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PREFACE

This manual contains the policies and procedures to be followed by all students who wish to be accepted into, and graduate from, the CAATE-accredited Athletic Training Education Program (ATEP), housed within the Sports Medicine (SPTM) Department, at Marietta College. These procedures have been created and approved by the ATEP faculty and staff, and have been developed to assure a healthy and safe learning environment for athletic training students while providing a high standard of care for Marietta College athletes. Many of these rules, regulations, and guidelines are either NATA, BOC, and/or CAATE dictated.

While at Marietta, you will not merely learn the skills involved in Athletic Training, but you will be instructed in the code of professional conduct and ethics. Just as important as the technical skills you learn, is the manner in which you conduct yourself and display a good attitude. Failure to adhere to these standards may jeopardize your status in the Athletic Training Education Program.

As a member of the Marietta College Athletic Training Education Program, you will be expected to read and understand all information included in this manual, as well as thoroughly and strictly adhere to all policies and procedures contained herein. It is hoped that you will refer to this manual regularly so as to uphold your duties and responsibilities as an athletic training student at Marietta College.

LINE CHART FOR ADMINISTRATIVE PROCEDURE OF THE ATEP

PROVOST/ DEAN OF THE FACULTY

SPORTS MEDICINE DEPARTMENT CHAIR/ATEP DIRECTOR

ATEP FACULTY AND STAFF

STUDENT HEALTH SERVICE

ATHLETIC DIRECTOR

LINE CHART FOR MEDICAL PROCEDURE OF THE ATEP

MEDICAL DIRECTOR/ TEAM PHYSICIAN

HEALTH CENTER PHYSICIAN

EMERGENCY ROOM PHYSICIAN

SPECIALISTS

ATEP DIRECTOR

CERTIFIED ATHLETIC TRAINERS

ATHLETIC TRAINING STUDENTS

PROGRAM OBJECTIVES

The objective of the Athletic Training Education Program (ATEP) at Marietta College is to prepare qualified professionals for employment in Athletic Training, as well as other medical and paramedical fields. Understanding of the fundamental knowledge and skills of athletic training and sports medicine are accomplished through classroom instruction as well as clinical and field experience. Upon completion of the four years of study, the student is recommended for a Bachelor of Science degree in Athletic Training and is eligible to sit for the Board of Certification (BOC) examination.

Instruction in the program places a strong emphasis on the scientific and medical aspects of Athletic Training. The topics of human anatomy and physiology are the focal points in the majority of the classes so that the student obtains a sound and comprehensive understanding of the structure and function of the body. With this knowledge, the student is better able to understand how both intrinsic and extrinsic factors affect human function and performance.

Each course that is part of the curriculum will have unique and clearly stated goals, objectives, competencies and proficiencies for the student. It is the shared responsibility of the student and instructor to make sure these goals, objectives, competencies and proficiencies are met. Students will be given the chance to evaluate both course content and instructor performance at the end of each semester, in addition to clinical instructor performance.

Clinical and field experience also plays a vital role in overall student instruction in the program. This experience is gained via labs, clinic assignments, and team assignments. What follows in this manual are the stated objectives, goals, and policies of these settings.

In summary, students are presented with didactic and clinical experiences that should lead them to being able to exercise sound ethical judgment, achieve satisfying careers, make positive contributions to their specific communities, and develop a personal responsibility for the importance of continued intellectual growth.

STAFF

The ATEP team at Marietta College shall consist of the Team Physician, Medical Director, the director of the ATEP, Coordinator of Clinical Education, Head Athletic Trainer, Certified Athletic Trainers (ATCs), Approved Clinical Instructors (ACIs), Clinical Instructors (CI's) and Athletic Training Students (ATS).

Definitions of each of these team members are listed below. A top quality program requires total cooperation of the entire team. When an athlete sustains an injury, the staff member present will render appropriate first aid and then refer the athlete to the proper medical authority. Refer to the following sections for more explanation concerning these procedures.

The team physician or emergency room personnel will provide the ultimate diagnostic care of all athletes. The team physician and/or appropriate physician consultant shall be the authority for prescribing all care rendered by all paramedical personnel to all intercollegiate athletes.

In accordance with the law of the State of Ohio and the previously mentioned policy, the ATC's will work only with advice and supervision of the team physician and/or appropriate medical consult. The ATC's will in turn supervise and instruct undergraduate SAT's in their clinical duties and care of athletes. Assigned members of the SPTM/ATEP team will administer first aid to the injured athlete, administer therapeutic modalities with the advice of the team physician, direct and supervise the rehabilitation programs, and direct and supervise daily activities.

Definition of Terms:

Team Physician- The Team Physician will assist the athletic training program by providing medical coverage to all home football games, as well as being a primary referral source for all athletes. The team physician will also assist the athletic training program by providing preseason physical exam to the athletes. The team physician will assist the athletic training education program by performing in-services for the athletic training students, along with allowing the athletic training students to observe him/her during patient evaluations and surgeries.

Medical Director- The Medical Director, in coordination with the Program Director, will act as a resource and expert for the medical content of the ATEP in both formal classroom and supervised clinical experiences.

Program Director- The Program Director will oversee the ATEP to insure the program is in compliance with the CAATE standards and guidelines for athletic training education programs. The program director will be ultimately responsible for the initiation and implementation of departmental curriculum changes, along with short and long term planning.

Coordinator of Clinical Education- The Clinical Coordinator will be the designated person to be responsible for visiting on and off campus clinical sites to insure the clinical site is appropriate for the athletic training student's clinical education experience. The clinical coordinator will be responsible to following up with the ACI's and CI's to insure athletic training student evaluations, and athletic training evaluations of the ACI and or CI and clinical site are being performed on a regular basis.

Head Athletic Trainer- The Head Athletic Trainer will work in conjunction with the ATEP program director, team physician, and athletic director to develop, evaluate, and update athletic training policies, procedures, documents, guidelines, as they pertain to medical coverage of student athletes at Marietta College.

Certified Athletic Trainer (ATC) - The ATC will be present at all assigned athletic team practices and games. The ATC will perform initial injury evaluations and make the decision regarding injury management, treatment, and possible referral. The ATC's may also be an ACI, and will have additional supervising and evaluation roles with the athletic training student.

Clinical Instructor(ACI): An Approved Clinical Instructor (ACI) is a BOC Certified Athletic Trainer with a minimum of one year of work experience as an athletic trainer, and who has completed Approved Clinical Instructor training. BOC certified athletic trainers who wish to be an ACI (e.g., graduate assistant), but who have less than one year of clinical experience, must be supervised by a more experienced ACI. An ACI provides formal instruction and evaluation of clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students.

Note that other content experts (e.g., exercise physiologists, nutritionists, mental health counselors, physicians) can be used to teach and evaluate those Clinical Proficiencies that fall within the domain of their professional expertise. However, an ACI must evaluate the students' ability to integrate these skills into professional practice.

CI (Clinical Instructor): A Clinical Instructor (CI) is a BOC certified athletic trainer or other qualified health care professional with a minimum of one year of work experience in their respective academic or clinical area. Clinical instructors teach, evaluate, and supervise athletic training students in the field experiences. A clinical instructor is not charged with the final formal evaluation of athletic training students' integration of clinical proficiencies. A clinical instructor may also be an ACI.

ATS (Athletic Training Student): An Athletic Training Student (ATS) who is enrolled in a CAATE-accredited entry-level athletic training education program. The ATS may also be referred to as a "student."

SPORTS MEDICINE DEPARTMENTAL DIRECTORY

(All area codes are 740 unless indicated otherwise)

TEAM PHYSICIAN

ROGER ANDERSON, DO 374-9990

MEDICAL DIRECTOR

DARLENE SNIDER, DO 568-5612

CERTIFIED ATHLETIC TRAINERS

| | | |
|--|-----------|--------------|
| SAM CROWTHER, Program Director, Clinical Coordinator | DBRC SPTM | x-4774 |
| JESSICA RAGER, Instructor | DBRC SPTM | x-4514 |
| KEMERY SIGMUND, Instructor | DBRC SPTM | x-4788 |
| JACLYN SCHWEITERMAN, Instructor | DBRC SPTM | x-4773 |
| SHANNON NICKLES, Athletic Trainer | DBRC SPTM | 904-327-5005 |

OTHER IMPORTANT NUMBERS

| | | |
|--|-----------|----------|
| ELAINE ADDIS, Departmental Secretary | DBRC SPTM | x-4770 |
| ATHLETIC TRAINING ROOM | DBRC SPTM | x-4575 |
| FENTON COURT ATHLETIC TRAINING ROOM | BJFH | x-4575 |
| PIONEER PARK | | x-4999 |
| BROUGHTON STUDENT HEALTH CENTER | | 373-0792 |
| SPORTSMED | | 374-3200 |
| MARIETTA MEMORIAL OUT-PT. PHYSICAL THERAPY | | 568-5325 |
| MARIETTA MEMORIAL IN-PT PHYSICAL THERAPY | | 374-1407 |
| FIRST SETTLEMENT PHYSICAL THERAPY | | 568-0650 |

EMERGENCY NUMBERS

| | |
|-----------------|----------|
| CAMPUS POLICE | x-3333 |
| CITY POLICE | 373-4141 |
| FIRE AND RESCUE | 373-3131 |

ADMISSION TO ATHLETIC TRAINING EDUCATION PROGRAM

The Athletic Training Education Program major is designed for those students who want to meet the competencies, course work and clinical education requirements established by the Board of Certification (BOC) and the Commission on Accreditation of Allied Health Education Programs (CAATE). By completing the MC requirements for the Athletic Training Education Program, the student will become eligible to take the BOC examination. Passing the certification exam will create employment possibilities at secondary school, college, and private/clinical settings. Additionally, completion of the ATEP will essentially qualify one to apply for most graduate and professional programs in the medical and exercise science areas.

