professional student's performance during this clinical experience, what grade would be appropriate? _____

Pre-Professional Student

Date

ACI/ CI

Date

Program Director

Date

This is only a useful evaluation tool if it is discussed in detail with the student regarding their strengths and weaknesses. Several problems can be alleviated by just sitting down with the student after midterm evaluations and reviewing this form.

UMobile ATEP
Athletic Training Education Program
Student Evaluation by ACI/ CI
HPES 225 (Lower Extremity Intensive)

Athletic Training Student: _____ Midterm or Final Eval (circle one)

Clinical Experience Site: _____

Dates of Clinical Experience: _____ to _____ (mth and yr)

ACI/ CI: _____

Directions for completing this form: the ACI/ CI will please respond to the following items regarding the Athletic Training student's (ATS) performance during the clinical experience utilizing the Likert

Scale as follows:

- | | |
|--------------------------|--|
| 4 = Outstanding- | Demonstrates skills above expectations for this level |
| 3= Good- | Meets expectations for this level |
| 2= Average- | Skill mastery and performance average for this level |
| 1= Unacceptable - | Skill and performance level is below average for this level and may |
| | show serious deficiencies |

I. Performance Evaluation:

- 1). Time line- ATS is on time and remains until assignments are complete.
4 3 2 1
- 2). Professional appearance- ATS student dresses appropriately for clinical experience.
4 3 2 1
- 3). ATS follows directions and does not exceed instructions.
4 3 2 1
- 4). ATS completes tasks as assigned.
4 3 2 1
- 5). ATS demonstrates an initiative to learn.
4 3 2 1
- 6). ATS has learned and follows clinical site policies and procedures.
4 3 2 1
- 7). ATS demonstrates knowledge of use and respect of clinical site supplies and equipment.
4 3 2 1
- 8). ATS demonstrates effective communication skills.
4 3 2 1
- 9). ATS demonstrates a positive professional attitude in the clinical setting.
4 3 2 1

Specific to this course, has the athletic training student learned, reviewed, practiced, utilized, and been evaluated on the following: Enter L for learned, R for reviewed, P for practices, U for utilized, and E for evaluated- Place letter at the end of the skill being described.

10). Taping and wrapping of lower extremities

4 3 2 1

11). Bracing of lower extremities _____

4 3 2 1

12). Splinting of lower extremities _____

4 3 2 1

13). Vital signs of measurement _____

4 3 2 1

14). Initial lower extremity injury evaluation and treatment _____

4 3 2 1

15). Knowledge and use of therapeutic modalities use on lower extremities _____

4 3 2 1

16). Knowledge and use of rehabilitation techniques for the lower extremities _____

4 3 2 1

II. Narrative Section:

17). Identify the athletic training student's strengths.

18). Recommendation for improvement of the athletic training student.

III. Evaluation Summary:

19). Has this student made satisfactory progress and improved skills during this clinical experience.

YES NO

20). Has this athletic training student met clinical experience site expectations.

YES NO

21). Has this athletic training student demonstrated competence at his/her respective level.

YES NO

All letter grades for clinical experiences for University of Mobile Athletic Training Education courses are assigned by University of Mobile faculty. However, if you were asked what letter grade would accurately depict this athletic training student's performance during this clinical experience, what grade would be appropriate in your opinion? _____

Athletic Training Student

Date

ACI

Date

Program Director

Date

- This is only a useful evaluation tool if it is discussed in detail with the student regarding their strengths and weaknesses. Several problems can be alleviated by just sitting down with the student after midterm evaluations and reviewing this form.

University of Mobile
Athletic Training Education Program
Student Evaluation by ACI/ CI
HPES 226 (Upper Extremity Intensive)

Athletic Training Student: _____ Midterm or Final Eval (circle one)

Clinical Experience Site: _____

Dates of Clinical Experience: _____ to _____ (mth and yr)

ACI/ CI: _____

Directions for completing this form: the ACI/ CI will please respond to the following items regarding the Athletic Training student's (ATS) performance during the clinical experience utilizing the Likert

Scale as follows:

4 = Outstanding-	Demonstrates skills above expectations for this level
3= Good-	Meets expectations for this level
2= Average-	Skill mastery and performance average for this level
1= Unacceptable -	Skill and performance level is below average for this level and may show serious deficiencies

I. Performance Evaluation:

- 1). Time line- ATS is on time and remains until assignments are complete.
4 3 2 1
- 2). Professional appearance- ATS student dresses appropriately for clinical experience.
4 3 2 1
- 3). ATS follows directions and does not exceed instructions.
4 3 2 1
- 4). ATS completes tasks as assigned.
4 3 2 1
- 5). ATS demonstrates an initiative to learn.
4 3 2 1
- 6). ATS has learned and follows clinical site policies and procedures.
4 3 2 1
- 7). ATS demonstrates knowledge of use and respect of clinical site supplies and equipment.
4 3 2 1
- 8). ATS demonstrates effective communication skills.
4 3 2 1
- 9). ATS demonstrates a positive professional attitude in the clinical setting.
4 3 2 1

Specific to this course, has the athletic training student learned, reviewed, practiced, utilized, and been evaluated on the following: Enter L for learned, R for reviewed, P for practices, U for utilized, and E for evaluated.

10). Taping and wrapping of upper extremities

4 3 2 1

11). Bracing of upper extremities

4 3 2 1

12). Splinting of upper extremities

4 3 2 1

13). Vital signs of measurement

4 3 2 1

14). Initial upper extremity injury evaluation and treatment

4 3 2 1

15). Knowledge and use of therapeutic modalities use on upper extremities (basic)

4 3 2 1

16). Knowledge and use of rehabilitation techniques for the upper extremities (basic)

4 3 2 1

II. Narrative Section:

17). Identify the athletic training student's strengths.

18). Recommendation for improvement of the athletic training student.

III. Evaluation Summary:

19). Has this student made satisfactory progress and improved skills during this clinical experience.

YES NO

20). Has this athletic training student met clinical experience site expectations.

YES NO

21). Has this athletic training student demonstrated competence at his/her respective level.

YES NO

All letter grades for clinical experiences for University of Mobile Athletic Training Education courses are assigned by University of Mobile faculty. However, if you were asked what letter grade would accurately depict this athletic training student's performance during this clinical experience, what grade would be appropriate in your opinion? _____

Athletic Training Student

Date

ACI

Date

Program Director

Date

- This is only a useful evaluation tool if it is discussed in detail with the student regarding their strengths and weaknesses. Several problems can be alleviated by just sitting down with the student after midterm evaluations and reviewing this form.

**UMobile ATEP
Athletic Training Education Program
Student Evaluation by ACI/ CI
HPES 325 (Ortho) (Physical Therapy)**

Athletic Training Student: _____ Midterm or Final Eval (circle one)

Clinical Experience Site: _____

Dates of Clinical Experience: _____ to _____ (mth and yr)

ACI/ CI: _____

Directions for completing this form: the ACI/ CI will please respond to the following items regarding the Athletic Training student's (ATS) performance during the clinical experience utilizing the Likert

Scale as follows:

- | | |
|--------------------------|--|
| 4 = Outstanding- | Demonstrates skills above expectations for this level |
| 3= Good- | Meets expectations for this level |
| 2= Average- | Skill mastery and performance average for this level |
| 1= Unacceptable - | Skill and performance level is below average for this level and may show serious deficiencies |

I. Performance Evaluation:

- 1). Time line- ATS is on time and remains until assignments are complete.
4 3 2 1
- 2). Professional appearance- ATS student dresses appropriately for clinical experience.
4 3 2 1
- 3). ATS follows directions and does not exceed instructions.
4 3 2 1
- 4). ATS completes tasks as assigned.
4 3 2 1
- 5). ATS demonstrates an initiative to learn.
4 3 2 1
- 6). ATS has learned and follows clinical site policies and procedures.
4 3 2 1
- 7). ATS demonstrates knowledge of use and respect of clinical site supplies and equipment.
4 3 2 1
- 8). ATS demonstrates effective communication skills.
4 3 2 1
- 9). ATS demonstrates a positive professional attitude in the clinical setting.
4 3 2 1

Specific to this course, has the athletic training student learned, reviewed, practiced, utilized, and been evaluated on the following: Enter L for learned, R for reviewed, P for practices, U for utilized, and E for evaluated. **Due to the specialized aspects of this rotation, the program director will work closely with the CI on evaluation of competencies.**

- 10). History and documentation of an orthopedic patient
4 3 2 1
- 11). Surgical observation
4 3 2 1
- 12). Observation of use and results interpretation of diagnostic testing.
4 3 2 1
- 13). Observation of office evaluation of an orthopedic condition.
4 3 2 1
- 14). Observation of casting and bracing in the physicians office.

4 3 2 1

15). Observation of x-ray evaluation.

4 3 2 1

16). Observation of pharmacological prescriptions for orthopedic patients.

4 3 2 1

17). Observation of rehabilitation prescription by the physician for an orthopedic patient.

4 3 2 1

18). Observation of modalities usage in physical therapy clinic.

4 3 2 1

19). Observation of SOAP notes and progress notes performed by physical therapist.

4 3 2 1

II. Narrative Section:

20). Identify the athletic training student’s strengths.

21). Recommendation for improvement of the athletic training student.

III. Evaluation Summary:

22). Has this student made satisfactory progress and improved skills during this clinical experience.

YES NO

23). Has this athletic training student met clinical experience site expectations.

YES NO

24). Has this athletic training student demonstrated competence at his/her respective level.

YES NO

All letter grades for clinical experiences for University of Mobile Athletic Training Education courses are assigned by University of Mobile faculty. However, if you were asked what letter grade would accurately depict this athletic training student’s performance during this clinical experience, what grade would be appropriate in your opinion? _____

Athletic Training Student

Date

ACI

Date

Program Director

Date

- This is only a useful evaluation tool if it is discussed in detail with the student regarding their strengths and weaknesses. Several problems can be alleviated by just sitting down with the student after midterm evaluations and reviewing this form.

UMobile ATEP
Athletic Training Education Program
Student Evaluation by ACI/ CI
HPES 326 (General Medical Intensive)

Athletic Training Student: _____ Midterm or Final Eval (circle one)

Clinical Experience Site: _____

Dates of Clinical Experience: _____ to _____ (mth and yr)

ACI/ CI: _____

Directions for completing this form: the ACI/ CI will please respond to the following items regarding the Athletic Training student's (ATS) performance during the clinical experience utilizing the Likert

Scale as follows:

- | | |
|--------------------------|--|
| 4 = Outstanding- | Demonstrates skills above expectations for this level |
| 3= Good- | Meets expectations for this level |
| 2= Average- | Skill mastery and performance average for this level |
| 1= Unacceptable - | Skill and performance level is below average for this level and may show serious deficiencies |

I. Performance Evaluation:

- 1). Time line- ATS is on time and remains until assignments are complete.
4 3 2 1
- 2). Professional appearance- ATS student dresses appropriately for clinical experience.
4 3 2 1
- 3). ATS follows directions and does not exceed instructions.
4 3 2 1
- 4). ATS completes tasks as assigned.
4 3 2 1
- 5). ATS demonstrates an initiative to learn.
4 3 2 1
- 6). ATS has learned and follows clinical site policies and procedures.
4 3 2 1
- 7). ATS demonstrates knowledge of use and respect of clinical site supplies and equipment.
4 3 2 1
- 8). ATS demonstrates effective communication skills.
4 3 2 1
- 9). ATS demonstrates a positive professional attitude in the clinical setting.
4 3 2 1

Specific to this course, has the athletic training student learned, reviewed, practiced, utilized, and been evaluated on the following: Enter L for learned, R for reviewed, P for practices, U

for utilized, and E for evaluated. **Due to the specialized aspects of this rotation, the program director will work closely with the CI on evaluation of competencies s. Clinical supervisors will document athletic training student's journal regarding competency mastery and work with the PD regarding official documentation of clinical competencies.**

10). Patient history documentation

4 3 2 1

11). Vital signs measurements

4 3 2 1

12). Abdominal quadrant palpation.

4 3 2 1

13). Proper use of stethoscope.

4 3 2 1

14). Ability to identify pathological breathing patterns.

4 3 2 1

15). Proper use of otoscope.

4 3 2 1

16). Recognition of skin pathologies.