ATEP ADMISSION REQUIREMENTS

Application for admission into the Athletic Training Education Program major must begin during the first semester of the second year in the program. The quota of applicants accepted and enrolled in the ATEP is limited by the faculty/student ratio established by CAATE and also due to the highly individualized nature of this program. If more applicants meet the admission criteria than there are slots available, an objective (i.e., point system) format will be utilized in making decisions. This “point system” will be based upon the applicant’s major/core GPA, their cumulative GPA, the number of clinical hours obtained during the first three semesters, and the interview. Potential applicants must meet the following criteria:

1. 2.75 GPA in the following courses by the end of the second semester of the sophomore (second) year.
 - a. SPTM 210 Fundamentals of Athletic Training
 - b. SPTM 211 Practicum I-Lower Extremity Assessment
 - c. SPTM 212 Practicum II-Upper Extremity Assessment
 - d. SPTM 304 Medical Aspects of Athletic Training
 - e. BIO 212 Human Anatomy
 - f. BIO 203 Human Physiology
2. Successful demonstration of skills and traits necessary for an entry level BOC certified athletic trainer (i.e., dependability, responsibility, initiative, communication skills).
3. Successful completion of clinical assignments, including a minimum of 130 directed clinical observation hours obtained during the first 3 semesters at MC.
4. Evidence of physical examination by a physician.
5. Evidence of current First Aid and CPR certification.
6. Evidence of vaccinations and immunizations.
7. A signed “Technical Standards for Admission” form (Appendix G), verifying that the student understands and meets the expectations of the program, as well as the program’s accrediting agency.
8. Completion of the “ATEP Application Form”.
9. Two reference evaluation forms completed by a former instructor, MC faculty member, coach or someone else known to you outlining your character.
10. Letter of application in which the student describes his/her reason for applying to the ATEP and how admission to the ATEP will help him/her reach life or career goals.

11. Interview with selected members of the Athletic Training Selection Committee.
13. Students not accepted into the ATEP may reapply the following semester.
(See below)

PROVISIONAL ADMISSION

On occasion, students are admitted provisionally into the Athletic Training Education Program. In this instance, students will be given very clear objective criteria (i.e., increase GPA, continued acceptable clinical performance levels and/or evaluations, etc.). This category of admission is only used when students are extremely close to meeting the GPA admission criteria.

Students who are admitted provisionally into the ATEP will be informed of this in writing, and will be given the specific objective criteria that must be met in order to be fully accepted the following semester. During the time of being provisionally admitted, a student will continue taking the appropriate ATEP course work in addition to completion of the assigned clinical experience.

At the end of their semester of being provisionally admitted, the student's GPA and clinical evaluations will be reviewed. A decision is then made as to whether the student will be moved to full admission or downgraded to non-admission status.

SECOND CHANCE PROVISION

Students not accepted into the ATEP may reapply. This opportunity is intended for those who failed to gain admission to the program on their first attempt. Procedures for the second chance are as follows:

1. The student must formally request the second chance, otherwise, he or she waives the right to exercise it. This request must be submitted no later than one month after the letter of non-acceptance is received by the student.
2. The second chance essentially consists of repeating Sports Medicine or Biology courses to demonstrate that he/she is capable of meeting the entrance requirements.
3. The exact requirements that the student must satisfy to gain admission to the program via the second chance provision will be detailed in the letter of non-acceptance. It is anticipated that the student will meet with the ATEP Program Director for further explanation or clarification of the requirements.
4. Students approved to exert the "second chance provision", will be asked to submit the following materials: a) letter of application stating how applicant has addressed deficiencies stated in letter of non-acceptance; b) interview with two members of the Athletic Training Interview Committee; and c) any additional supporting letters of recommendation

Students who request the second chance and meet the stated requirements will be fully admitted into the program. Students who fail to meet the stated second chance requirements will not be accepted into the program. **THERE IS NO THIRD CHANCE TO APPLY.**

RIGHT OF APPEAL

Students not accepted into the ATEP have the right to appeal to the Director of the program. It is anticipated that admission to the program by this route will be rare except in cases with extenuating circumstances.

RETENTION STATEMENT

Once accepted into the ATEP, students will continue throughout the four semester program assuming satisfactory progression is made toward graduation and the clinical education requirement.

Students will be expected to fulfill all professional responsibilities and guidelines for operation enumerated in this manual. Evaluation of the academic success of the individual student will be made at the end of each semester. Evaluation of the clinical performance of each student will be made at the middle and end of each semester. Probationary and dismissal policies are described later in this manual. Students should be familiar with these policies.

TRANSFER POLICY

Students transferring to Marietta College who seek admittance to the Athletic Training Education Program must take the following courses at Marietta College: SPTM 210, 211, 212, 304, BIOL 203 and 212. A 2.75 GPA must be earned in these courses to meet minimum ATEP standards. These courses are consistent with the course outline for traditional students. Additionally, the transfer student must acquire 130 hours of clinical observation prior to being admitted. The transfer student must work closely with his or her academic advisor, as well as the Records Office at Marietta College, in regard to general education requirement fulfillment.

GRADUATION REQUIREMENTS FOR THE ATHLETIC TRAINING EDUCATION PROGRAM

After completion of the ATEP requirements, the student must also meet the criteria for graduation listed below in order to earn the Bachelor of Science Degree in Athletic Training.

1. A minimum GPA of 2.0 overall and 2.75 in the major.
2. Achieving a minimum of "B-" or higher in SPTM 211, 212, 311 and 312 and a minimum of "C-" in all other ATEP requirements.
3. Once admitted into the ATEP, completion of a minimum of four clinical/field experiences is required. These will consist of covering MC athletics or obtaining experiences in the MC ATR or other approved affiliated clinical sites, under the direct supervision of BOC certified athletic trainers or other allied health care professionals.
4. Completion of other/additional clinical experiences required in specific courses prior to formal admission into the ATEP. These hours may be obtained at MC, any affiliated clinical setting, and/or any allied clinical setting (if approved by Department Chair).

Marietta College Athletic Training Education Program

General Objectives of Clinical Hours and Clinical Assignments

The clinical placement of students will be done through evaluation by the Sports Medicine faculty and involved clinical instructors.

Assignments will be made well in advance of the beginning of the sports season for each semester. Assignments are subject to change during the semester, but only if such change is unavoidable. A limited number of clinical assignments require Athletic Training Students (ATS) to report early or stay over during academic vacations. Involved students will be consulted in such cases and attempts will be made to avoid conflicts with family and personal plans.

The following are the goals and objectives for students as set forth by the faculty of the Sports Medicine Department related to student experience in the clinical setting of Athletic Training. These will serve as rationale for making clinical assignments as part of the student's clinical education/field experience.

1. The ATS will develop a professional relationship with the certified staff and other members of the sports medicine team through interaction in the clinical setting.
2. The ATS shall gain an appreciation for these aspects of the profession and the unique responsibilities of the clinical Athletic Trainer. As a result of this experience, it is hoped that the student will be able to make a more informed decision concerning the setting he or she wishes to be employed.
3. The ATS will gain experience in a sports medicine clinic.
4. The ATS will learn procedures and criteria for making medical referrals.
5. The ATS will gain an understanding of the methods and importance of good record keeping. The students will learn and utilize the SOAP note technique for all treatment and rehab performed in the athletic training room.
6. Operation of any clinical setting is highly subject to regulations by OSHA and other such regulating organizations. The ATS will learn these regulations and experience their implementation into the daily operations of the clinic.
7. The ATS will gain experience using available therapeutic modalities. The ATS will gain an understanding of indications/contraindications, criteria for determining treatment protocols (duration, intensity, etc.) and proper maintenance of the equipment.
8. The ATS will gain experience in development and implementation of rehabilitation plans. This will involve daily interaction among the athlete, ATS, and ATC in order to assure appropriate and safe progression.
9. The ATS shall gain experience in emergency care of athletic injuries.
10. The ATS shall develop a sense of independence/self-reliance through traveling with teams. When traveling with a team and not accompanied by an ATC, the ATS is a first responder. More regarding this will be covered later in this manual.
11. The ATS shall gain experience in wound care and bandaging.
12. The ATS shall gain experience in successfully dealing with athletes and understanding the wide variety of personalities the ATS will meet. The ATS shall develop strategies in dealing with athletes in both injury and non-injury situations.
13. The ATS will also develop strategies in dealing with coaches in such areas as athlete participation, scheduling of pre-practice taping and set up, and other various interactions.
14. The ATS will develop a professional relationship with members of the medical team such as the team physician, other medical specialists, nurses, physical therapists, EMT's, and other allied health personnel.
15. The athletic setting may be an uncomfortable and intimidating one for some people, especially those who have never participated in interscholastic sports. Our goal is that all ATS's become comfortable dealing with athletes and coaches in the team setting. Such comfort comes with experience and with confidence in one's own ability.
16. The ATS will learn how to stock and maintain an athletic training kit for practice and travel situations.

17. Being sensitive to supply inventory and usage is an important objective for the ATS. By making sure storage areas are stocked and supply use is monitored, the ATS will gain an appreciation for responsible use of supplies.
18. The ATS shall gain experience managing and supervising the athletic training room, and sports medicine clinic (ie., enforcing rules, cleaning, etc).
19. Working with a specific group of athletes gives the ATS a better opportunity to follow a patient through the progression from injury, through rehab, to return to activity. Such an opportunity would not be as accessible in other settings.
20. The ATS will gain proficiency in various taping techniques, as well as, have an opportunity to experiment with new and different techniques.
21. The ATS will gain experience with bracing and padding for sports participation.
22. The ATS will learn and then be able to personally develop criteria for determining participation status and return to play after injury.
23. The ATS will acquire knowledge of the sports to better understand the physical demands which are placed on the athletes. This is important for developing appropriate rehab plans and knowing when an athlete is able to return to play.
24. It is the philosophy of our sports medicine team that athletes are first and foremost human beings and thus building strong interpersonal relationships is of prime importance. The time spent by the ATS with the team is essential for building the trust and rapport necessary in order to provide an optimal level of care.

CLINICAL EDUCATION REQUIREMENT

Prior to being admitted into the Athletic Training Education Program, students must complete 130 hours of direct observation, consisting of 30 hours in SPTM 210, 50 hours in SPTM 211 and 50 hours in SPTM 212. Once accepted into the ATEP, a student will begin their field experience component of their clinical education requirement. This field experience is designed to give the student opportunities to practice their athletic training skills on actual patients and will be completed over five (5) semesters. The student will be assigned to an ACI (Approved Clinical Instructor) or CI (Clinical Instructor) during the semester. Students should make the most of this opportunity of observation with ACI's and work on performing injury evaluations, treating and rehabilitating patients, while maintaining professional relationships. Sometimes students are concerned that they will make a mistake in the care of a patient. This should not deter you, because you will be supervised by an ACI or CI. The ACI and CI are there to guide you during your field experience and to intervene only if he/she feels it is necessary to do so on the patient's behalf. The field experiences are divided into four (4) categories. Lower extremity intensive (soccer, basketball, track), upper extremity intensive (volleyball, baseball, softball), equipment intensive (football), and a general medical rotation (allied health and medical professionals). The games, practices, or off-campus clinical sites serve as laboratories; in addition to the field experience, you will take a clinical laboratory course during the semester that coincides with your field experience (ie., if you are assigned with an ACI with soccer, you will sign up for the lower extremity assessment lab). The lab will meet once a week for one hour. This will allow you more time to practice your skills, and allow an ACI the opportunity to evaluate you on your skills.

ADDITIONAL REQUIREMENTS

There may be additional clinical hour requirements assigned as part of various courses. These assignments may include experiences in the emergency room, surgery, physical therapy settings, etc. Additionally, guest speakers will be invited and scheduled to provide additional learning opportunities. All attempts will be made to make these times during class, but may be scheduled during the evening to accommodate all students in the ATEP. Attendance to these speaking engagements is mandatory. In the event that you must miss a guest speaker due to an academic or clinical site reason, you must obtain the video of the speaker and answer questions as assigned by the instructor who invited the speaker.

ADDITIONAL EXPENSES

In addition to the normal tuition and fees of Marietta College, the student enrolled in the Athletic Training Education Program major will be subject to the following expenses:

1. All students who accrue hours in the Athletic Training setting, on or off campus, will be required to wear clothes consistent with the dress code. This will require the purchase of an Athletic Training staff shirt. These shirts are sold at cost by the Department. Average cost is typically about \$20. Once a student is accepted into the ATEP, he or she will undoubtedly wish to own more than one staff shirt. It is expected that a student will spend approximately \$40-\$60 dollars during their four years in the program.
2. At times, students may wish to purchase other clothing with the athletic training logo. These will be ordered as interest dictates, and are always optional expenses.
3. A \$25.00, non-refundable lab fee will be assessed in the following lab/practical courses to purchase expendable supplies that will be utilized by each student (SPTM 211, 212, 311, 312).
4. SPTM 401 (Cadaver Anatomy) requires a lab fee of \$70.00.

ATHLETIC TRAINING CLINICAL EDUCATION PLAN

GENERAL FORMULA FOR ROTATING STUDENTS ACCEPTED INTO THE ATEP

The following is the plan for assignment of students to their field experience and their ACI. The plan is based upon the assumption the student is entering the Athletic Training Education Program during the spring semester of their sophomore year, and is not an athlete. Previous materials have described rotations for student athletes, and for the most part this plan would apply to students entering into the ATEP a semester or two late.

During the spring semester of the student's sophomore year, he/she would be assigned to an ACI covering either a lower or upper extremity intensive sport. Assignments are made based on student learning styles, strengths, weaknesses, and personality. Every attempt is made to pair the student with an ACI that matches the teaching style that will benefit the student most and will promote successful completion of the clinical experience. In the fall semester of the student's junior year, assignment would be with an ACI covering football (college or high school), or with one covering an upper or lower extremity sport. The latter would depend on what ACI the student was assigned to in the spring of their sophomore year (i.e., if the student had an upper extremity sport their sophomore year, they would have a lower extremity sport their junior year). During the spring semester of the student's junior year, the student would be assigned either to an ACI covering an upper or lower extremity sport, if this requirement has not been fulfilled. If the upper and lower extremity requirement has been fulfilled, then the

student would be assigned to their general medical rotation. During the fall semester of the senior year, the student would be assigned to their general medical rotation.

During a student's "off-period", he/she will be assigned to complete observation hours in the MC Athletic Training Room. The purpose of this rotation is to enhance the continuity of the student's clinical education in a clinical setting. This rotation will allow for development of documentation, athletic training room maintenance, and long-term rehabilitation development. The student will primarily report to the head athletic trainer, though may feel free to identify a MC staff member as a mentor for additional learning purposes.

All students will be assigned to an off-campus clinical site for one or more of their field experience/clinical education requirements. These placements will require the student to have some form of transportation. Car-pooling may be used whenever possible, though should not be relied on as primary means of transport (i.e., high school football, or clinics that will accept two students at a time).

CLINICAL SETTINGS

All observation and clinical experience hours must be obtained either at Marietta College or one of the approved affiliated clinical settings under the supervision of an ATC from either the MC Sports Medicine Department or an ATC from the affiliate site. Hours may only be obtained in the following clinical settings:

1. Practice and game coverage of Marietta College varsity athletics.
2. Assigned hours in the Athletic Training rooms.
3. Assigned experiences at approved affiliated clinical settings. This may involve travel to a high school or another affiliate clinical site.
4. Other athletic events directly sponsored by Marietta College or occurring on the Marietta College campus (ie., high school basketball tournaments, youth leagues). These events must be supervised by an ATC.
5. Additional clinical experience may be gained in the high school and community settings if, and only if, a certified member of the staff is present at the event.

ON-CAMPUS CLINICAL SITES

ATHLETIC TRAINING ROOM

This facility located in the Dyson Baudo Recreation Center, is both an educational and medical services facility. The facility is to be kept clean, orderly, and professional at all times. The main purpose for this facility is the treatment and rehabilitation of athletes, post practice, post game treatment for football, soccer, indoor track, softball and baseball for pre-practice and pre-game preparation.

We have visitors coming into this facility everyday. We should be proud of it and in turn take good care of it. One of the virtues of a good athletic trainer is neatness, not only in person, but also by the appearance of the workplace. BE PROFESSIONAL AT ALL TIMES.

BAN JOHNSON FIELDHOUSE ATHLETIC TRAINING ROOM

This facility exists mainly as a service facility for pre-practice and pre-game preparation for some athletic teams, mainly basketball and volleyball. All efforts should be made to keep this room as clean and well maintained as possible. Although it is not traditionally thought of as such, it is important to remember that an athletic training room is a medical facility and needs to be treated as such.

DON DRUMM ATHLETIC TRAINING ROOM

These facilities exist mainly as service facilities for football track and field. Many of the same ideas mentioned above pertain to this facility as well. This facility is used primarily to store athletic training equipment and supplies. Minimal practice and game preparation of players is used in this facility.

OFF-CAMPUS SPORTS MEDICINE/ATHLETIC TRAINING FACILITIES

See affiliate site clinical coordinator and/or clinical instructor for details on these facilities.

CLINICAL EVALUATION

Upon acceptance into the ATEP, students will be evaluated by the supervising ACI or CI mid-semester and at the end of each sport season. These evaluations will be shared with you upon their completion, at which time you will be able to discuss your experiences and sign the evaluation form to confirm that you have seen it. The forms will be kept in your personal file.

Moreover, you will have an exit interview at the end of each semester with your assigned ACI or CI. At this time, strengths and weaknesses will be discussed and specific goals will be identified for you. It is hoped that these interviews will be constructive and allow you to achieve constant improvements in skills and confidence. Again, you will sign the evaluation form at the end of the interview and the form kept in your file.

Furthermore, you will be given the opportunity to evaluate your ACI and or CI each semester. The evaluation will be anonymous and evaluated by the program director. The program director will anonymously discuss the results with your ACI or CI at the end of the semester. In addition, you will be given the opportunity to evaluate all of your classroom instructors at the end of each semester, utilizing a college-approved form. Each student will further complete a "Program Evaluation" at the end of each year he/she is in the ATEP. This evaluation will be anonymous and evaluated by the program. You will also be given the opportunity to evaluate the clinical site.

SPORTS MEDICINE COURSE DESCRIPTIONS

SPTM 101 MEDICAL TERMINOLOGY (1 hr.) – An understanding of medical terminology for use in future courses and careers. To obtain a working knowledge of medical terms as they are used in the every day activity of the allied health profession.