4 3 2 1

17). Recognition of ENY pathologies.

4 3 2 1

18). Recognition of respiratory system pathologies.

4 3 2 1

19). Recognition of cardiovascular pathologies.

4 3 2 1

20). Recognition of endocrine pathologies.

4 3 2 1

21). Recognition of gastro-intestinal pathologies.

4 3 2 1

22). Recognition of eating disorders.

4 3 2 1

23). Recognition of signs and symptoms of sexually transmitted diseases.

4 3 2 1

All letter grades for clinical experiences for University of Mobile Athletic Training Education courses are assigned by University of Mobile faculty. However, if you were asked what letter grade would accurately depict this athletic training student's performance during this clinical experience, what grade would be appropriate in your opinion? _____

Athletic Training Student

Date

ACI

Date

Program Director

Date

- This is only a useful evaluation tool if it is discussed in detail with the student regarding their strengths and weaknesses. Several problems can be alleviated by just sitting down with the student after midterm evaluations and reviewing this form.

UMobile ATEP
Athletic Training Education Program
Student Evaluation by ACI/ CI
HPES 425

Athletic Training Student: _____ Midterm or Final Eval (circle one)

Clinical Experience Site: _____

Dates of Clinical Experience: _____ to _____ (mth and yr)

ACI/ CI: _____

Directions for completing this form: the ACI/ CI will please respond to the following items regarding the Athletic Training student's (ATS) performance during the clinical experience utilizing the Likert

Scale as follows:

- | | |
|--------------------------|--|
| 4 = Outstanding- | Demonstrates skills above expectations for this level |
| 3= Good- | Meets expectations for this level |
| 2= Average- | Skill mastery and performance average for this level |
| 1= Unacceptable - | Skill and performance level is below average for this level and |
| may | show serious deficiencies |

I. Performance Evaluation:

- 1). Time line- ATS is on time and remains until assignments are complete.
4 3 2 1
- 2). Professional appearance- ATS student dresses appropriately for clinical experience.
4 3 2 1
- 3). ATS follows directions and does not exceed instructions.
4 3 2 1
- 4). ATS completes tasks as assigned.
4 3 2 1
- 5). ATS demonstrates an initiative to learn.
4 3 2 1
- 6). ATS has learned and follows clinical site policies and procedures.
4 3 2 1
- 7). ATS demonstrates knowledge of use and respect of clinical site supplies and equipment.
4 3 2 1
- 8). ATS demonstrates effective communication skills.
4 3 2 1
- 9). ATS demonstrates a positive professional attitude in the clinical setting.
4 3 2 1

Specific to this course, has the athletic training student learned, reviewed, practiced, utilized, and been evaluated on the following: Enter L for learned, R for reviewed, P for practices, U for utilized, and E for evaluated.

- 10). Taping and wrapping (basic)

4 3 2 1

11). Bracing (basic)

4 3 2 1

12). Splinting (basic)

4 3 2 1

13). Vital signs of measurement (pulse, temperature, respirations, skin color, blood pressure)

4 3 2 1

14). Initial injury evaluation and treatment (HOPS and RICE principles)

4 3 2 1

II. Narrative Section:

15). Identify the athletic training student’s strengths.

16). Recommendation for improvement of the athletic training student.

III. Evaluation Summary:

17). Has this student made satisfactory progress and improved skills during this clinical experience.

YES NO

18). Has this athletic training student met clinical experience site expectations.

YES NO

19). Has this athletic training student demonstrated competence at his/her respective level.

YES NO

All letter grades for clinical experiences for University of Mobile Athletic Training Education courses are assigned by University of Mobile faculty. However, if you were asked what letter grade would accurately depict this athletic training student’s performance during this clinical experience, what grade would be appropriate in your opinion? _____

Athletic Training Student

Date

ACI

Date

Program Director

Date

• This is only a useful evaluation tool if it is discussed in detail with the student regarding their strengths and weaknesses. Several problems can be alleviated by just sitting down with the student after midterm evaluations and reviewing this form.

UMobile ATEP
Athletic Training Education Program
Student Evaluation by ACI/ CI
HPES 426

Athletic Training Student: _____ Midterm or Final Eval (circle one)

Clinical Experience Site: _____

Dates of Clinical Experience: _____ to _____ (mth and yr)

ACI/ CI: _____

Directions for completing this form: the ACI/ CI will please respond to the following items regarding the Athletic Training student's (ATS) performance during the clinical experience utilizing the Likert

Scale as follows:

- | | |
|--------------------------|--|
| 4 = Outstanding- | Demonstrates skills above expectations for this level |
| 3= Good- | Meets expectations for this level |
| 2= Average- | Skill mastery and performance average for this level |
| 1= Unacceptable - | Skill and performance level is below average for this level and may show significant deficiencies |

I. Performance Evaluation:

- 1). Time line- ATS is on time and remains until assignments are complete.
4 3 2 1
- 2). Professional appearance- ATS student dresses appropriately for clinical experience.
4 3 2 1
- 3). ATS follows directions and does not exceed instructions.
4 3 2 1
- 4). ATS completes tasks as assigned.
4 3 2 1
- 5). ATS demonstrates an initiative to learn.
4 3 2 1
- 6). ATS has learned and follows clinical site policies and procedures.
4 3 2 1
- 7). ATS demonstrates knowledge of use and respect of clinical site supplies and equipment.
4 3 2 1
- 8). ATS demonstrates effective communication skills.
4 3 2 1
- 9). ATS demonstrates a positive professional attitude in the clinical setting.
4 3 2 1

Specific to this course, has the athletic training student learned, reviewed, practiced, utilized, and been evaluated on the following: Enter L for learned, R for reviewed, P for practices, U for utilized, and E for evaluated.

- 10). Taping and wrapping (basic)
4 3 2 1

- 11). Bracing (basic)
4 3 2 1
- 12). Splinting (basic)
4 3 2 1
- 13). Vital signs of measurement (pulse, temperature, respirations, skin color, blood pressure)
4 3 2 1
- 14). Initial injury evaluation and treatment (HOPS and RICE principles)
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II. Narrative Section:

15). Identify the athletic training student’s strengths.

16). Recommendation for improvement of the athletic training student.

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All letter grades for clinical experiences for University of Mobile Athletic Training Education courses are assigned by University of Mobile faculty. However, if you were asked what letter grade would accurately depict this athletic training student’s performance during this clinical experience, what grade would be appropriate in your opinion? _____

Athletic Training Student

Date

ACI

Date

Program Director

Date

- This is only a useful evaluation tool if it is discussed in detail with the student regarding their strengths and weaknesses. Several problems can be alleviated by just sitting down with the student after midterm evaluations and reviewing this form.

Guidelines for Clinical Rotations

Level 1 students (Pre-Professional) –Observation Only

University of Mobile

Level 2 students- Lower & Upper Body Intensive

Orthopedic Group Physicians

Mary G Montgomery

Cottage Hill Christian

Mobile Christian

Satsuma High

Blount High School

Leflore High School

BC Rain High School

These schools will have football, men's and women's basketball, soccer, baseball, softball, tennis, and track and field.

Level 3 students- Physical Therapy Clinic & General Medical Conditions

Orthopedic Group Rehab

Providence Rehab

IWR Rehab

Saraland Physical Therapy

Dr. Daniel Spriggs-Gen Med

Dr. Ron Lee-Gen Med

Level 4 students-Internship

University of South Alabama

Champion Sports Medicine

Ralph Lundy Soccer Academy

Clinical rotations are based on the student's level of experience and CAATE requirements. Level 1 pre-professional student's normally remain on campus the entire school year to gain insight into the University of Mobile's athletic training education program and the profession as a whole. These pre-professional students will learn the importance of the NATA Code of Ethics, roles and responsibilities of the BOC Certified Athletic Trainer, the organizational structure of the Program, and the demands of the profession. It is the intent of the program that every observational student complete at least 50 hours per semester of observational work including both the clinical classroom component and the clinical experience site. These hours are used only as a means of record keeping and do not represent the intent of the clinical experience as UMobile ATEP is competency and proficiency based rather than contact hour based. Level 2 students are sent to various clinical sites around the city to work with local certified athletic trainers in their respective clinics or schools. Level 2 students should have a

stronger sense of the rules and regulations of the program as well as a solid grasp on the fundamentals of athletic training. Students at this level are expected to gain at least 75-100 hours per semester including both the classroom component and the clinical experience site component. Level 3 students are assigned to various physical therapy, fitness centers, and general practitioners in order to meet their levels requirements. Level 3 students are expected to gain at least 75-100 hours per semester including the classroom component and the clinical experience site component. Level 4 students should possess the necessary clinical skills for that particular level as well as good communication and critical thinking skills. It is the program's mission to provide the student with endless learning opportunities as well as preparing them for the many job responsibilities of the BOC Certified Athletic Trainer. Upon completion of these courses, the student should meet or exceed the standards set forth by CAATE, BOC, and the University of Mobile's Athletic Training Education Program.

<u>Clinical Site</u>	<u>Sports</u>	<u>ACI/CI</u>
<u>UMobile Athletic Training Room</u>	MW Soccer, MW Basketball, Baseball, Softball Cross Country, MW Golf, MW Tennis, Volleyball	
Melissa Thomas		ACI
Janele Huelat		ACI
Dr. William Carroll		ACI
Courtney Jones		ACI
<u>Mary G. Montgomery HS</u>	FB, MW Soccer, MW Basketball, VB, Baseball, Softball, T&F, XC	
Peggy Etheridge		ACI
<u>Mobile Christian</u>	FB, MW Basketball, VB, Baseball, Softball, T&F, CC	
Melissa Thomas		ACI
<u>Satsuma High</u>	FB, MW Soccer, MW Basketball, VB, Baseball, Softball, T&F, XC	
Jonathan Brooks		ACI
<u>Cottage Hill Christian</u>	FB, MW Basketball, VB, Baseball, Softball, T&F, XC	
Joy Crouse		ACI
<u>Blount High</u>	FB, MW Basketball, VB, Baseball, Softball, T&F, XC	
Kurt Freund		ACI

<u>Leflore High</u>	FB, MW Basketball, VB, Baseball, Softball, T&F, XC	
Janele Huelet		ACI
<u>Bryant High</u>	FB, MW Basketball, VB, Baseball, Softball, T&F, XC	
Micah Allison		ACI
<u>Encore Rehab</u>	PT,OT, Conditioning, Outreach Services	
Paige Plash		CI
<u>Champion Sports Medicine</u>	PT,OT, Conditioning, Outreach Services	
Shannon Ashe		CI
<u>Ralph Lundy Soccer Academy</u>	Outreach Services for campers	
Greg Banks		CI
<u>Providence Rehab Services</u>	PT,OT, Conditioning, Outreach Services	
Lane Mathis N/A		CI
<u>Industrial Wellness & Rehabilitation</u>	PT, OT, Conditioning	
		CI
<u>Orthopedic Group Rehab</u>	PT,OT, Conditioning, Outreach Services	
Allison Blythe		CIE
<u>Orthopedic Group Physicians</u>	Surgical Rotations/ Office Not a General Medical Rotation	
Dr. Stephen Cope Dr. Barber		CI
<u>Dr. Ron Lee MD</u>		
UM Medical Director	Family Practice	CIE
<u>Dr. Stephen Cope MD</u>	Orthopedic	
Team Orthopedic Physician	Not a General Medical Rotation	CI
<u>Dr. Daniel Spriggs</u>	Family Practice	
Team General Practitioner		CI
<u>Personal Edge Fitness</u>	Strength and Conditioning	
Garret Williamson		CI
<u>University of South Alabama</u>	MW Soccer, MW Basketball, Baseball, Softball Cross Country, MW Golf, MW Tennis, Volleyball	
Jinni Frisbey, ATC		CI

ACI and CI Guidelines

ACI's and CI's must uphold the mission of the Athletic Training Education Program of the University of Mobile. When UM pre-professional or athletic training students are assigned to a clinical site and a clinical instructor, it is essential that all personnel understand that the pre-professional or athletic training student is in the clinical education setting to enhance his/her education, not simply to provide a service to athletes, patients, coaches, or clinical instructors. The following are guidelines and definitions provided to insure that all parties understand their responsibilities during the clinical education period.

Direct Supervision- the constant visual and auditory interaction between the athletic training student and the clinical instructor allowing the clinical instructor to intervene in any situation for the protection of the athlete, the athletic training student, or to facilitate a teachable moment.

Approved Clinical Instructors (ACI) and Clinical Coordinators (CI) must agree to the following to serve in these capacities with the University of Mobile Athletic Training Education Program:

1. Accept all Pre-Professional or Athletic Training Students assigned to his/her site without discrimination.
2. Assign responsibilities to the PPS or ATS that are clearly delineated by their particular clinical experience course outline.
3. Provide directly supervised opportunities for the PPS or ATS to participate in the rehabilitation programs of athletes or patients following injury and/or surgical procedures.
4. Provide directly supervised opportunities for PPS and ATS to evaluate injuries and conditions sustained by athletes and patients.
5. Provide directly supervised opportunities for the PPS orATS to document injuries and to interact with physicians responsible for athlete/patient care.
6. ACI only will review and critique the PPS orATS proficiencies designated to his/her academic level and clinical education course.
7. Allow ATS to become critical thinkers.
8. Assist each PPS or ATS in setting and obtaining personal goals throughout the semester.
9. Directly supervise each ATS in the context of direct/ patient care.
10. Remember at all times that this clinical education experience is a part of the total athletic training education program at the University of Mobile

Clinical Experience Clock Hours

Athletic Training students and Pre-Professional students should keep in mind that clinical experiences are competency-based rather than clock-hour based. However, due to limitations in credit hour award for the clinical experience, a pre-professional student in Level 1 will be limited to a total of ten (10) clock hours per week being involved with the clinical experience. This ten (10) hours will include the one (1) hour classroom component of each clinical experience class per week. Therefore, the total actual “site time” each week for the clinical experience is limited to nine (9) hours per week. Level 2,3,and 4 athletic training students have a maximum allowable of twenty (20) hours per week for clinical experiences, including the one (1) hour classroom component and the clinical experience site component. These limitations should provide ample time for study and preparation for all classes, both didactic and clinical. It is important for ACI’s, CI’s and students to remember that clinical time is an experiential learning time and that pre-professional and athletic training students are not there as work-force extenders.

Athletic Training Students on their final clinical experience may choose to volunteer to spend additional hours involved with their clinical experience site as long as they understand that they are doing so voluntarily above and beyond the requirements of the two credit hour clinical experience. This option is available only to athletic training students completing their final clinical experience and the rationale for this option is that these students may be using this experience as their last opportunity to complete mastery of skills.

ACI/CI Letter

Date: _____

Dear Clinical Instructor,

Thank you for agreeing to participate in the University of Mobile's Athletic Training Education Program by serving as a clinical instructor at

The following student(s) have been assigned to you for the clinical experience this semester:

As discussed at the ACI workshop, enclosed you will find a list of the competencies that each student should be working toward mastering during this clinical experience. These same clinical proficiencies have all been taught within a class setting and reviewed during a clinical course. The only responsibility you have as an ACI is to further facilitate this learning process and allow students a place to continue to practice these skills. It is very important that the "sight and sound" requirement discussed at the ACI workshop be maintained. The student will bring with them on their first day the schedule for their attendance, clinical proficiency timeline, and evaluations that will need to be signed for the midterm and final. **Pre-Professional students in HPE 125 or 126 are limited to 9 hrs per week at the clinical site and 1 hr classroom component. Athletic Training students in clinical experience courses 225-426 are limited to 19 hours per week at the clinical experience site and 1 hr classroom component.**

If you should have any questions at anytime, please feel free to contact me at 442-2561 or 604-4269.

Sincerely,

Melissa Thomas, M.A., ATC
ATEP Clinical Coordinator
University of Mobile

Clinical Experience Time Sheet

Monthly Hours

Month of: _____

Student Name _____

Clinical Site _____

Attendance Reporting:

Week of:	Sun	Mon	Tue	Wed	Thu	Fri	S
1st week							
2nd week							
3rd week							
4th week							
Totals							

Athletic training clinical experiences are competency based not hour based. We ask you keep up with your hours strictly for record keeping purposes.

Total hours reported _____

*Level 1 (Pre-Professional) Clinical Experiences have a maximum of nine clinical experience site hours per week.

*Level 2,3, and 4 Athletic Training Student Clinical Experiences have a maximum of nineteen clinical experience site hours per week.

Signatures

Student Signature

By signing, I certify that to the best of my knowledge the information I provided is accurate and true.

Date

Date

ACI/CI

ATEP Program Director

NATA Statement on HIPAA

Another dimension of risk management is covered under the Health Insurance Portability and Accountability Act (HIPAA). HIPAA will affect the way that athletic trainers communicate and handle medical records/information of our patient population. HIPAA is administered by the US Health and Human Services Department and can be broken down into three rules. First, the Transaction Rule is intended to standardize procedure codes and electronic billing format. The Security Rule is designed to secure personally identifiable healthcare information being transmitted electronically. The third rule is the Privacy Rule. This rule will have the greatest impact on how athletic trainers communicate and share medical information of patients (NATA, 2003).

There are seven main categories that pertain to HIPAA that will have the greatest potential on BOC Certified Athletic Trainers. First, the consent for treatment category requires that direct health care providers make a "good faith effort" to obtain a written acknowledgement of receipt of the provider's Notice of Privacy Practices. Secondly, the authorization to release information requires an authorization for non-routine uses and disclosures of personal health information. The minimum necessary rule limits the use or disclosure of personal health information to the minimum necessary to accomplish the intended purpose. The incidental uses and disclosures category permits certain incidental uses and disclosures that occur as a byproduct of a use or disclosure otherwise permitted by the Privacy Rule. The parents and minors category provides parents with new rights to control the health information about a minor child. However, athletic trainers should be familiar with state laws concerning minors. The uses and disclosures for research category allows authorizations for research to be combined with an informed consent to participate in research studies. Finally, the last category is the business associate agreement which requires a contract with the business associate containing specific safeguards about disclosure of personal health information (NATA, 2003). Thus, with the development of HIPAA, the Department of Health and Human Services is impacting the way that athletic training is practiced.

Policies & Procedures Affirmation Form

By signing this form I _____ affirm that I have read and understood the policies and procedures of the University of Mobile ATEP and agree to abide by them. I also understand that failure to abide by these standards warrants removal from the Program. This manual is designed to be a formal guide to the student's learning process while at the University of Mobile and therefore should be relied upon heavily as the student progresses through the program. Please initial each section as a confirmation of your reading and understanding each policy:

.

Appendix

For Students and ACI/CI How to Use the Matrix and the Student Profile

The Matrix and Student Profile are two more tools to assist the ACI/CI and pre-professional or athletic training student to stay on track for Learning Over Time and to help everyone stay on the same page as far as what the student has already learned and mastered and what is expected to be accomplished in each clinical education experience.

If you ever have a question about what the student has already learned, is currently learning or what is expected to be accomplished in the assigned clinical education experience, contact UM Athletic Training Education Program faculty.

Read the Policies and Procedures Manual closely, remember what you learned in the ACI Seminar or, if a student, in your classes (which you should be constantly reviewing) and remember that our goal is the pursuit of excellence in athletic training education.

Clinical Proficiencies Matrix

The clinical proficiencies matrix is a list of all the proficiencies that must be mastered by the pre-professional or athletic training student. The matrix separates these proficiencies by the course in which they are taught, evaluated, taught again and reevaluated. Pre-professional students, Athletic training students, ACI's, CI's and faculty should refer to the matrix often to assure that everything is on track.

Risk Management

RM-C1	Explain the risk factors associated with physical activity.	HPE 251	same	HPE 310	same
RM-C2	Identify and explain the risk factors associated with common congenital and acquired abnormalities, disabilities, and diseases.	HPE 251	same	HPE 361	same
RM-C3	Identify and explain the epidemiology data related to the risk of injury and illness related to participation in physical activity.	HPE 251	same	HPE 310	same
RM-C4	Identify and explain the recommended or required components of a pre-participation examination based on appropriate authorities' rules, guidelines, and/or recommendations.	HPE 251	same	HPE 361	same
RM-C5	Describe the basic concepts and practice of wellness screening.	HPE 251	same	HPE 310	same
RM-C6	Describe the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.	HPE 212	same	HPE 361	same

RM-C7	Explain the importance for all personnel to maintain current certification in CPR, automated external defibrillator (AED), and first aid.	HPE 214	same	HPE 261	same
RM-C8	Explain the principles of effective heat loss and heat illness prevention programs. Principles include, but are not limited to, knowledge of the body's thermoregulatory mechanisms, acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss.	HPE 251	same	HPE 361	same
RM-C9	Explain the accepted guidelines, recommendations, and policy and position statements of applicable governing agencies related to activity during extreme weather conditions.	HPE 251	same	HPE 261	same
RM-C10	Interpret data obtained from a wet bulb globe temperature (WBGT) or other similar device that measures heat and humidity to determine the scheduling, type, and duration of activity.	HPE 251	same	HPE 364	same
RM-C11	Explain the importance and use of standard tests, test equipment, and testing protocol for the measurement of cardiovascular and respiratory fitness, body composition, posture, flexibility, muscular strength, power, and endurance	HPE 251	same	HPE 310	same

RM-C12	Explain the components and purpose of periodization within a physical conditioning program	HPE 251	same	HPE 310	same
RM-C13	Identify and explain the various types of flexibility, strength training, and cardiovascular conditioning programs. This should include the expected effects (the body's anatomical and physiological adaptation), safety precautions, hazards, and contraindications of each.	HPE 251	same	HPE 310	same
RM-C14	Explain the precautions and risks associated with exercise in special populations.	HPE 251	same	HPE 310	same
RM-C15	Describe the components for self-identification of the warning signs of cancer.	HPE 212	same	HPE 361	same
RM-C16	Explain the basic principles associated with the use of protective equipment, including standards for the design, construction, fit, maintenance and reconditioning of protective equipment; and rules and regulations established by the associations that govern the use of protective equipment; and material composition.	HPE 251	same	HPE 261	same
RM-C17	Explain the principles and concepts related to prophylactic taping, wrapping, bracing, and protective pad fabrication	HPE 261	same	HPE 363	same

RM-C18	Explain the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints. This includes, but is not limited to, evaluating or identifying the need, selecting the appropriate manufacturing material, manufacturing the orthosis or splint, and fitting the orthosis or splint.	HPE 261	same	HPE 367	same
RM-C19	Explain the basic principles and concepts of home, school, and workplace ergonomics and their relationship to the prevention of illness and injury.	HPE 261	same	HPE 367	same
RM-C20	Recognize the clinical signs and symptoms of environmental stress.	HPE 261	same	HPE 361	same
RM-P1	Instruct the patient how to properly perform fitness tests to assess his or her physical status and readiness for physical activity. Interpret the results of these tests according to requirements established by appropriate governing agencies and/or a physician. These tests should assess:	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P1.1	Flexibility	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P1.2	Strength	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P1.3	Power	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P1.4	Muscular Endurance	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P1.5	Agility	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P1.6	Cardiovascular Endurance	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P1.7	Speed	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P2	Develop a fitness program appropriate to the patient's needs and selected activity or activities that meet the	HPE 251	HPE 251/225	HPE 310	HPE 310/425

	requirements established by the appropriate governing agency and/or physician for enhancing:				
RM-P2.1	Flexibility	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P2.2	Strength	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P2.3	Power	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P2.4	Muscular Endurance	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P2.6	Agility	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P2.6	Cardiovascular Endurance	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P2.7	Speed	HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P3		HPE 251	HPE 251/225	HPE 310	HPE 310/425
RM-P4	Select and fit appropriate standard protective equipment on the patient for safe participation in sport and/or physical activity. This includes but is not limited to:	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-P4.1	Shoulder Pads	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-P4.2	Helmet/Headgear	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-P4.3	Footwear	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-P4.4	Mouthguard	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-P4.5	Prophylactic Knee Brace	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-P4.6	Prophylactic Ankle Brace	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-P4.7	Other Equipment (as appropriate)	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-P5	Select, fabricate, and apply appropriate preventive taping and wrapping procedures, splints, braces, and other special protective devices. Procedures and devices should be consistent with sound anatomical and biomechanical principles.	HPE 261	HPE 251/126/225 HPE 363		HPE 363/425
RM-P6	Obtain, interpret, and make decisions regarding environmental data. This includes, but is not limited to the ability to:	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-P6.1	Operate a sling psychrometer and/or wet bulb globe index	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425

RM-P6.2	Formulate and implement a comprehensive, proactive emergency action plan specific to lightening safety	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-P6.3	Access local weather/environmental information	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-P6.4	Assess hydration status using weight charts, urine color charts, or specific gravity measurements	HPE 251	HPE 251/126/225 HPE 363		HPE 363/425
RM-CP1	Plan, implement, evaluate, and modify a fitness program specific to the physical status of the patient. This will include instructing the patient in proper performance of the activities and the warning signs and symptoms of potential injury that may be sustained. Effective lines of communication shall be established to elicit and convey information about the patient's status and the prescribed program. While maintaining patient confidentiality, all aspects of the fitness program shall be documented using standardized record-keeping methods.	xxxxxxxxxxxxx	HPE 251/225	xxxxxxxxxxxxx	HPE 310/425
RM-CP2	Select, apply, evaluate, and modify appropriate standard protective equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit	xxxxxxxxxxxxx	HPE 251/225	xxxxxxxxxxxxx	HPE 425

and convey information about the patient's situation and the importance of protective devices to prevent and/or minimize injury.