SPTM 202 Emergency Response/CPR for the Professional Rescuer (1 hr)--This course will teach students to identify signs and symptoms of possible cardiac arrest, shock, injuries, and sudden illness. The student will learn to administer emergency response level of first aid, CPR for adults, children, and infants, two rescuer CPR, operation of an Automated External Defibrillator (AED), and bag valve mask. Successful completion of this course will lead to American Red Cross certifications in CPR/AED for the professional rescuer and emergency response.

Prerequisite: Athletic Training major

SPTM 210 FUNDAMENTALS OF ATHLETIC TRAINING (3 hrs.) – Injury/illness prevention programs including physical examinations, screening procedures, physical conditioning, fitting and maintenance of protective equipment, control of environmental factors, 30 hours of directed observation in clinical and satellite training rooms.

SPTM 211 PRACTICUM I: LOWER EXTREMITY ASSESSMENT (3 hr.) – Prevention, assessment, and management techniques for the lower extremity: foot, ankle, knee and hip. To be taken second semester of freshman year, 50 hours of directed observation required.

SPTM 212 PRACTICUM II: UPPER EXTREMITY ASSESSMENT (3 hr.) – Prevention, assessment, and management techniques for the upper extremity: shoulder, elbow, hand, and fingers. 50 hours of directed supervision required. To be taken first semester of sophomore year.

SPTM 213 LOWER EXTREMITY ASSESSMENT LAB (1 hr.) – The student will be assigned to an Approved Clinical Instructor (ACI) that is responsible for the athletic training coverage of a sport that predominately utilizes the lower extremity. The students will meet once a week with the ACI to review and evaluate clinical competencies and proficiencies pertaining to recognition, assessment, treatment, & rehabilitation injuries to the lower extremity.

SPTM 214 UPPER EXTREMITY ASSESSMENT LAB (1 hr.) – The student will be assigned to an Approved Clinical Instructor (ACI) that is responsible for the athletic training coverage of a sport that predominately utilizes the upper extremity. The students will meet once a week with the ACI to review and evaluate clinical competencies and proficiencies pertaining to recognition, assessment, treatment, & rehabilitation injuries to the upper extremity.

SPTM 285 APPLIED NUTRITION (3 hrs.) – Chemical composition and importance of various foods as digested and absorbed by the human body. Human energetics and nutrient requirements as critical components of a balanced diet. Dietary planning for disease/disorder prevention and management, emphasizes athletic nutrition. (Also listed as Biology 285.)

SPTM 290 PERSONAL HEALTH (3 hr.) – Factors influencing health and body systems; practice and programs that affect development and maintenance of physical well-being and problems associated with this maintenance.

SPTM 304 MEDICAL ASPECTS OF SPORTS MEDICINE (4 hrs.) – Course material is comprised of the medically-oriented aspects of athletic training. Covering all components of the human body with emphasis applied to the recognition, assessment, evaluation, and management techniques involved in the caring for or treating of various systemic conditions and athletic injuries through the use of therapeutic or pharmacological methods.

SPTM 306 THERAPEUTIC REHABILITATION (4 hrs.) – Didactic and clinical aspects of the broad field of therapeutic exercise and rehabilitation techniques. Didactic instruction covers various protocols for therapeutic rehabilitation of major body areas following injury or disease. Designed for students seeking BOC certification.

SPTM 307 THERAPEUTIC MODALITIES PROGRAMS LAB (3 hr.) – Theory, use and techniques of various physical modalities used in the athletic training education program. Designed for students seeking BOC certification.

SPTM 311 PRACTICUM III: HEAD AND SPINE ASSESSMENT (3 hr.) – Prevention, assessment and management techniques for head, cervical spine, lumbar spine and hip.

SPTM 312 PRACTICUM IV: ADVANCED ASSESSMENT (2 hrs.) – Assessment protocol for eyes, ears, chest, nose, throat, heart and abdomen.

SPTM 313 HEAD & SPINE ASSESSMENT LAB (1 hr.) – The student will be assigned to an Approved Clinical Instructor (ACI) that is responsible for the athletic training coverage of a sport that requires large amounts of protective equipment in order to play the sport (football, lacrosse, ice hockey). The students will meet once a week with the ACI to review and evaluate clinical competencies and proficiencies pertaining to recognition, assessment, treatment, & rehabilitation of injuries, predominantly to the head, neck and spine.

SPTM 314 GENERAL MEDICAL CONDITIONS & DISABILITIES (1 hr.) – The student will be assigned to observe and work with qualified allied health care professionals (physical therapists, occupational therapists, speech therapists, nurses) as well as various physicians (orthopedic, family practice, internal medicine). The clinical instructors will review the competencies and proficiencies pertaining to therapeutic modalities, rehabilitation, and general medical conditions. In order to fulfill this requirement the student will be assigned to off-campus affiliated sites. Students will be responsible for transportation to these affiliated sites, but will receive mileage reimbursement.

SPTM 325 PHYSIOLOGY OF EXERCISE (3 hr.) – Fundamental concepts describing reaction of oxygen systems to exercise physiology and nutrition in exercise; exercise effects on human performance; muscular fatigue and effects of environmental stresses.

SPTM 328 PRACTICAL BIOMECHANICS (3 hrs.) – The medical analysis of human motion illustrating the relationship between anatomy and function. Principles will be applied to examination of sports skills, clinical skills and evaluation techniques.

SPTM 385 PATHOPHYSIOLOGY (3 hrs.) – Mechanisms by which disease occurs in living organisms, responses of body to disease process and effects of pathophysiological mechanism in normal function.

SPTM 397 INTERNSHIP I (1-3 hrs.) – An internship done in the junior year in an allied health profession or a field of choice. See department chair for details.

SPTM 401 CADAVER ANATOMY (4 hrs.) – Detailed study of musculo-skeletal system, joint structures, and special nerves. Other organ systems may be viewed. Human cadaver utilized for laboratory component. Includes demonstration dissections. (Also listed as Biology 401.)

SPTM 411 PRACTICUM V: ORGANIZATION AND ADMINISTRATION (2 hrs.) – Administration of athletic training programs and instructional methods. Review NATAEC behavioral objectives and competencies.

SPTM 484 RESEARCH AND DESIGN I (1 hrs.) – Use of laboratory, library and clinical facilities involving areas of kinesiology, physiology of exercise, therapeutic rehabilitation and sports medicine. Research paper required.

SPTM 485 RESEARCH AND DESIGN I (1 hrs.) – Use of laboratory, library and clinical facilities involving areas of kinesiology, physiology of exercise, therapeutic rehabilitation and sports medicine. Research paper required.

SPTM 486 RESEARCH AND DESIGN II (1 hrs.) – Use of laboratory, library and clinical facilities involving areas of kinesiology, physiology of exercise, therapeutic rehabilitation and sports medicine. Research paper required.

ACADEMIC PROGRAM POLICIES AND GUIDELINES

A. CLASS ABSENCE POLICIES

The faculty of Marietta College expects students to attend all classes for which they have registered. Registration in a course is regarded as an agreement between the student and the institution, the fulfillment of which depends on regular and punctual class attendance. If there is to be an unavoidable absence, the student should inform the instructor in advance and be responsible for making up all work that is missed regardless of the reason for the absence.

A student whom the instructor knows to have been absent unavoidably, or due to participation in extra-curricular activities, may be permitted to make-up a test or missed work. Make-up of any nature is at the discretion of the instructor.

A student's grade may be lowered unless the work missed is made up to the satisfaction of the instructor. Since all absences represent a loss in classroom activity and learning opportunity, no absence will relieve the student from academic obligations.

If a student has an excused absence from class the day an examination is given, arrangements must be made by the student with the instructor for make-up of the examination. Make-up of an examination or quiz must be completed upon the first week the student returns to class.

In all Sports Medicine courses, the student is allowed one unexcused absence per each hour of credit of the course as a mechanism to reinforce attendance. When a student has used up all of his/her unexcused absences, a letter will be sent to the student from the faculty member teaching the course, informing the student that he/she has reached the maximum number of unexcused absences allocated. Any student missing additional classes will receive a half letter grade deduction from his/her final grade for each absence.

B. DISHONESTY

Students have a special responsibility to academic standards, since Marietta College is an academic institution. Academic dishonesty is a particularly serious offense. Academic dishonesty is defined as, but not limited to:

1. Giving or receiving help with intent to falsely represent one's work.
2. Plagiarizing (a willful misrepresentation of another person's work as his/her own).
3. The use of notes, books, or any other unauthorized source during tests of any kind, unless specific instructions are given permitting such use.
4. Altering the record of any grade in any grade book or record.
5. Falsely documenting clinical hours (Note - students must log the exact time of entering and leaving their clinical experience for each day.)
6. Any other type of misconduct, offense or manifestation of dishonesty or unfairness in relation to academic work.

In cases of academic dishonesty where the instructor has prima facie evidence in his/her classes, he/she will counsel the student, and the instructor will report the case to the Provost/ Dean of the Faculty. If the instructor and the Dean are both convinced of the guilt of the student, the student will be dismissed from the class with a grade of "F".

In cases of dishonesty where the Athletic Training faculty/staff has prima facie evidence of false documentation of clinical hours by a student, he/she will counsel the student and report the incident to the Chair of

Sports Medicine. If the faculty/staff member and the Chair are both convinced of the guilt of the student, the student will be suspended from all clinical experiences for an undisclosed period of time.

A student found guilty of academic dishonesty for the second time will be subject to dismissal from the College. (NOTE: for details on possible consequences, use the MC Student Handbook)

A student who believes that he or she has been treated unfairly by the disciplinary process (See Grievance Procedure below), may appeal his/her case to the President of the College whose decision is final.

C. GRIEVANCE PROCEDURE

The ATEP faculty and staff recognize the rights of students enrolled in the program to express grievances and attempts to seek solutions and answers to problems, complaints, or injustices arising from the day-to-day working relationships and differences which may occur between student, faculty or administration. This grievance procedure is intended for use by the ATEP student in both the clinical and classroom areas at Marietta College.

SEE APPENDIX E FOR SPECIFIC DETAILS

D. DEPENDABILITY AND PUNCTUALITY

Dependability and punctuality are both paramount in the professional world, and the Sports Medicine Department feels that both are imperative to success in the Athletic Training Education Program and in life. Failure to be dependable and punctual for your clinical assignment will result in a below average letter of recommendation.

Students must realize that the quality of the education experience while actively observing rehabilitation programs, treatments, and clinic hours are arranged according to the number of students that we have available at a particular time. When one does not show up or is late, learning opportunities are lost, and the efficiency and effectiveness of the Athletic Training Room is severely diminished and the healthcare of the student-athlete is compromised. Given below are the policies that will be enforced with no exceptions, regarding tardiness and absenteeism:

I. Tardy Policies

- A. *One* - Each student is allotted one time to be tardy if he/she is no more than ten minutes late; you are given the "benefit of the doubt" only one time per semester.
- B. *Two* - The second unexcused tardiness warrants a scheduled conference between the student and the Chair and/or faculty member. At this time, the student will be placed on probation for 2 weeks
- C. *Three*- Being tardy a third time will result in being suspended from all clinical/field experience hours for that semester

The most important element of this policy is communication with your clinical instructor. We realize there are, on occasion, problems that may arise and cause one to miss his/her clinical assignment for that day or to be tardy. Each student that has a issue must make every effort to contact his/her clinical supervisor. Even with a legitimate excuse, failure to communicate with one's immediate clinical supervisor of the problem will force the faculty/staff member to count this as an unexcused absence/tardy.

E. GRADING SYSTEM

While enrolled in SPTM/ATEP classes, the following grading scale will be used for all courses:

| | | |
|-------------|-------------|-------------------|
| A =100-93 % | C+ =79-77 % | D- =62-60 % |
| A- =92-90 % | C =76-73 % | F =59 % and below |
| B+ =89-87 % | C- =72-70 % | |
| B =86-83 % | D+ =69-67 % | |
| B- =82-80 % | D =66-63 % | |

The specific details of how a student earns a certain grade in his/her classes will be explained by the instructor at the beginning of each semester, and outlined in each course syllabus.

F. ACADEMIC AND CLINICAL COUNSELING

Upon entrance into Marietta College as a freshman, each student is assigned an academic advisor by the Admissions Office. During the second semester of their freshman year, students desiring to pursue the Bachelor of Science degree in Athletic Training are encouraged to ask one of the SPTM faculty to be their academic advisor. Students are encouraged to "use" their academic advisor for more than just course scheduling. All faculty members in the Department of Sports Medicine have an "open door policy" whereby students can utilize their advisors for discussion of personal problems, career counseling, etc. During the pre-registration period, students will make an appointment with their academic advisor to design a course schedule. It is extremely important that Athletic Training students have very thorough academic advising because of the strict sequence of courses. Failure to consistently meet with one's advisor could possibly create a situation where the student has to stay an extra semester or year to take the course he/she missed. Therefore, it is the student's responsibility to meet with his/her advisor a minimum of one time per semester, and to keep abreast of course and curriculum offerings and changes.

All students enrolled in the Athletic Training major must also schedule a clinical conference with their assigned Sports Medicine faculty member. The conference will be approximately at mid-term of each semester, and the purpose of the conference is to talk about clinical strengths/weakness of each specific student, career and personal goals, in addition to how each student can contribute to making the SPTM/ATEP ever stronger and/or to correcting current problems or areas of concern.

G. ACADEMIC SCHEDULING AND CLINICAL EXPERIENCES

Since the vast majority of one's clinical experiences are conducted in the afternoon and evening, it is imperative that classes are completed no later than 2:00 p.m. However, due to science labs and "other" courses, you may schedule one afternoon lab per week and only one evening class per week. Unavoidable exceptions should be discussed with the Chair of the Department of Sports Medicine. A copy of your class schedule is to be turned in prior to each semester in order to assist in clinical experience assignments for the following semester. Any additions/changes must be given to the Chair by the end of the first week of classes. (Also see the Handbook section "Clinical Experiences" for additional information.)

H. CLINICAL EXPERIENCES

Throughout the program, students will be assigned to ACI's and CI's working at high schools, hospitals, PT clinics, the MC Athletic Training Room and other allied clinical settings in the area. Clinical assignments will change from semester to semester and may vary within a given semester. Laboratory times are somewhat inflexible due to the practice times of athletic teams, either on or off campus, and/or the "open" hours of other allied clinical settings, thus making part-time employment extremely difficult to impossible. Students must realize

their top priority is the educational preparation necessary for the field of Athletic Training. Therefore, we will maintain that clinical time scheduling in laboratory experiences will be the primary consideration. For this reason, students who are also athletes must notify the program director of their intention of playing a sport by April 1st of the spring semester.

Given below are the affiliated clinical settings that an Athletic Training Student could be assigned to during an academic year:

1. Marietta Healthcare Physicians, Inc
2. SportsMed
3. Marietta Memorial Hospital Out-patient Physical Therapy
4. Marietta Memorial Hospital In-Patient Physical Therapy
5. Marietta Memorial Surgical Department
6. Selby General Hospital
7. First Settlement Physical Therapy
8. Marietta High School (under auspice of Marietta Memorial Hospital)
9. Parkersburg High School (under auspice of Mountain River Physical Therapy)
10. Ohio Valley University (under auspice of Mountain River Physical Therapy)

I. TRANSPORTATION TO CLINICAL EXPERIENCES

Students are expected to assume responsibility for their own transportation to the various clinical assignments that are off-campus. Please note that the SPTM/ATEP will attempt to work with those students who do not have their own transportation, but remember that the student has the ultimate responsibility in making sure that he/she arrives to his/her clinical assignment on time. Additionally, for several of our affiliate clinical settings, students will be reimbursed for their travel expenses; however, car pooling is strongly encouraged and recommended.

J. CLINICAL ABSENCE POLICY

After the first unexcused absence, a conference will be scheduled between the student, program director, and if possible the supervising ATC. During this meeting, the student will be allowed to explain their absence from the clinical assignment. If it is felt by the program director that the absence is not excusable, the student will be given a warning.

After a second unexcused absence has occurred, a conference will be scheduled between the student, program director, and if possible, the supervising ATC. During this meeting the student will be allowed to explain their absence from the clinical assignment. If it is felt by the program director that the absence is not excusable, the student will be suspended from their field experience, and assigned to the ATR during the two-week suspension. A letter stating you have accrued 2 unexcused absences will be placed in your file. This will be a factor in requests for letters of recommendation.

After the third unexcused absence, the same procedure will be followed regarding the meeting between the student, program director and supervising ATC. If it is felt by the program director that the absence is not excusable, the student will be suspended for the remainder of their field experience and will not be given credit for completion of that experience. As a result, the student will need to make-up that field experience in order to be eligible to take the BOC examination.

The above policy applies to the entire five-semester period of field experiences. In other words, a student will only be allowed one unexcused absence during their entire four semesters of field experience without significant consequences. **All of the above can be avoided if you communicate with your ACI or CI.** All conferences will be documented and kept as part of the student's personal file. This file will be used when a student asks for recommendations for graduate school or employment. The Athletic Training Education Program is hopeful that the above actions will deter any problems we might encounter with students missing clinical assignments.

K. CLINICAL EDUCATION POLICY

All athletic training students are required to complete a minimum of four clinical field experiences, over a minimum of four semesters, after being admitted into the Athletic Training Education program. The athletic training students will be assigned to an ACI. The ACI will be responsible for supervising the athletic training student during the clinical field experience as well as providing instruction and evaluating the athletic training student. The athletic training student will be assigned to an ACI in the coverage of a lower extremity intensive sport (M or W soccer, M or W basketball, track), a upper extremity intensive sport (baseball, softball, volleyball) a equipment intensive sport (Marietta College or High School football), and a general medical rotation. The general medical rotation consists of three, four week rotations. One rotation will be at a family physician office. One rotation will be with a physical or occupational therapist. The final rotation will be at the emergency room at Selby General Hospital in Marietta. Students are responsible for providing their own transportation to these off campus sites. Consideration will be given to insure athletic training students have exposure to the opposite gender during their lower, upper, or equipment intensive rotation.

The athletic training student's clinical experience is linked to four individualized courses. These courses are SPTM 213 (lower extremity assessment lab), SPTM 214 (upper extremity assessment lab) SPTM 313 (head and spine assessment lab), and SPTM 314 (general medical conditions). All four courses meet once a week and are given one hour of academic credit. All four courses are required in the Athletic Training major. All four courses have prerequisites, and students must achieve a C- or better in the course. Failure to achieve a C- in the course will result in the athletic training student retaking the course. Students enroll in these courses after they have been admitted into the ATEP.

Athletic Training students will be evaluated a minimum of 2 times during their lower, upper, and equipment intensive rotations by the ACI. During the general medical rotation, students will be evaluated at the end of each four week rotation by the ACI and or CI.

Athletic Training students can expect to work an average of 15 -20 hours per week with their rotations. The ACI's and or CI's will monitor the amount of hours athletic training students are working during the rotations, and will give appropriate time off for the Athletic Training students. Athletic Training students are encouraged to communicate with their ACI's and or CI's regarding the need for time away from their clinical experience.