RM-CP3	Demonstrate the ability to develop, implement,	xxxxxxxxxxxxx	HPE 251/225	xxxxxxxxxxxxx	HPE 425
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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 official to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.

Pathology

Competency Code	Competency	Course 1 Instructed	Course 1 Evaluated	Course 2 Instructed	Course 2 Evaluated
PA-C1	Describe the essential components of a typical human cell. Include the normal structure and the function of each component and explain the abnormal symptoms associated with injury, illness, and disease.	HPE 269	same	HPE 361	same
PA-C2	Explain gross cellular adaptations in response to stress, injury, or disease (e.g., atrophy, hypertrophy, differentiation, hyperplasia, metaplasia, and tumors).	HPE 269	same	HPE 361	same
PA-C3	Explain normal and abnormal circulation and the physiology of fluid homeostasis.	HPE 269	same	HPE 361	same
PA-C4	Identify the normal acute and chronic physiological and pathological responses (e.g., inflammation, immune response, and healing process) of the human body to trauma, hypoxia, microbiologic agents, genetic derangements, nutritional deficiencies, chemicals, drugs, and aging affecting the musculoskeletal and other organ systems, and musculoskeletal system adaptations to disuse.	HPE 269	same	HPE 361	same
PA-C5	Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and epidemiology of common orthopedic injuries, illnesses and diseases to the body's systems.	HPE 261	same	HPE 363	same
PA-C6	Describe the body's responses to physical exercise during common diseases, illnesses, and the injury.	HPE 261	same	HPE 361	

Diagnosis

DI-C1	Demonstrate knowledge of the systems of the human body.	HPE 269	same	HPE 361	same
DI-C2	Describe the anatomical and physiological growth and development characteristics as well as gender differences across the lifespan.	HPE 269	same	HPE 361	same
DI-C3	Describe the physiological and psychological effects of physical activity and their impact on performance.	HPE 251	same	HPE 332	same
DI-C4	Explain directional terms and cardinal planes used to describe the body and the relationship of its parts.	HPE 261	same	HPE 363/364	same
DI-C5	Describe the principles and concepts of body movement including functional classification of joints, arthrokinematics, normal ranges of joint motion, joint action terminology, and muscle groups responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesia/proprioception.	HPE 261	same	HPE 363/364	same
DI-C6	Describe common techniques and procedures for evaluating common injuries including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests.	HPE 261	same	HPE 363/364	same
DI-C7	Explain the relationship of injury assessment to the systematic observation of the person as a whole.	HPE 261	same	HPE 363/364	same
DI-C8	Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes,	HPE 261	same	HPE 363/364	same

	dermatomes, and reflexes.				
DI-C9	Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.	HPE 261	same	HPE 363/364	same
DI-C10	Explain the roles of special tests in injury assessment.	HPE 261	same	HPE 363/364	same
DI-C11	Explain the role of postural examination in injury assessment including gait analysis.	HPE 251	same	HPE 363/364	same
DI-C12	Describe strength assessment using resistive range of motion, break tests, and manual muscle testing.	HPE 261	same	HPE 310	same
DI-C13	Describe the use of diagnostic tests and imaging techniques based on their applicability in the assessment of an injury when prescribed by a physician.	HPE 251	same	HPE 363/364	same
DI-C14	Describe the clinical signs and symptoms of environmental stress.	HPE 261	same	HPE 361	same
DI-C15	Describe and identify postural deformities.	HPE 251	same	HPE 364	same
DI-C16	Explain medical terminology and abbreviations necessary to communicate with physicians and other health professionals	HPE 251	same	HPE 361	same
DI-C17	Describe the components of medical documentation (e.g. SOAP, HIPS and HOPS).	HPE 261	same	HPE 363/364	same
DI-P1	Obtain a medical history of the patient that includes a previous history and a history of the present injury.	HPE 261	same/225	HPE 363/364	same/325
DI-P2	Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.	HPE 261	same/225	HPE 363/364	same/325

DI-P3	Perform inspection/observation of postural, structural, and biomechanical abnormalities.	HPE 261	same/225	HPE 363/364	same/325
DI-P4	Palpate the bones and soft tissues to determine normal or pathological characteristics.	HPE 261/269	same/225	HPE 363/364	same/325
DI-P5	Measure the active and passive joint range of motion using commonly accepted techniques, including the use of a goniometer and inclinometer.	HPE 251	same/225	HPE 367	same/425
DI-P6	Grade the resisted joint range of motion/manual muscle testing and break tests.	HPE 251	same/225	HPE 367	same/425
DI-P7	Apply appropriate stress tests for ligamentous or capsular stability, soft tissue and muscle, and fractures.	HPE 261	same/225	HPE 363	same/325
DI-P8	Apply appropriate special tests for injuries to the specific areas of the body as listed above.	HPE 261	same/225	HPE 363	same/325
DI-P9	Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.	HPE 251/261	same/225	HPE 364	same/325
DI-P10	Document the results of the assessment including the diagnosis.	HPE 261	same/225	HPE 363/364	same/325
DI-CP1	Demonstrate a musculoskeletal assessment of upper extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the	xxxxxxxxxxxx	HPE 261/225/226	xxxxxxxxxxxx	HPE 425/426

	student will diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.				
DI-CP1.1	Foot and Toes	xxxxxxxxxxxxx	HPE 261/225	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.2	Ankle	xxxxxxxxxxxxx	HPE 261/225	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.3	Lower Leg	xxxxxxxxxxxxx	HPE 261/225	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.4	Knee (tibiofemoral and patellofemoral)	xxxxxxxxxxxxx	HPE 261/225	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.5	Thigh	xxxxxxxxxxxxx	HPE 261/225	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.6	Hip/Pelvis/Sacroiliac Joint	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.7	Lumbar Spine	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.8	Thoracic Spine	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.9	Ribs	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.10	Cervical Spine	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.11	Shoulder Girdle	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.12	Upper Arm	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.13	Elbow	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.14	Forearm	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.15	Wrist	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.16	Hand, Fingers & Thumb	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.17	Head and Face	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426
DI-CP1.18	Temporomandibular Joint	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 425/426

Medical Conditions

Competency Code	Competency	Course 1 Instructed	Course 1 Evaluated	Course 2 Instructed	Course 2 Evaluated
MC-C1	Describe and know when to refer common congenital or acquired abnormalities, physical disabilities, and diseases affecting people who engage in physical activity throughout their life span (e.g., arthritis, diabetes).	HPE 261	same	HPE 361	same
MC-C2	Understand the effects of common illnesses and diseases in physical activity.	HPE 261	same	HPE 361	same
MC-C3	Describe common techniques and procedures for evaluating common medical conditions and disabilities including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques (e.g., assessing heart, lung and bowel sounds), and neurological and circulatory tests.	HPE 261	same	HPE 361	same
MC-C4	Describe and know when to refer common eye pathologies from trauma and/or localized infection (e.g., conjunctivitis, hyphema, corneal injury, stye, scleral trauma).	HPE 261	same	HPE 361	same
MC-C5	Describe and know when refer common ear pathologies from trauma and/or localized infection (e.g., otitis, ruptured tympanic membrane, impacted cerumen).	HPE 261	same	HPE 361	same

MC-C6	Describe and know when to refer common pathologies of the mouth, sinus, oropharynx, and nasopharynx from trauma and/or localized infection (e.g., gingivitis, sinusitis, laryngitis, tonsillitis, pharyngitis).	HPE 261	same	HPE 361	same
MC-C7	Describe and know when to refer common and significant respiratory infections, thoracic trauma, and lung disorders. (e.g., influenza, pneumonia, bronchitis, rhinitis, sinusitis, upper-respiratory infection (URI), pneumothorax, hemothorax, pneumomediastinum, exercise-induced bronchospasm, exercise-induced anaphylaxis, asthma).	HPE 261	same	HPE 361	same
MC-C8	Explain the importance and proper use of a peak flow meter or similar device in the evaluation and management of respiratory conditions.	HPE 251	same	HPE 361	same
MC-C9	Describe strategies for reducing the frequency and severity of asthma attacks.	HPE 251	same	HPE 361	same
MC-C10	Explain the possible causes of sudden death syndrome.	HPE 251	same	HPE 361	same
MC-C11	Describe and know when to refer common cardiovascular and hematological medical conditions from trauma, deformity, acquired disease, conduction disorder, and drug abuse (e.g., coronary artery disease, hypertrophic cardiomyopathy, heart murmur, mitral valve prolapse, commotion cordis, Marfan's	HPE 261	same	HPE 361	same

	<p>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).</p>				
MC-C12	<p>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).</p>	HPE 261	same	HPE 361	same
MC-C13	<p>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).</p>	HPE 261	same	HPE 361	same

MC-C14	Describe and know when to refer common medical conditions of the renal and urogenital systems from trauma, local infection, congenital and acquired disease, nutritional imbalance, and hormone disorder (e.g., kidney stones, genital trauma, gynecomastia, monorchidism, scrotum and testicular trauma, ovarian and testicular cancer, breast cancer, testicular torsion, varicoceles, endometriosis, pregnancy and ectopic pregnancy, female athlete triad, primary amenorrhea, oligomenorrhea, dysmenorrhea, kidney laceration or contusion, cryptorchidism).	HPE 261	same	HPE 361	same
MC-C15	Describe and know when to refer common and/or contagious skin lesions from trauma, infection, stress, drug reaction, and immune responses (e.g., wounds, bacteria lesions, fungal lesions, viral lesions, bites, acne, eczema dermatitis, ringworm).	HPE 261	same	HPE 361	same

MC-C16	Describe and know when to refer common medical conditions of the immune system from infection, congenital and acquired disease, and unhealthy lifestyle. (e.g., arthritis, gout, upper respiratory tract infection [URTI], influenza, pneumonia, myocarditis, gastrointestinal infection, urinary tract infection [UTI], sexually transmitted diseases [STDs], pelvic inflammatory disease, meningitis, osteomyelitis, septic arthrosis, chronic fatigue and overtraining, infectious mononucleosis, human immunodeficiency virus (HIV) infection and AIDS, hepatitis B virus infection, allergic reaction and anaphylaxis, childhood infectious diseases [measles, mumps, chickenpox]).	HPE 261	same	HPE 361	same
MC-C17	Describe and know when to refer common neurological medical disorders from trauma, anoxia, drug toxicity, infection, and congenital malformation (e.g., concussion, postconcussion syndrome, second-impact syndrome, subdural and epidural hematoma, epilepsy, seizure, convulsion disorder, meningitis, spina bifida, cerebral palsy, chronic regional pain syndrome [CRPS], cerebral aneurysm).	HPE 261	same	HPE 361	same