L. CLINICAL SUPERVISION POLICY

The athletic training education program at Marietta College requires that all athletic training student clinical hours occur under the direct supervision of an ACI or CI. Students are not assigned specifically to a sport. Therefore, clinical rotations are not specifically limited to the activities of the specific team or sport and may include any activities or events designated and supervised by the clinical supervisor. All clinical hours must be gained at a MC ATEP approved clinical site.

Direct supervision is defined as the constant, physical presence of an ACI or CI in the immediate area of an athletic training student. The supervisor must be available to provide consistent, on-going educational instruction and feedback to the ATS. Students may not practice athletic training in an unsupervised situation. If a student voluntarily chooses to work outside of the assigned clinical rotations of the ATEP, he/she understands that they are not acting as an athletic training student, but are acting under their own volition utilizing only their first aid and CPR certifications, and may not represent themselves as an athletic training student in the ATEP.

Students in the ATEP may be offered the opportunity to travel with a sport or team either with or without an ACI. While, the Marietta College ATEP feels that valuable experience may be had when students voluntarily travel with athletics teams, these opportunities are not required and are done on a strictly voluntary basis. In the event that an ACI does not travel, the student may not count any hours toward the satisfaction of course requirements. Please refer to the ATEP Travel Policy for more details on this topic.

The ACI or CI should have consistent communication with the ATEP regarding student progress, clinical site status, and supervisor evaluation.

M. ATHLETIC TRAINING STUDENT TRAVEL POLICY

The Athletic Training Education Program believes that the opportunity to travel with athletic teams plays a role in the overall education of the athletic training student. This experience gives the athletic training student an opportunity to understand the responsibilities of an athletic trainer in regard to organization and administration, coach interaction, and other travel responsibilities. The opportunity to travel with an athletic team will be at the discretion of the supervising certified athletic trainer, as well as the athletic training student. The athletic training student will travel with an athletic team on a totally volunteer basis. Should an athletic training student decide to travel with an athletic team, it must be in the presence of a Marietta College certified athletic trainer.

N. LABORATORY FEES

All clinical practicum courses (ie. SPTM 211, 212, 311, 312, and 401) carry a non-refundable \$25 lab fee due to the Sports Medicine Department secretary that is used for the purchase of expendable supplies that each student will use during the course. Any unused supplies or materials can be retained by the student.

O. GENERAL DRESS CODE AND APPEARANCE POLICIES

***To promote and increase a professional atmosphere, the following dress code will be strictly enforced. Your attire should identify you as a member of the Marietta College Athletic Training Education Program.

For practices, students who are officially accepted into the ATEP must wear a collared shirt.

- Collared shirts do NOT need to have the Marietta College logo
- Collared shirts must NOT advertise for another NCAA institution
- Collared shirts must NOT advertise alcohol, tobacco, or drug products
- Collared shirts must be tucked in
 - For females, if the shirt is cut to not be tucked in, you may wear it as long as when you raise your arms, or bend forward, your midriff does not show

For practices, students must wear khaki pants or shorts.

- For games, blue, green, or original khaki color pants must be worn
- Any color “khaki” material is acceptable (other than camouflage)
- Shorts must be of appropriate length
- If your pants have belt loops on them, you must wear a belt
- “Wind pants” are only acceptable at outdoor venues, weather permitting

For indoor games (ie basketball), the student must dress “business casual.”

- Nice slacks and a button up blouse/shirt are acceptable
- Skirts below knee length may be worn
- A tie is not necessary for men
- Indoor dress is expected of ALL students regardless of acceptance status (freshman too!)

When inclement weather warrants, the following guidelines must be adhered to:

- Initial layering (sweatshirts) should include MC attire or MC colors at minimum
- Rain coats/winter coats may be what you personally own
- No MC attire that is cut, ripped, or otherwise altered will be permitted on the sidelines
- The same advertisement rules from above apply

Hats are NOT to be worn during athletic training observation hours.

- Exceptions will only be in reference to weather conditions at the discretion of the ACI

Shoes must cover all toes as well as encase the heel.

- *Wearing high heeled shoes is discouraged*

The following clothing items will not be tolerated during observation hours:

- *Denim anything (no jeans, no jean skirts, no denim shirts!)*
- *Sweat pants, mesh shorts, mesh pants*

P. PROFESSIONAL RESPONSIBILITIES

Professionalism in attitude, behavior, and dress is required of all Athletic Training Students. Honesty and dependability are essential. It is your responsibility to read and understand the following sections concerning your relationship with other members of the sports medicine team. It is also expected that you give your best effort to assure that all of the responsibilities identified herein are fulfilled. As you develop knowledge and gain experience, you will become progressively more involved. Progress will bring additional responsibilities.

SPECIFIC RESPONSIBILITIES

1. The student is expected to fulfill all scheduled weekly clinic hours assigned to him or her by the SPTM/ATEP staff.
2. The student is expected to fulfill all responsibilities assigned to him or her related to the sport to which the student is assigned.
3. The student is expected to attend all staff and continuing education meetings. These meetings will be announced in class and/or posted on the bulletin board.
4. The student is expected to be prompt and attentive to all classes, meetings, and assignments. (NOTE: If you find it impossible to keep these commitments you are to notify a faculty member in advance of the event, preferably 24 hours in advance of the scheduled time.)
5. From the moment you are accepted to the ATEP you become a representative of the standards and ideals of the program. People identify you as an Athletic Training Student, even when you are not in the didactic or clinical setting. It is hoped therefore that you will display a professional attitude and responsible behavior in all settings (academic and social).

OTHER RESPONSIBILITIES

1. Students accepted into the program should become a member of the NATA no later than the end of the junior year. Applications are available from the ATEP Program Director. You should be a member of the NATA at least one year prior to applying for the BOC exam.
2. You will be given information concerning available scholarships and grants. You are encouraged to apply.
3. You are expected to stay informed of current research and the latest findings via journals available in the Dawes Memorial Library and the departmental library. Reading journals is a habit which should be developed early in one's career. This will assist you in choosing your own research topic, as well as, give you new ideas for treatment and rehab of your athletes.
4. MCATSO membership, service and fund raising activities are the responsibility of all involved in the program. You are expected to help when you can.
5. You are encouraged to attend national and district meetings when you can. Transportation and lodging are usually provided by the department, when budget allows.

Q. POLICY ON CPR CARDS

A photocopy of each student's current CPR card must be presented to the ATEP Program Director by September 1st of each year. Failure to comply with this policy at the designated time means that the student can

not participate in his/her assigned clinical experience until the student has a valid current certification the CPR card on file. The student will also be placed on "probation" until he/she fulfills this essential requirement.

In August of each year, the Department of Sports Medicine conducts a recertification class for all ATEP students on campus. Failing to participate in this class means that the student is responsible for obtaining recertification off-campus. When participating in clinical experiences while enrolled in the ATEP at MC, each student must renew his/her CPR card each year, and re-certify in First Aid every 3 years.

R. STUDENT HEALTH POLICY (PHYSICAL EXAMS, IMMUNIZATIONS, ETC.)

Upon application to the ATEP, all students must produce evidence of a current physical examination and immunization/vaccination record. These forms can be received from the SPTM Department Secretary. Upon completion, these documents will be kept in the student file.

S. SENIOR AND JUNIOR ATHLETIC TRAINING STUDENT RESPONSIBILITIES

Senior Athletic Training Student

The senior athletic training student is the upper-class student who has proven oneself in the key areas of athletic training: writing daily and weekly injury reports as well as other record-keeping duties, evaluating injuries, taping/strapping, applying first aid techniques as needed, and rehabilitating the injured athlete are just a few of skills the "400 level" student should have. During this period of assignment, the senior ATS shall be directly responsible to the Charge ATC of that particular sport or clinical assignment, and/or the Chair of the Dept. of Sports Medicine. The 400 level student will serve as spokesperson for other students in the program and should be available to them, should they need assistance. In addition, as the upperclass ATS, he/she shall assume the following duties:

1. Assist in the educational program for all students.
2. Assist the faculty of the department in making student assignments.
3. Supervise the underclass AT students.
4. Continue to serve as a peer leader and role model for lower class students.
5. Continue his/her educational process in sports medicine, athletic training, etc.
6. Continue membership in the NATA and/or OATA.
7. Continue being an active member in the MCATSO.
8. Complete daily, weekly, and seasonal injury reports, maintain supply inventory.
9. Complete daily treatment logs.
10. Perform written documentation of injury in S.O.A.P. note format at initial, progress, and discharge phases of treatment.
11. Maintain communication with team physician, staff, ATC and coach.
12. Perform complete evaluation of an athletic injury.
13. Design and implement a rehab program (long and short term) for various athletic injuries.
14. Administer first aid to various types of injuries (including splinting & backboard use).
15. Perform common taping and wrapping techniques (including basic protective padding).
16. Fit football equipment.
17. Fit and demonstrate use of crutches.
18. Demonstrate ability to supervise other ATS's and adequately delegate responsibility.
19. Assist in pre-participation physical examinations.

Junior Athletic Training Student

The junior ATS has successfully passed through the first two years of the program, has been accepted into the Athletic Training Major, and is now ready to take a very active role in the athletic training program in its

entirety. During this year of continual growth in the knowledge of athletic training, the responsibilities and duties will be more complex and demanding than at any other time. For example, the “300 level” student may have clinical responsibilities both on and off campus. At one time, the junior ATS may have to assume some of the duties of an entry level student, while the next moment he/she will be expected to fulfill responsibilities typical of a senior ATS.

The prime objective for the junior ATS during this year will be to gain self-confidence in all athletic training skills. Secondly, one needs to gain the recognition and respect of both the coaches and student-athletes, because future success in the field of athletic training and most other fields of Sports Medicine will be largely dictated by how well you relate and communicate with these individuals. During this year, the junior ATS will be given opportunity to improve skills, and develop a working knowledge in the areas of record keeping, injury assessment, modality competency, and rehabilitation/reconditioning. Clinical experience assignments made during this year (as well as the sophomore year) will include the suggested areas of emphasis as determined by CAATE. An effort will be made to expose the junior ATS to multiple ACI’s and areas of study so as to develop a well-rounded background of sports medicine. The following are the primary responsibilities of the junior ATS:

1. Continue to improve your sports medicine/athletic training knowledge and skill level.
2. Utilize as many educational and clinical opportunities that are open to you as possible.
3. In the absence of a senior ATS, assume more responsibilities.
4. Assist in the instruction of underclass sports medicine students.
5. Become a member of the NATA and OATA.
6. Become an active member in the MCATSO.
7. Complete daily, weekly and seasonal injury reports, assist in maintenance of supply inventory.
8. Complete daily treatment logs.
9. Improve techniques of SOAP note writing.
10. Maintain communication with team physician, staff ATC and coach.
11. Improve techniques of injury evaluation.
12. Gain initial proficiency in utilizing various thermal and therapeutic modalities.
13. Gain initial proficiency in utilizing basic rehab techniques.
14. Become proficient in common taping and wrapping techniques.
15. Become proficient in utilizing various first aid techniques.
16. Become proficient in the fitting of football equipment and crutches.
17. Have initial experiences in supervising other student athletic trainers.
18. Assist in pre-participation physical exams.

T. THE RELATIONSHIP OF THE ATHLETIC TRAINING STUDENT TO OTHERS

Athletic Training Student and Sports Medicine Faculty/Clinical Instructors/Staff

The SPTM/ATEP Faculty/Staff and off-campus clinical instructors are your immediate supervisors and you will be responsible to them at all times. Feel free to discuss anything with them at any time.

Athletic Training Student and Team Physicians

As an Athletic Training Student you will have a wonderful opportunity to get to know and work with several physicians, as well as other medical specialists associated with the ATEP. You can learn a great deal by watching them work and listening to them discuss injuries. Feel free to ask questions. Typically, most of the arrangements with the doctors will be made by the staff certified athletic trainers. However, if you are called upon to report to the doctors, be sure to give them detailed information and follow their orders immediately and efficiently.

Athletic Training Student and Coaches

This area is highly important to the ATS professional development. Proactive, consistent communication with the coaching staff is encouraged. Any problems you encounter can and should be discussed freely with the staff ATC’s. As an ATS, you should not discuss injuries with a coach unless u given direct permission to do so by your ACI. Professionalism must be maintained at all times and HIPAA guidelines should be strictly adhered to.

Athletic Training Students to other Students

The Sports Medicine staff does not hold inflexible rules in regard to this topic; however, it is inadvisable for the athletic training students to casually date members of the coaching staff, Sports Medicine staff, or other employees of the college. Athletic Training students are discouraged, but not prohibited from, dating student athletes. However, if it in any way detracts from normal operation of the Athletic Training Room, such a relationship may necessitate reassignment to different clinical experience. It is expected that the ATS will be able to distinguish between personal and professional matters, and will not create a conflict of interest between the two areas. Professionalism must be maintained at all times and HIPAA guidelines should be strictly followed.

Probational and Educational Expectations

Mr. Jerry Rhea, fifth president of the NATA, stated in 1988, that athletic trainers do not lose their job or get into trouble for being a bad practitioner. They get into trouble and get fired for not knowing how to deal with people. Athletic training students must recognize and realize this issue and understand that they must be more responsible for their actions than the average MC student. The general rule at MC is that your personal life is private until it becomes an issue in the Sports Medicine Department or while performing your clinical experiences. You are expected to learn to work cooperatively with the medical staff, college staff and faculty, and your peers at an early stage in your professional career. Problems in this area should be brought to the attention of the athletic training staff.

U. PARTICIPATION IN ATHLETICS BY MC ATHLETIC TRAINING STUDENTS

Many students come to Marietta College to study athletic training and participate in intercollegiate athletics. Our department understands the desire for students to participate in intercollegiate athletics however, the student must understand the number one reason they are attending Marietta College is for an education and to fulfill the requirements of the desired major. A student in the ATEP major may participate in one sport per academic year. This student must also fulfill all field experience requirements, along with the hours requirement. An ATS cannot participate in a sport and clinical experience during the same semester. If you are a fall sport athlete (volleyball, football, soccer) you must come back in early August of your junior **and** senior year to work with an ACI at a local high school, prior to the beginning of your fall sport practice, to attain proper exposure to the equipment intensive rotation. The ATS must attend all home football games with the ACI he/she has been assigned to during your junior **and** senior year. If you are a spring sport athlete (track, baseball, softball), you will be assigned to an ACI with basketball either your junior or senior year. This assignment will involve staying on campus for part of Thanksgiving and/or Christmas break. If a student wishes to participate in basketball, they must be available for field experiences in the fall and spring semester. Students may complete their clinical experience over the summer at the affiliated sites in Marietta, but will be responsible for housing and meals during this time.

Students must notify the program director of their intentions regarding athletic participation in their initial letter of application, and subsequently by April 1 for the next academic year.

V. NATIONAL AND STATE ORGANIZATIONS

"Why join national/state professional organizations?"

In the following section you will find information on joining national and state professional organizations in Sports Medicine/Athletic Training - the American College of Sports Medicine, the National Athletic Trainers Association, and the Ohio and West Virginia Athletic Trainers Association. Over the years, we have had a relatively low number of students join any organization! The constant remark from students on why they do not join is, "I don't have the money." When contemplating membership, please take the following benefits into consideration.

1. Joining a professional organization is one mechanism of demonstrating to others your interest and commitment to the profession. (i.e., prospective

- employers, graduate schools, and professional schools always look for this!)
2. If you are planning on taking the athletic training Board of Certification (BOC) exam, you actually will save money by joining the NATA. The exam cost is more expensive for non-members.
 3. Registration costs for conventions and symposiums is drastically decreased.
 4. Professional journals and publications will be mailed available to you via internet access or direct mailings to your home.
 5. Membership allows you to apply for more grants and scholarship money.

W. MC ATHLETIC TRAINING STUDENT ORGANIZATION (MCATSO)

Athletic training students who desire admission into the Athletic Training Program will be strongly encouraged to become active members of the MCATSO. The Department faculty and staff believe it is very important for students to take an active role in the continuing development and support of the MCATSO. Moreover, by having more students participate and become active members, fund-raising for the club should increase, as well as the camaraderie among students and faculty/staff. Additionally, fund-raising will enhance the potential for more students to attend state, district, and/or national Sports Medicine/Athletic Training Conferences.

PROGRAM POLICIES AND GUIDELINES RELATED TO ATHLETICS

A. GENERAL GUIDELINES FOR THE ATHLETIC TRAINING ROOM

The following are general guidelines that affect the operation of every Athletic Training Room at Marietta College. Specific procedures and policies pertaining to each facility will be posted in the facility.

1. These facilities are co-educational, so proper dress is required at all times.
2. Good aseptic technique is to be practiced at all times.
3. Tables, whirlpools, and counter areas are to be kept clean and disinfected daily.
4. Gloves are to be worn AT ALL TIMES when there is a chance of contact with blood. In addition, dressings and other blood contaminated materials are to be disposed of properly (NOTE: See Universal Precautions, p.).
5. The ice machine is considered a modality, unauthorized persons should not be removing ice from the ice maker or ice chest. Ice is for medical and treatment purposes.
6. Do not remove ice from the machine with your fingers. There is a chance that the ice will be used for drinking water and this practice is very unsanitary.
7. The supplies we use are budgeted by Marietta College with the expressed purpose of being used for student athletes that participate in intercollegiate sports. NO ONE is to “help themselves” to any supplies.
8. Athletic Training students are not to take supplies out of the ATR for personal use back in the dorm without expressed permission from an ACI. Such action will be considered theft and is grounds for dismissal from the ATEP.
9. Distribution of all non-disposable items (braces, crutches, splints, etc.) is to be recorded on a charge card at the desk of the ATR in order to assure their return.
10. Supplies are very expensive and limited. It is everyone’s responsibility to see that supplies are not stolen and/or wasted.
11. All therapeutic modalities must be used responsibly and treated with care.
12. Students must be “checked off” on the use of each modality in the “Therapeutic Modalities” course before implementing the modality into a treatment program. Once the student has been “checked off,” the modality may be used under the direct supervision of an ACI or direction of the team physician.
13. Student-athletes are NOT permitted to use the modality alone.
14. Athletic Training students are not to issue, prescribe, or dispense any medications to athletes or coaches. Violation of this policy is grounds for dismissal from the program.
16. Students are encouraged to be well informed of liability and legal aspects of athletic training. You must do what a prudent person in your capacity is allowed and expected to do. NEVER GO BEYOND YOUR LIMITATIONS.