MC-C18	Describe and know when to refer common psychological medical disorders from drug toxicity, physical and emotional stress, and acquired disorders (e.g., substance abuse, eating disorders/disordered eating, depression, bipolar disorder, seasonal affective disorder, anxiety disorders, somatoform disorders, personality disorders, abusive disorders, and addiction).	HPE 261	same	HPE 361	same
MC-C19	Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.	HPE 251	same	HPE 361	same
MC-C20	Describe and know when to refer common cancers (e.g., testicular, breast).	HPE 212/261	same	HPE 361	same
MC-C21	Describe and know when to refer common injuries or conditions of the teeth (e.g., fractures, dislocations, caries).	HPE 261	same	HPE 364	same
MC-C22	Explain the importance and proper procedures for measuring body temperature (e.g., oral, axillary, rectal).	HPE 251	same	HPE 361	same
MC-P1	Obtain a medical history of the patient that includes a previous history and a history of the present condition.	HPE 251	same	HPE 361	same
MC-P2	Perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin	HPE 261	same	HPE 361	same

	abnormalities.				
MC-P3	Palpate the bones and soft tissues, including the abdomen, to determine normal or pathological characteristics.	HPE 261	same	HPE 361	same
MC-P4	Apply commonly used special tests and instruments (e.g., otoscope, stethoscope, ophthalmoscope, peak flowmeter, chemical "dipsticks" [or similar devices]) and document the results for the assessment of:	HPE 261	same	HPE 361	same
MC-P4a	Vital signs including respiration (including asthma), pulse and circulation, and blood pressure	HPE 251	same	HPE 361	same
MC-P4b	Heart, lung, and bowel sounds	HPE 251	same	HPE 361	same
MC-P4c	Pupil response, size and shape, and ocular motor function	HPE 251	same	HPE 361	same
MC-P4d	Body temperature	HPE 251	same	HPE 361	same
MC-P4e	Ear, nose, throat and teeth	HPE 251	same	HPE 361	same
MC-P4f	Urinalysis	HPE 251	same	HPE 361	same
MC-CP1	Demonstrate a general and specific (e.g., head, torso and abdomen) assessment for the purpose of (a) screening and referral of common medical conditions, (b) treating those conditions as appropriate, and (c) when appropriate, determining a patient's readiness for physical activity. Effective lines of communication should be established to elicit and convey information about the patient's status and the treatment program. While maintaining confidentiality, all	xxxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxxx	HPE 364/425

	aspects of the assessment, treatment, and determination for activity should be documented using standardized record-keeping methods.				
MC-CP1.1	Derma	xxxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxxx	HPE 361/425
MC-CP1.2	Head, including the Brain	xxxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxxx	HPE 361/425
MC-CP1.3	Face, including the Maxillofacial Region	xxxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxxx	HPE 364/425
MC-CP1.4	Thorax, including the heart and lungs	xxxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxxx	HPE 361/425
MC-CP1.5	Abdomen, including the abdominal organs, the renal and urogenital systems	xxxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxxx	HPE 361/425
MC-CP1.6	Eyes	xxxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxxx	HPE 361/425
MC-CP1.7	Ear, Nose, and Throat	xxxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxxx	HPE 361/425

Acute Care

Competency Code	Competency	Course 1 Instructed	Course 1 Evaluated	Course 2 Instructed	Course 2 Evaluated
AC-C1	Explain the legal, moral, and ethical parameters that define the scope of first aid and emergency care and identify the proper roles and responsibilities of the certified athletic trainer.	HPE 214	same	HPE 361	same
AC-C2	Describe the availability, content, purpose, and maintenance of contemporary first aid and emergency care equipment.	HPE 214	same	HPE 361	same

AC-C3	Determine what emergency care supplies and equipment are necessary for circumstances in which the athletic trainer is the responsible first responder.	HPE 251	same	HPE 361	same
AC-C4	Know and be able to use appropriately standard nomenclature of injuries and illnesses.	HPE 251	same	HPE 361	same
AC-C5	Describe the principles and rationale of the initial assessment including the determination of whether the accident scene is safe, what may have happened, and the assessment of airway, breathing, circulation, level of consciousness and other life-threatening conditions.	HPE 214	same	HPE 361	same
AC-C6	Differentiate the components of a secondary assessment to determine the type and severity of the injury or illness sustained.	HPE 214	same	HPE 361	same
AC-C7	Identify the normal ranges for vital signs.	HPE 251	same	HPE 361	same
AC-C8	Describe pathological signs of acute/traumatic injury and illness including,	HPE 214	same	HPE 361	same

	but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.				
AC-C9	Describe the current standards of first aid, emergency care, rescue breathing, and cardiopulmonary resuscitation for the professional rescuer.	HPE 214	same	HPE 361	same
AC-C10	Describe the role and function of an automated external defibrillator in the emergency management of acute heart failure and abnormal heart rhythms.	HPE 214	same	HPE 361	same
AC-C11	Describe the role and function of supplemental oxygen administration as an adjunct to cardiopulmonary resuscitation techniques.	HPE 214	same	HPE 361	same
AC-C12	Describe the characteristics of common life-threatening conditions that can occur either spontaneously or as the result of direct trauma to the throat, thorax and viscera, and identify the management of these conditions.	HPE 214	same	HPE 361	same

AC-C13	Describe the proper management of external hemorrhage, including the location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.	HPE 214	same	HPE 361	same
AC-C14	Identify the signs and symptoms associated with internal hemorrhaging.	HPE 214	same	HPE 361	same
AC-C15	Describe the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.	HPE 214	same	HPE 361	same
AC-C16	Describe the injuries and illnesses that require medical referral.	HPE 261	same	HPE 361	same
AC-C17	Explain the application principles of rest, cold application, elevation, and compression in the treatment of acute injuries.	HPE 251	same	HPE 363/364	same
AC-C18	Describe the signs, symptoms, and pathology of acute inflammation.	HPE 251	same	HPE 361	same
AC-C19	Identify the signs and symptoms of head trauma, including loss of	HPE 261	same	HPE 364	same

	consciousness, changes in standardized neurological function, cranial nerve assessment, and other symptoms that indicate underlying trauma.				
AC-C20	Explain the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.	HPE 261	same	HPE 364	same
AC-C21	Define cerebral concussion, list the signs and symptoms of concussions, identify the methods for determining the neurocognitive status of a patient who sustains a concussion and describe contemporary concepts for the management and return-to-participation of a patient who sustains a concussion.	HPE 251	same	HPE 364	same
AC-C22	Identify the signs and symptoms of trauma to the cervical, thoracic and lumbar spines, the spinal cord, and spinal nerve roots, including neurological	HPE 261	same	HPE 364	same

	signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.				
AC-C23	Describe cervical stabilization devices that are appropriate to the circumstances of an injury.	HPE 251	same	HPE 364	same
AC-C24	Describe the indications, guidelines, proper techniques and necessary supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.	HPE 251	same	HPE 364	same
AC-C25	Describe the effective management, positioning, and immobilization of a patient with a suspected spinal cord injury.	HPE 251	same	HPE 364	same
AC-C26	Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.	HPE 214	same	HPE 364	same
AC-C27	Identify the signs, symptoms, possible causes, and proper management of the following:	HPE 214	same	HPE 361	same
AC-C27a	Different types of shock	HPE 214	same	HPE 361	same
AC-C27b	Diabetic coma	HPE 214	same	HPE 361	same

AC-C27c	Seizures	HPE 214	same	HPE 361	same
AC-C27d	Toxic drug overdose	HPE 214	same	HPE 361	same
AC-C27e	Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)	HPE 214	same	HPE 361	same
AC-C28	Identify the signs and symptoms of serious communicable diseases and describe the appropriate steps to prevent disease transmission.	HPE 261	same	HPE 361	same
AC-C29	Identify the signs, symptoms, and treatment of patients suffering from adverse reactions to environmental conditions.	HPE 261	same	HPE 361	same
AC-C30	Identify information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention.	HPE 261	same	HPE 361	same
AC-C31	Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.	HPE 214	same	HPE 261	same
AC-C32	Describe the proper	HPE 214	same	HPE 261	same

	ambulatory aid and technique for the injury and patient.				
AC-C33	Describe home care and self-treatment plans of acute injuries and illnesses.	HPE 261	same	HPE 361	same
AC-P1	Survey the scene to determine whether the area is safe and determine what may have happened.	HPE 214	HPE 214.225	HPE 261	HPE 261/325
AC-P2					
AC-P2a	Airway	HPE 214	HPE 214/225	HPE 364	HPE 364/325
AC-P2b	Breathing	HPE 214	HPE 214/225	HPE 364	HPE 364/325
AC-P2c	Circulation	HPE 214	HPE 214/225	HPE 364	HPE 364/325
AC-P2d	Level of consciousness	HPE 214	HPE 214/225	HPE 364	HPE 364/325
AC-P2e	Other life-threatening conditions	HPE 214	HPE 214/225	HPE 364	HPE 364/325
AC-P3	Implement appropriate emergency treatment strategies, including but not limited to:				
AC-P3a	Activate an emergency action plan	HPE 214	HPE 214/225	HPE 364	HPE 364/325
AC-P3b	Establish and maintain an airway in an infant, child, and adult	HPE 214	HPE 214/225	HPE 364	HPE 364/325
AC-P3c	Establish and maintain an airway in a patient wearing shoulder pads, headgear or other protective equipment and/or with a suspected spine injury	HPE 214	HPE 214/225	HPE 364	HPE 364/325
AC-P3d	Perform one- and two-person CPR on an infant, child,	HPE 214	HPE 214/225	HPE 364	HPE 364/325

	and adult				
AC-P3e	Utilize a bag-valve mask on an infant, child, and adult	HPE 214	HPE 214/225	HPE 361	HPE 364/325
AC-P3f	Utilize an automated external defibrillator (AED) according to current accepted practice protocols	HPE 214	same	HPE 361	same
AC-P3g	Normalize body temperature in situations of severe/life-threatening heat or cold stress	HPE 214	HPE 214/225	HPE 364	HPE 364/325
AC-P3h	Control bleeding using universal precautions	HPE 214	HPE 214/225	HPE 361	HPE 364/325
AC-P3i	Administer an EpiPen for anaphylactic shock	HPE 214	HPE 214/225	HPE 361	HPE 364/325
AC-P4	Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including but not limited to:				
AC-P4a	Open and closed wounds (using universal precautions)	HPE 214	same	HPE 361	same
AC-P4b	Closed-head trauma (using standard neurological tests and tests for cranial nerve function)	HPE 251	HPE 251/225	HPE 361	HPE 361/425
AC-P4c	Environmental illness	HPE 214	HPE 214/225	HPE 361	HPE 361/425
AC-P4d	Seizures	HPE 214	HPE 214/225	HPE 361	HPE 361/425
AC-P4e	Acute asthma attack	HPE 314	HPE 214/225	HPE 361	HPE 361/425
AC-P4f	Different types	HPE 214	HPE 214/225	HPE 361	HPE 361/425

	of shock				
AC-P4g	Thoracic, respiratory, and internal abdominal injury or illness	HPE 214	HPE 214/226	HPE 361	HPE 361/425
AC-P4h	Acute musculoskeletal injuries (i.e. sprains, strains, fractures, dislocations)	HPE 261	HPE 261/225	HPE 363	HPE 363/325
AC-P4i	Spinal cord and peripheral nerve injuries	HPE 261	HPE 261/226	HPE 364	HPE 364/325
AC-P4j	Diabetic coma	HPE 214	HPE 214/226	HPE 361	HPE 361/425
AC-P4k	Toxic drug overdose	HPE 214	HPE 214/226	HPE 361	HPE 361/425
AC-P4l	Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)	HPE 214	HPE 214/226	HPE 361	HPE 361/425
AC-CP1	Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations.	xxxxxxxxxxxx	HPE 214/225	xxxxxxxxxxxx	HPE 363/364/325

	Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.				
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Therapeutic Modalities

Competency Code	Competency	Course 1 Instructed	Course 1 Evaluated	Course 2 Instructed	Course 2 Evaluated
TM-C1	Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the selection and application of therapeutic modalities used in a treatment and/or rehabilitation program.	HPE 261	same	HPE 365	same
TM-C2	Explain the principles of physics, including basic concepts associated with the electromagnetic and acoustic spectra (e.g., frequency, wavelength) associated with therapeutic modalities.	HPE 261	same	HPE 365	same
TM-C3	Explain the terminology, principles, basic concepts, and properties of electric currents as they relate to therapeutic modalities.	HPE 261	same	HPE 365	same
TM-C4	Describe contemporary pain-control theories.	HPE 261	same	HPE 365	same
TM-C5	Describe the role and function of the common pharmacological agents that are used in conjunction with therapeutic modalities	HPE 261	same	HPE 361	same

TM-C6	Explain the body's physiological responses during and following the application of therapeutic modalities.	HPE 261	same	HPE 365	same
TM-C7	Describe the electrophysics, physical properties, biophysics, patient preparation and modality set-up (parameters), indications, contraindications, and specific physiological effects associated with commonly used therapeutic modalities.	HPE 261	same	HPE 365	same
TM-C8	Identify appropriate therapeutic modalities for the treatment and rehabilitation of injuries and illness.	HPE 261	same	HPE 365	same
TM-C9	Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies to determine appropriate treatment and rehabilitation and to evaluate readiness to return to the appropriate level of activity. This includes the ability to:	HPE 261	same	HPE 365	same

TM-C9a	Describe and interpret appropriate measurement and assessment procedures as they relate to the selection and application of therapeutic modalities.	HPE 261	same	HPE 365	same
TM-C9b	Interpret objective measurement results as a basis for developing individualized therapeutic modality application and set-up (parameters).	HPE 261	same	HPE 365	same
TM-C9c	Interpret the results of injury assessment and determine an appropriate therapeutic modality program to return the patient to physical activity.	HPE 261	same	HPE 365	same
TM-C9d	Determine the appropriate therapeutic modality program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.	HPE 261	same	HPE 365	same
TM-C9e	Determine the criteria for progression and return to activity based on the level of functional outcomes.	HPE 261	same	HPE/363/364	same
TM-C9f	Describe appropriate methods of	HPE 261	same	HPE 365	same

	assessing progress when using therapeutic modalities and interpret the results.				
TM-C9g	Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a treatment plan.	HPE 261	same	HPE 365/367	same
TM-C9h	Describe appropriate medical documentation for recording progress in a therapeutic modality program.	HPE 261	same	HPE 365	same
TM-C10	Identify manufacturer's, institutional, state, and federal standards for the operation and safe application of therapeutic modalities.	HPE 261	same	HPE 365	same
TM-C11	Identify manufacturer's, institutional, state and federal guidelines for the inspection and maintenance of therapeutic modalities.	HPE 261	same	HPE 365	same
TM-P1	Assess patient to identify indications, contraindications, and precautions applicable to the application of therapeutic modalities.	HPE 261	same	HPE 365	same
TM-P2	Obtain and interpret baseline and posttreatment objective physical measurements to	HPE 261	same	HPE 365	same

	evaluate and interpret results.				
TM-P3	Inspect the therapeutic modalities and treatment environment for potential safety hazards.	HPE 261	same	HPE 365	same
TM-P4	Position and prepare the patient for the application of therapeutic modalities.	HPE 261	same	HPE 365	same
TM-P5	Select and apply appropriate therapeutic modalities according to evidence-based guidelines.	HPE 261	same	HPE 365	same
TM-P6	Document treatment goals, expectations, and treatment outcomes.	HPE 261	same	HPE 365/367	same
TM-CP1	Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, patient set-up, and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of	xxxxxxxxxxxxx	HPE 226	xxxxxxxxxxxxx	HPE 425

	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	xxxxxxxxxxxxxx	HPE 226	xxxxxxxxxxxxxx	HPE 425
TM-CP1.2	Electrical Stimulation Modalities	xxxxxxxxxxxxxx	HPE 226	xxxxxxxxxxxxxx	HPE 425
TM-CP1.3	Therapeutic Ultrasound	xxxxxxxxxxxxxx	HPE 226	xxxxxxxxxxxxxx	HPE 425
TM-CP1.4	Mechanical Modalities	xxxxxxxxxxxxxx	HPE 226	xxxxxxxxxxxxxx	HPE 425
TM-CP1.5	Massage and other Manual Techniques	xxxxxxxxxxxxxx	HPE 226	xxxxxxxxxxxxxx	HPE 425

Therapeutic Exercise

Competency Code	Competency	Course 1 Instructed	Course 1 Evaluated	Course 2 Instructed	Course 2 Evaluated
EX-C1	Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the development, progression and implementation of a therapeutic exercise program.	HPE 261	same	HPE 367	same
EX-C2	Describe the mechanical principles applied to the design and use of	HPE 261	same	HPE 367	same

	therapeutic exercise equipment and techniques (leverage, force, kinesiology and biomechanics).				
EX-C3	Describe common surgical techniques, pathology, and any subsequent anatomical alterations that may affect the implementation of a therapeutic exercise program.	HPE 261	same	HPE 367	same
EX-C4	Describe the appropriate selection and application of therapeutic exercises taking the following into consideration:	HPE 261	same	HPE 367	same
EX-C4a	The physiological responses of the human body to trauma	HPE 261	same	HPE 367	same
EX-C4b	The physiological effects of inactivity and immobilization on the musculoskeletal, cardiovascular, nervous, and respiratory systems of the human body	HPE 261	same	HPE 367	same
EX-C4c	The anatomical and/or biomechanical alterations resulting from acute and chronic injury and improper mechanics	HPE 261	same	HPE 367	same
EX-C4d	The physiological adaptations induced by the various forms of therapeutic exercise, such as fast- versus slow-twitch muscle fibers	HPE 261	same	HPE 367	same
EX-C4e	The physiological responses of additional factors, such as age and disease	HPE 261	same	HPE 367	same

EX-C5	Describe the indications, contraindications, theory, and principles for the incorporation and application of various contemporary therapeutic exercise equipment and techniques, including aquatic therapy, manual therapy and mobilization.	HPE 261	same	HPE 367	same
EX-C6	Define the basic components of activity-specific rehabilitation goals, functional progressions, and functional outcomes in a therapeutic exercise program.	HPE 261	same	HPE 367	same
EX-C7	Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies in order to determine appropriate treatment and rehabilitation plans and to evaluate the readiness to return to the appropriate level of activity. This includes the ability to:	HPE 261	same	HPE 367	same
EX-C7a	Describe and interpret appropriate measurement and functional testing procedures as they relate to the selection and application of therapeutic exercise.	HPE 261	same	HPE 367	same
EX-C7b	Interpret objective measurement results (muscular strength/endurance, range of motion) as a basis for	HPE 261	same	HPE 367	same

	developing an individualized therapeutic exercise program.				
EX-C7c	Interpret the results of a physical assessment and determine an appropriate therapeutic exercise program to return the patient to physical activity.	HPE 261	same	HPE 367	same
EX-C7d	Determine the appropriate therapeutic exercise program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.	HPE 261	same	HPE 367	same
EX-C7e	Determine the criteria for progression and return to activity based on the level of functional outcomes.	HPE 261	same	HPE 367	same
EX-C7f	Describe appropriate methods of assessing progress in a therapeutic exercise program and interpret the results.	HPE 261	same	HPE 367	same
EX-C7g	Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a therapeutic exercise program.	HPE 261	same	HPE 367	same
EX-C7h	Describe appropriate medical documentation for recording progress in a therapeutic exercise program.	HPE 261	same	HPE 367	same
EX-C8	Explain the effectiveness of taping, wrapping, bracing, and other supportive/protective methods for facilitation of safe	HPE 261	same	HPE 367	same

	progression to advanced therapeutic exercises and functional activities.				
EX-C9	Describe manufacturer's, institutional, state and federal guidelines for the inspection and maintenance of therapeutic exercise equipment.	HPE 261	same	HPE 367	same
EX-P1	Assess a patient to determine specific therapeutic exercise indications, contraindications, and precautions.	HPE 261	HPE 261/226	HPE 367	HPE 367/425
EX-P2	Obtain and interpret baseline and postexercise objective physical measurements to evaluate therapeutic exercise progression and interpret results.	HPE 261	HPE 261/226	HPE 367	HPE 367/425
EX-P3	Inspect therapeutic exercise equipment to ensure safe operating condition.	HPE 261	HPE 261/226	HPE 367	HPE 367/425
EX-P4	Demonstrate the appropriate application of contemporary therapeutic exercises and techniques according to evidence-based guidelines.	HPE 261	HPE 261/226	HPE 367	HPE 367/425
EX-P5	Instruct the patient in proper techniques of commonly prescribed therapeutic exercises.	HPE 261	HPE 261/226	HPE 367	HPE 367/425
EX-P6	Document rehabilitation goals, progression and functional outcomes.	HPE 261	HPE 261/226	HPE 367	HPE 367/425
EX-P7	Perform a functional assessment for safe return to physical activity.	HPE 261	HPE 261/226	HPE 367	HPE 367/425

EX-CP	Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity, lower extremity, trunk, and spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 367/425
EX-CP1	Program for injuries to the upper extremity	xxxxxxxxxxxxx	HPE 261/226	xxxxxxxxxxxxx	HPE 367/425
EX-CP1.1	Exercises and Techniques to Improve Joint Range of Motion	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP1.2	Exercises to Improve Muscular Strength	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP1.3	Exercises to Improve Muscular Endurance	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP1.4	Exercises to Improve	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425

	Muscular Speed				
EX-CP1.5	Exercises to Improve Muscular Power	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP1.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP1.7	Exercises to Improve Agility	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP1.8	Exercises to Improve Cardiorespiratory Endurance	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP1.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP2	Program for injuries to the lower extremity	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP2.1	Exercises and Techniques to Improve Joint Range of Motion	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP2.2	Exercises to Improve Muscular Strength	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP2.3	Exercises to Improve Muscular Endurance	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP2.4	Exercises to Improve Muscular Speed	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP2.5	Exercises to Improve Muscular Power	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP2.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP2.7	Exercises to Improve Agility	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP2.8	Exercises to Improve Cardiorespiratory Endurance	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP2.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP3	Program for injuries to the trunk	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP3.1	Exercises and Techniques to Improve Joint Range of Motion	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP3.2	Exercises to Improve Muscular Strength	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP3.3	Exercises to Improve	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425

	Muscular Endurance				
EX-CP3.4	Exercises to Improve Muscular Speed	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP3.5	Exercises to Improve Muscular Power	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP3.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP3.7	Exercises to Improve Agility	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP3.8	Exercises to Improve Cardiorespiratory Endurance	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP3.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP4	Program for injuries to the spine	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP4.1	Exercises and Techniques to Improve Joint Range of Motion	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP4.2	Exercises to Improve Muscular Strength	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP4.3	Exercises to Improve Muscular Endurance	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP4.4	Exercises to Improve Muscular Speed	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP4.5	Exercises to Improve Muscular Power	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP4.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP4.7	Exercises to Improve Agility	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP4.8	Exercises to Improve Cardiorespiratory Endurance	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425
EX-CP4.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening	xxxxxxxxxxxxx	HPE 310/326	xxxxxxxxxxxxx	HPE 367/425

Pharmacology

Competency Code	Competency	Course 1 Instructed	Course 1 Evaluated	Course 2 Instructed	Course 2 Evaluated
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PH-C1	Explain the laws, regulations, and procedures that govern storing, transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).	HPE 213	same	HPE 361	same
PH-C2	Identify appropriate pharmaceutical terminology and abbreviations used in the prescription, administration, and dispensing of medications.	HPE 213	same	HPE 361	same
PH-C3	Identify information about the indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications (including herbal medications) using current pharmacy resources.	HPE 213	same	HPE 361	same
PH-C4	Explain the concepts of pharmacokinetics (absorption, distribution, metabolism, and elimination) and the suspected influence that exercise might have on these processes.	HPE 213	same	HPE 361	same
PH-C5	Explain the concepts related to bioavailability, half-life, and bioequivalence.	HPE 213	same	HPE 361	same

PH-C6	Explain the general pharmacodynamic principles as they relate to the mechanism of drug action and therapeutic effectiveness (e.g. receptor theory, dose-response relationship, potency, and drug interactions).	HPE 213	same	HPE 361	same
PH-C7	Describe the common routes used to administer medications (e.g., oral, inhalation, and injection) and their advantages and disadvantages.	HPE 213	same	HPE 361	same
PH-C8	Explain the relationship between generic or brand name pharmaceuticals.	HPE 213	same	HPE 361	same
PH-C9	Identify medications that might cause possible poisoning, and describe how to activate and follow the locally established poison control protocols.	HPE 213	same	HPE 361	same
PH-C10	Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used performance-enhancing substances.	HPE 213	same	HPE 361	same
PH-C11	Identify which therapeutic drugs and nontherapeutic substances are	HPE 213	same	HPE 361	same

	banned by sport and/or workplace organizations in order to properly advise patients about possible disqualification and other consequences.				
PH-P1	Obtain and communicate patient education materials regarding physician-prescribed medications, over-the-counter drugs, and performance-enhancing substances using appropriate references.	HPE 213	HPE 213/325	HPE 361	HPE 361/42
PH-P2	Abide by federal, state, and local regulations for the proper storage, transportation, dispensing (administering where appropriate), and documentation of commonly used medications.	HPE 213	HPE 213/325	HPE 361	HPE 361/42
PH-P3	Activate and effectively follow locally established poison control protocols.	HPE213/214	HPE 213/214/325 HPE 361		HPE 361/42

Psychosocial

Competency Code	Competency	Course 1 Instructed	Course 1 Evaluated	Course 2 Instructed	Course 2 Evaluated
PS-C1	Explain the psychosocial requirements (i.e., motivation and self-confidence) of various activities that relate to the readiness of the	HPE 261	same	332	same

	injured or ill individual to resume participation.				
PS-C2	Explain the stress-response model and the psychological and emotional responses to trauma and forced inactivity.	HPE 261	same	332	same
PS-C3	Describe the motivational techniques that the athletic trainer must use during injury rehabilitation and reconditioning.	HPE 261	same	332	same
PS-C4	Describe the basic principles of mental preparation, relaxation, visualization, and desensitization techniques.	HPE 261	same	332	same
PS-C5	Describe the basic principles of general personality traits, associated trait anxiety, locus of control, and patient and social environment interactions.	HPE 261	same	332	same
PS-C6	Explain the importance of providing health care information to patients, parents/guardians, and others regarding the psychological and emotional well being of the patient.	HPE 261	same	332	same
PS-C7	Describe the roles and function of various community-based health care providers (to include, but not	HPE 251	same	332	same

	limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.				
PS-C8	Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, their patients, and others involved in the health care of the patient.	HPE 261	same	332	same
PS-C9	Explain the basic principles of counseling (discussion, active listening, and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.	HPE 251	same	332	same
PS-C10	Identify the symptoms and clinical signs of common eating disorders and the psychological and sociocultural factors associated with these disorders.	HPE 220	same	332	same
PS-C11	Identify and describe the sociological, biological and psychological influences toward substance abuse, addictive personality traits,	HPE 213	same	332	same

	the commonly abused substances, the signs and symptoms associated with the abuse of these substances, and their impact on an individual's health and physical performance				
PS-C12	Describe the basic signs and symptoms of mental disorders (psychoses), emotional disorders (neuroses, depression), or personal/social conflict (family problems, academic or emotional stress, personal assault or abuse, sexual assault, sexual harassment), the contemporary personal, school, and community health service agencies, such as community-based psychological and social support services that treat these conditions and the appropriate referral procedures for accessing these health service agencies.	HPE 212	same	332	same
PS-C13	Describe the acceptance and grieving processes that follow a catastrophic event and the need for a psychological intervention and referral plan for all parties affected by	HPE 251	same	HPE 332	same

	the event.				
PS-C14	Explain the potential need for psychosocial intervention and referral when dealing with populations requiring special consideration (to include but not limited to those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, unilateral organs, physical and/or mental disability).	HPE 261	same	HPE 332	same
PS-C15	Describe the psychosocial factors that affect persistent pain perception (i.e., emotional state, locus of control, psychodynamic issues, sociocultural factors, and personal values and beliefs) and identify multidisciplinary approaches for managing patients with persistent pain.	HPE 261	same	HPE 332	same
PS-CP1	Demonstrate the ability to conduct an intervention and make the appropriate referral of an individual with a suspected substance abuse or other mental health problem. Effective lines of communication	XXXXXXXXXXXX		XXXXXXXXXXXX	

	should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the intervention and referral should be documented using standardized record-keeping methods.				
PS-CP2	.	xxxxxxxxxxxxx	HPE 213.325	xxxxxxxxxxxxx	HPE 332/425

Nutritional Aspects

Competency Code	Competency	Course 1 Instructed	Course 1 Evaluated	Course 2 Instructed	Course 2 Evaluated
NU-C1	Describe personal health habits and their role in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.	HPE 261	same	HPE 220	same
NU-C2	Describe the USDA's "My Pyramid" and explain how this can be used in performing a basic dietary analysis and creating a dietary plan for a patient.	HPE 261	same	HPE 220	same
NU-C3	Identify and describe primary national organizations responsible for public and professional nutritional information.	HPE 261	same	HPE 220	same

NU-C4	Identify nutritional considerations in rehabilitation, including nutrients involved in healing and nutritional risk factors (e.g., reduced activity with the same dietary regimen and others).	HPE 220	same	HPE 367	same
NU-C5	Describe common illnesses and injuries that are attributed to poor nutrition (e.g., effects of poor dietary habits on bone loss, on injury, on long-term health, and on other factors).	HPE 220	same	HPE 367	same
NU-C6	Explain energy and nutritional demands of specific activities and the nutritional demands placed on the patient.	HPE 261	same	HPE 220	same
NU-C7	Explain principles of nutrition as they relate to the dietary and nutritional needs of the patient (e.g., role of fluids, electrolytes, vitamins, minerals, carbohydrates, protein, fat, and others).	HPE 261	same	HPE 220	same
NU-C8	Explain the physiological processes and time factors involved in the digestion, absorption, and assimilation of food, fluids, and	HPE 261	same	HPE 220	same

	nutritional supplements. Further, relate these processes and time factors to the design and planning of preactivity and postactivity meals, menu content, scheduling, and the effect of other nonexercise stresses before activity.				
NU-C9	Describe the principles, advantages, and disadvantages of ergogenic aids and dietary supplements used in an effort to improve physical performance.	HPE 213	same	HPE 220	same
NU-C10	Explain implications of FDA regulation of nutritional products.	HPE 261	same	HPE 220	same
NU-C11	Identify and interpret pertinent scientific nutritional comments or position papers (e.g., healthy weight loss, fluid replacement, pre-event meals, and others).	HPE 261	same	HPE 220	same
NU-C12	Explain principles of weight control for safe weight loss and weight gain, and explain common misconceptions regarding the use of food, fluids, and nutritional supplements in weight control.	HPE 261	same	HPE 220	same

NU-C13	Explain consequences of improper fluid replacement.	HPE 261	same	HPE 220	same
NU-C14	Describe disordered eating and eating disorders (i.e., signs, symptoms, physical and psychological consequences, referral systems).	HPE 261	same	HPE 220	same
NU-C15	Identify effects of macronutrients (e.g., saturated fats, incomplete proteins, and complex carbohydrates) on performance, health, and disease.	HPE 261	same	HPE 220	same
NU-C16	Describe signs, symptoms, and physiological effects of mineral deficiency (e.g., iron, and calcium), and identify foods high in specific mineral content.	HPE 261	same	HPE 220	same
NU-C17	Identify and explain food label Daily Value recommendations and common food sources of essential vitamins and minerals in using current USDA Dietary Guidelines.	HPE 261	same	HPE 220	same
NU-C18	Describe the principles and methods of body composition assessment (e.g., skinfold calipers, bioelectric impedance, body mass index [BMI]) to assess	HPE 261	same	HPE 220	same

	a patient's health status and to monitor progress in a weight loss or weight gain program for patients of all ages and in a variety of settings.				
NU-C19	Explain the relationship between basal metabolic rate, caloric intake, and energy expenditure in the use of the Food Pyramid Guidelines.	HPE 261	same	HPE 220	same
NU-C20	Identify the nutritional benefits and costs of popular dietary regimen for weight gain, weight loss, and performance enhancement.	HPE 261	same	HPE 220	same
NU-P1	Assess body composition by validated technique (e.g., skinfold calipers, bioelectric impedance, BMI, etc.) to assess a patient's health status and to monitor progress during a weight loss or weight gain program.	HPE 251	HPE 251/225	HPE 310	HPE 310/425
NU-P2	Calculate energy expenditure, caloric intake, and BMR.	HPE 220	HPE 220/225	HPE 310	HPE 310/425
NU-P3	Provide educational information about basic nutritional concepts, facts, needs, and food labels for settings associated with physically active	HPE 220	HPE 220/225	HPE 310	HPE 310/425

	individuals of a wide range of ages and needs.				
NU-CP1	Demonstrate the ability to counsel a patient in proper nutrition. This may include providing basic nutritional information and/or an exercise and nutrition program for weight gain or weight loss. The student will demonstrate the ability to take measurements and figure calculations for a weight control plan (e.g., measurement of body composition and BMI, calculation of energy expenditure, caloric intake, and BMR). Armed with basic nutritional data, the student will demonstrate the ability to develop and implement a preparticipation meal and an appropriate exercise and nutritional plan for an active individual. The student will develop an active listening relationship to effectively communicate with the patient and, as appropriate, refer the patient to	xxxxxxxxxxxxx	HPE 251/225	xxxxxxxxxxxxx	HPE 332/425

	other medical professionals (physician, nutritionist, counselor or psychologist) as needed.				
NU-CP2	Demonstrate the ability to recognize disordered eating and eating disorders, establish a professional helping relationship with the patient, interact through support and education, and encourage vocal discussion and other support through referral to the appropriate medical professionals.	xxxxxxxxxxxxx	HPE 220/225	xxxxxxxxxxxxx	HPE 310/425

Administration

Competency	Course 1 Instructed	Course 1 Evaluated	Course 2 Instructed	Course 2 Evaluated
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AD-C1	Describe organization and administration of preparticipation physical examinations and screening including, but not limited to, developing assessment and record-keeping forms that include the minimum recommendations from recognized health and medical organizations, scheduling of appropriate health and medical personnel, and efficient site use.	HPE 251	same	HPE 403	same
AD-C2	Identify components of a medical record (e.g., emergency information, treatment documentation, epidemiology, release of medical information, etc.), common medical record-keeping techniques and strategies, and strengths and weaknesses of each approach and the associated implications of privacy statutes (Health Insurance Portability and Accountability Act [HIPAA] and Federal Educational Rights Privacy Act [FERPA]).	HPE 251	same	HPE 403	same
AD-C3	Identify current injury/illness surveillance and reporting systems.	HPE 251	same	HPE 403	same
AD-C4	Identify common human resource policy and federal legislation regarding employment (e.g., The Americans with Disabilities Act,	HPE 251	same	HPE 403	same

	Family Medical Leave Act, FERPA, Fair Labor Standards Act, Affirmative Action, Equal Employment Opportunity Commission).				
AD-C5	Describe duties of personnel management, including (1) recruitment and selection of employees, (2) retention of employees, (3) development of policies-and-procedures manual, (4) employment performance evaluation, 5) compliance with nondiscriminatory and unbiased employment practices.	HPE 251	same	HPE 403	same
AD-C6	Identify principles of recruiting, selecting, and employing physicians and other medical and allied health care personnel in the deployment of health care services.	HPE 251	same	HPE 403	same
AD-C7	Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the athletic trainer.	HPE 251	same	HPE 403	same

AD-C8	Identify key accrediting agencies for health care facilities (e.g., Joint Commission on Accreditation of Healthcare Organizations [JCAHO], Commission on Accreditation of Rehabilitation Facilities [CARF] and allied health education programs (e.g., Commission on Accreditation of Athletic Training Education [CAATE])) and describe their function in the preparation of health care professionals and the overall delivery of health care.	HPE 251	same	HPE 403	same
AD-C9	Identify and describe technological needs of an effective athletic training service and the commercial software and hardware that are available to meet these needs.	HPE 251	same	HPE 403	same
AD-C10	Describe the various types of health insurance models (e.g., health maintenance organization [HMO], preferred provider organization [PPO], fee-for-service, cash, and Medicare) and the common benefits and exclusions identified within these models.	HPE 251	same	HPE 403	same
AD-C11	Describe the concepts and procedures for third-party insurance reimbursement including the use of diagnostic (ICD-9-CM) and procedural	HPE 251	same	HPE 403	same

	(CPT) coding.				
AD-C12	Explain components of the budgeting process, including purchasing, requisition, bidding, and inventory.	HPE 251	same	HPE 403	same
AD-C13	Describe basic architectural considerations that relate to the design of safe and efficient clinical practice settings and environments.	HPE 251	same	HPE 403	same
AD-C14	Describe vision and mission statements to focus service or program aspirations and strategic planning (e.g., “weaknesses, opportunities, threats and strengths underlying planning” [WOTS UP], “strengths, weaknesses, opportunities and threats” [SWOT]) to critically bring out organizational improvement.	HPE 251	same	HPE 403	same
AD-C15	Explain typical administrative policies and procedures that govern first aid and emergency care (e.g., informed consent and incident reports).	HPE 214	same	HPE 403	same

AD-C16	Identify and describe basic components of a comprehensive emergency plan for the care of acutely injured or ill patients, which include (1) emergency action plans for each setting or venue; (2) personnel education and rehearsal; (2) emergency care supplies and equipment appropriate for each venue; (3) availability of emergency care facilities; (4) communication with onsite personnel and notification of EMS; (5) the availability, capabilities, and policies of community-based emergency care facilities and community-based managed care systems; (6) transportation; (7) location of exit and evacuation routes; (8) activity or event coverage; and (9) record keeping.	HPE 251	same	HPE 403	same
AD-C17	Explain basic legal concepts as they apply to a medical or allied health care practitioner's responsibilities (e.g., standard of care, scope of practice, liability, negligence, informed consent and confidentiality, and others).	HPE 251	same	HPE 403	same
AD-C18	Identify components of a comprehensive risk management plan that addresses the issues of security, fire, electrical and equipment safety,	HPE 251	same	HPE 403	same

	emergency preparedness, and hazardous chemicals.				
AD-C19	Describe strategic processes and effective methods for promoting the profession of athletic training and those services that athletic trainers perform in a variety of practice settings (e.g., high schools and colleges, professional and industrial settings, hospitals and community-based health care facilities, etc.).	HPE 251	same	HPE 403	same
AD-C20	Differentiate the roles and responsibilities of the athletic trainer from those of other medical and allied health personnel who provide care to patients involved in physical activity and describe the necessary communication skills for effectively interacting with these professionals.	HPE 251	same	HPE 403	same
AD-C21	Describe role and functions of various community-based medical, paramedical, and other health care providers and protocols that govern the referral of patients to these professionals.	HPE 251	same	HPE 403	same
AD-C22	Describe basic components of organizing and coordinating a drug testing and screening program, and identify the sources of current banned-drug lists published by	HPE 251	same	HPE 403	same

	various associations.				
AD-P1	Develop risk management plans, including facility design, for safe and efficient health care facilities.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
AD-P2	Develop a risk management plan that addresses issues of liability reduction; security, fire, and facility hazards; electrical and equipment safety; and emergency preparedness.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
AD-P3	Develop policy and write procedures to guide the intended operation of athletic training services within a health care facility.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
AD-P4	Demonstrate the ability to access medical and health care information through electronic media.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
AD-P5	Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others).	HPE 251	HPE 251/125	HPE 403	HPE 403/425
AD-P6	Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members.	HPE 251	HPE 251/125	HPE 403	HPE 403/425

AD-P7	Use a comprehensive patient-file management system that incorporates both paper and electronic media for purposes of insurance records, billing, and risk management.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
AD-P8		HPE 251	HPE 251/125	HPE 403	HPE 403/425

Professional Development

Competency Code	Competency	Course 1 Instructed	Course 1 Evaluated	Course 2 Instructed	Course 2 Evaluated
PD-C1	Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
PD-C2	Describe the process of attaining and maintaining national and state athletic training professional credentials.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
PD-C3	Describe the current professional development requirements for the continuing education of athletic trainers	HPE 251	HPE 251/125	HPE 403	HPE 403/425

	and how to locate available, approved continuing education opportunities.				
PD-C4	Describe the role and function of the governing structures of the National Athletic Trainers' Association.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
PD-C5	Differentiate the essential documents of the national governing, certifying, and accrediting bodies, including, but not limited to, the Athletic Training Educational Competencies, Standards of Practice, Code of Ethics, Role Delineation Study, and the Standards for the Accreditation of Entry-Level Athletic Training Education Programs.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
PD-C6	Summarize the position statements regarding the practice of athletic training.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
PD-C7	Describe the role and function of the professional organizations and credentialing agencies that impact the athletic training profession.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
PD-C8	Summarize the current requirements for the professional preparation of the athletic trainer.	HPE 251	HPE 251/125	HPE 403	HPE 403/425

PD-C9	Identify the objectives, scope of practice and professional activities of other health and medical organizations and professions and the roles and responsibilities of these professionals in providing services to patients.	HPE 251	HPE 251/125	HPE 403	HPE 403/425
PD-C10	Identify the issues and concerns regarding the health care of patients (e.g., public relations, third-party payment, and managed care).	HPE 251	HPE 251/125	HPE 403	HPE 403/425
PD-C11	Identify and access available educational materials and programs in health-related subject matter areas (audiovisual aids, pamphlets, newsletters, computers, software, workshops, and seminars).	HPE 251	HPE 251/125	HPE 403	HPE 403/425
PD-C12	Summarize the principles of planning and organizing workshops, seminars, and clinics in athletic training and sports medicine for health care personnel, administrators, other appropriate personnel, and the general public.	HPE 251	HPE 251/125	HPE 403	HPE 403/425

PD-C13	Describe and differentiate the types of quantitative and qualitative research and describe the components and process of scientific research (including statistical decision-making) as it relates to athletic training research.	HPE 421	same/426		
PD-C14	.	HPE 251	same	HPE 421	same/426
PD-C15	Identify the components of, and the techniques for constructing, a professional resume.	HPE 251	same	HPE 403	same/426
PD-C16	Summarize the history and development of the athletic training profession.	HPE 251	same		
PD-C17	Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, patients, administrators, health care professionals, parents/guardians, and other appropriate personnel.	HPE 251	same		HPE 225/226/325/326/425/
PD-P1	Collect and disseminate injury prevention and health care information to health care professionals, patients, parents/guardians, other appropriate personnel and the general public (e.g., team meetings, parents'	HPE 251	same/225/226	HPE 403	HPE 325/326/425/426

	nights, parent/teacher organization [PTO] meetings, booster club meetings, workshops, and seminars).				
PD-P2	Access by various methods the public information policy-making and governing bodies used in the guidance and regulation of the profession of athletic training (including but not limited to state regulatory boards, NATA, BOC).	HPE 251	same	HPE 403	HPE 426
PD-P3	Develop and present material (oral, pamphlet/handout, written article, or other media type) for an athletic training-related topic.	HPE 251	same	HPE 403	HPE 426
PD-P4	Develop a research project (to include but not limited to case study, clinical research project, literature review) for an athletic training-related topic.	HPE 421	same/426		

Student Profile for ACI/CI

Date: _____

Level: 1 2 3 4

Student Name: _____

Student Learning Style: _____

	Semester/Year Enrolled	Courses Taken/ Courses
HPES212 Personal & Community Hygiene		
HPES213 Drugs & Society		
HPES214 First Aid		
HPES220 Sports Nutrition		
HPES237 Introductory Statistics		
HPES251 Foundations of Athletic Train/Term.		
HPES261 Care & Prevention of Athletic Inj		
HPES269 Functional Anatomy/Physiology		
HPES301 Kinesiology & Correctives		
HPES310 Dev. Strength & Conditioning Programs		
HPES332 Sports Psychology		
HPES351 Physiology of Exercise		
HPES361 Gen. Med. Conditions & Pharm.		
HPES363 Eval of Muculoskeletal Inj/Illnesses		
HPES364 Eval of Head, Spine, & Internal Inj.		
HPES365 Therapeutic Modalities		
HPES367 Therapeutic Exercise		
HPES403 Org. & Adm. Of HPES		
HPES421 Research in Physical Education		
HPES125 Athletic Injuries Clinical Practicum I		
HPES126 Athletic Injuries Clinical Practicum II		
HPES225 Athletic Injuries Clinical Practicum III		
HPES226 Athletic Injuries Clinical Practicum IV		
HPES325 Athletic Injuries Clinical Practicum V		
HPES326 Athletic Injuries Clinical Practicum VI		
HPES425 Athletic Injuries Clinical Practicum VII		
HPES426 Athletic Injuries Clinical Practicum VIII		

Proficiencies Mastered:

AC-CP1.0	<p>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.</p>
DI-CP1.0	<p>Demonstrate a musculoskeletal assessment of upper ... extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the student will diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.</p>
DI-CP1.1	Foot and Toes
DI-CP1.2	Ankle
DI-CP1.3	Lower Leg
DI-CP1.4	Knee (tibiofemoral

		and patellofemoral)			
DI-CP1.5		Thigh			
DI-CP1.6		Hip/Pelvis/Sacroiliac Joint			
DI-CP1.7		Lumbar Spine			
DI-CP1.8		Thoracic Spine			
DI-CP1.9		Ribs			
DI-CP1.10		Cervical Spine			
DI-CP1.11		Shoulder Girdle			
DI-CP1.12		Upper Arm			
DI-CP1.13		Elbow			
DI-CP1.14		Forearm			
DI-CP1.15		Wrist			
DI-CP1.16		Hand, Fingers & Thumb			
DI-CP1.17		Head and Face			
DI-CP1.18		Temporomandibular Joint			
EX-CP1.0	<p>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.</p>				
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	<p>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</p>				

	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	Exercises to Improve Activity-Specific Skills, ... including Ergonomics and Work Hardening			
EX-CP4.0	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 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	Exercises to Improve Activity-Specific Skills, ... including Ergonomics and Work Hardening			

MC-CP1.0	Demonstrate a general and specific (e.g., head, torso ... and abdomen) assessment for the purpose of (a) screening and referral of common medical conditions, (b) treating those conditions as appropriate, and (c) when appropriate, determining a patient's readiness for physical activity. Effective lines of communication should be established to elicit and convey information about the patient's status and the treatment program. While maintaining confidentiality, all aspects of the assessment, treatment, and determination for activity should be documented using standardized record-keeping methods.			
MC-CP1.1	Derma			
MC-CP1.2	Head, including the Brain			
MC-CP1.3	Face, including the Maxillofacial Region			
MC-CP1.4	Thorax, including the heart and lungs			
MC-CP1.5	Abdomen, including the abdominal organs, the ... renal and urogenital systems			
MC-CP1.6	Eyes			
MC-CP1.7	Ear, Nose, and Throat			
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			
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.			
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.			
RM-CP1.0	Plan, implement, evaluate, and modify a fitness program ... specific to the physical status of the patient. This will include instructing the patient in proper performance of the activities and the warning signs and symptoms of potential injury that may be sustained. Effective lines of communication shall be established to elicit and convey information about the patient's status and the prescribed program. While maintaining patient confidentiality, all aspects of the fitness program shall be documented using standardized record-keeping methods.			
RM-CP2.0	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-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			
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-CP1.5	Massage and other Manual Techniques			

Specific Instruction for the ACI/CI upon being assigned a pre-professional or athletic training student

- 1. If you are an ACI, review your materials from the ACI Workshop.**
- 2. Review the Policies and Procedures Manual**
- 3. Review the Student Profile that is sent to you when a student is assigned. This will tell you the student's level, learning style, courses completed and currently registered, and clinical proficiency profile in terms of which have been evaluated mastery and which still need practice and evaluation.**
- 4. The first day the student arrives at your site would best be spent orienting the student to the site and its policies and procedures.**
- 5. Develop a schedule for when the student will be at your site-he/she can only be there when you are there to directly supervise him/her.**
- 6. Evaluations of the student's performance are very important-one should be completed half way through the clinical experience and the other at the end of the clinical experience. These should be shared with the student and are his/her strengths and weaknesses feedback.**
- 7. When the UMobile ATEP Program Director or Clinical Coordinator visits your site, please give him/her a concise evaluation of how the clinical experience is progressing and what needs to be done to improve it.**
- 8. Keep in mind that the student is there to learn from you, not to be a work-force extender. He/she is limited to 19 hours maximum per week at the clinical site in an upper division clinical experience (HPE 225-426) and 9 hours per week on an observational clinical (HPE 125-126).**
- 9. Most of all, thank you for giving back to the profession by serving as a direct supervisor for the student. They are the future of the profession, so we should do all we can to help make that future bright.**