Additional duties, as well as previously indicated duties (stated in a different format) are given below:

1. Keep the ATR clean AT ALL TIMES! (Daily)
2. Restock supplies: sundry jars, taping areas, cabinets, etc. (Weekly)
3. Maintain complete injury reports and daily treatment forms. (Daily)
4. Administer necessary first aid. (Daily)
5. Clean: countertops, taping tables, modalities and rehab equipment. (Daily/Weekly)
6. Keep field kits stocked, clean and in their proper place.
7. Clean whirlpools and all sinks - Daily (Note - if open wound is present, clean whirlpool after each treatment!)
8. Stock ice cups. (As needed)
9. Only tape what you have been evaluated on.
10. Clean all water coolers and ice chests after use, clean them, dry them out and store properly. (Daily)
11. Clean tables with isoquin or similar solution. (Daily)
12. Maintain proper water level in hydrocollators and whirlpools. (As needed)
13. Make heel and lace pads. (As needed)
14. Report or correct physical hazards you see in the Athletic Training room to the Coordinator of Athletic Training services.
15. Log all treatments, rehab programs, injuries, etc. on proper forms. (Daily)
16. Conduct adequate rehabilitation programs to help prevent re-injury. Seek adequate guidance from ATC. (Daily)
17. Maintain an adequate supply of materials utilized in the clinic (i.e., tape, gauze, band-aids, etc.) from the storage room. (NOTE: only staff and one designated upper-class student is allowed in the storage room). (Weekly)
18. Roll wraps and fold towels, and place in proper location. (Daily)
19. Clean up your "mess". This includes returning all items to their proper place(s) after using them. (Daily)
20. Make the contact with the athlete once he arrives in the Clinic, not vice versa, and remember, no self-service.
21. You will not be allowed to gain clinical hours if you are not dressed appropriately (See Dress Code.)
22. Check the washer and dryer to see if towels/hydrocollater covers need washed/dried/folded. (Daily as needed.)

23. Restock latex exam gloves at each taping station. (Daily)

(NOTE - always be conscious of applying HIV/AIDS prevention techniques and procedures!)

Familiarize yourself with all daily cleaning duties and contribute your share. The appearance of the Sports Medicine Clinic and the Athletic Training rooms are always scrutinized by all who have reason to be there, and even those individuals who are there on an irregular basis. An unkempt, unsightly, dirty, disarranged facility is the one key to how any athletic trainer or other Sports Medicine professional views his or her athletes and profession. Be proud to have anyone walk into our facility and remark how neat and clean it is. Also, keep in mind that a person (group) may not say anything if the Clinic is as it should be, but he (they) certainly will if it has not been taken care of in a professional manner.

B. PROCEDURES TO FOLLOW ON THE PRACTICE FIELD/GYM

Choose an advantageous position on the field (close to the action, but not in the way). Always keep your eyes on the action to witness mechanisms of injuries. Always carry scissors, gauze pads, band-aids, tape, penlight, latex gloves, etc. in your pockets. Do not stand in a group; circulate around the field. Do not sit down, but be attentive at practices because when you are attentive to the coach(es), he/she will be more attentive to you when the need arises. Above all do not study or read while obtaining experiences in any clinical setting! The proper equipment (first aid kit, ice, water, etc.) should be in the correct location and fully stocked and/or in good working order. Injuries can occur during the first and/or final minute or practice, so it is imperative that you arrive on time, pay attention and do not leave early! (NOTE - Be sure to dispose of bloody gauze pads and other contaminated items in a red biohazard bag, tie it up, and then dispose in the specially marked biohazard trash containers.)

C. GAME CONDUCT

Be on time and in uniform. Make sure that you arrive at the time designated by the staff athletic trainer. Introduce yourself to visiting coach and/or athletic trainer and offer available services (ie. pre-game, half-time and post-game). Do not cheerlead or make critical comments in regard to an athlete's performance, an official's call, and/or coaching strategies. Only comments of positive or encouraging nature should be made to an athlete, and keep in mind that coaches will correct mistakes made by athletes.

D. INJURY DISCUSSION WITH NEWS MEDIA

In compliance with HIPPA guidelines, do not discuss the health status of any athlete with anyone! Do not "leak" any information to friends, press, radio, etc. Direct all inquiries to the staff ATC or Sports Information Director. All public comments about injuries will be handled by the team physician, staff ATC or coach. Keep in mind that by releasing such information you will be "breaching" the confidentiality of the athlete, which is a punishable offense by law.

E. MEDICATION POLICY

Under no circumstances shall an Athletic Training student be responsible for the administration of prescription drugs or medication. That is under the jurisdiction of the team physician and strictly controlled by him/her and the certified athletic trainers. For any person other than the team physician to dispense prescription drugs would be a violation of federal law. Moreover, only students accepted into the Athletic Training component of the Athletic Training major may give out O.T.C. (over the counter or non-prescription) medications; however, they must be countersigned by MC Athletic Training ATC's. Furthermore, medication given to athletes must be recorded in the athletes' individual file, and medication given to an athlete on-the-road must also be filed and co-signed by a MC Athletic Training Staff Member.

F. MEMO SENT TO TEAMS VISITING MC

Please be familiar with the sample letter that the Sports Medicine Department will be sending to athletic teams visiting MC The Athletic Training Student is responsible for making sure that these supplies and services are made available to the visiting team. Should you have any questions, please refer them to the charge ATC.

G. MC SPORTS MEDICINE CLINIC POLICIES FOR ATHLETES

1. Report all injuries and sicknesses first to the certified athletic training staff. Athletes injured or sick and unable to practice should check with the full-time staff athletic trainers for daily prescribed activity. (NOTE: In-season athletic teams will be given first priority in the ATR).
2. Shower prior to receiving treatment. Dry off before entering the Athletic Training room.
3. Wear shorts in the Athletic Training room. (NOTE: Special wraps require shorts to be worn in certain instances).
4. Cleats, spikes or turf shoes will not be worn in the Athletic Training room.
5. All shoes will be kept off treatment tables.
6. The Athletic Training room will not be used as a dressing room so keep equipment out.
7. The Athletic Training room is for prevention, care, recognition, treatment and rehabilitation of athletic injuries only! It is not a social club.
8. Profanity is not acceptable in the Athletic Training room.
9. Replace items in their proper place after using.
10. Athletic Training room cleanliness is imperative to its function! Please help to keep it clean.
11. Athletes should make requests for special needs well in advance of any trips.
12. No self-service! Ask one of the Sports Medicine staff members for what you want and/or need.
13. No food or drinks are permitted in the Athletic Training room.
14. Tobacco: No spittoons of any kind are permitted in the Athletic Training room; expectorating into trash cans is forbidden!
15. Offices are off limits, except for Sports Medicine business. Athletes will be invited to enter the office. The open-door policy is always in effect, but don't abuse it.
16. Telephones are off limits, except for Sports Medicine business. No exceptions!
17. Medical kits and cabinets are off limits except to Sports Medicine staff.
18. Stereo is off limits to everyone - no exceptions!
19. Students (and athletes) are to stay out of the Storage Room, unless given permission to enter by one of the full-time faculty/staff members.

20. Athletic Training room hours will be posted and all athletes are expected to be there if treatment is needed. The Head Coach will be notified if treatments are missed!
(NOTE: Come to the Athletic Training room only during posted hours.)
21. If there is a problem you would like to discuss, please see the Sports Medicine staff for advising, consultation and/or referral. All meetings will be kept strictly confidential!
22. No one is ever late for practice because he/she was detained in the Clinic.

H. PROGRAM STANDARD OPERATING PROCEDURES

Standard Operating Procedures (S.O.P.)

I. GENERAL

- A. Make sure you read and familiarize yourself with the "Sports Medicine Clinic Policies for Athletes," (previous page) - You are the enforcers of these policies!
- B. Log all activities in the clinic: treatments, rehab, medication, injury evaluation, wound care, etc. Use the daily log sheet unless otherwise specified.
- C. Log all clinical hours on "ATEP Log of Hours Form."
These must be initialed daily by an ACI.
- D. Do not, at anytime, give out information to anyone! What you do, hear, and say regarding the ATEP, coaches, athletes, etc. STAYS HERE!!!
- E. Avoid confrontations with athletes and coaches. See your clinical supervisor if you have a problem.
- F. Freshman and first year students must report to the SPTM 210 or SPTM 211 instructor to establish their clinical rotation schedule.
- G. Policy Statement Regarding Clinical Hour Requirements:

Given below are the minimum number of clinical hours for each class that are strongly recommended by the Athletic Training Education program to help assure the quality and consistency of the clinical experience while at MC:

| | |
|----------------|---------------------|
| Freshman..... | 2 hours per week |
| Sophomore..... | 8-10 hours per week |
| Junior..... | 15 hours per week |
| Senior..... | 15 hours per week |

This is to insure that all students enrolled in the ATEP will have ample opportunities for the variety of clinical experiences presented to them. Moreover, one must realize that if he/she is unable to achieve this minimum number of clinical hours per week for your specific level in the ATEP due to participation in athletics, etc., then the missed amount must be made up once these obligations have been completed. Typically, a student will gain a majority of their clinical experiences in clinical settings on campus, under the direct supervision of all clinical instructors of the ATEP. This especially holds true for the first two years of the program, whereby students' levels of maturity, responsibility, dependability and communication skills (to name a few) can be

evaluated. After this time and assuming the student reaches an acceptable level of competency in these areas, he/she is given the opportunity during their junior and senior years to gain clinical experiences in one or more of our affiliated and/or allied clinical settings.

II. PERSONAL

- A. Be on time for assigned clinical hours in the Athletic Training room.
- B. Being consistently late or absent for Athletic Training duties can eventually lead to dismissal from the program.
- C. Be punctual and polite in all classes, as you are reflecting the MC Athletic Training Education Program. (Note: Getting up in the middle of class is not being polite.)
- D. Try to spend as much time as possible in the Athletic Training room and any of the affiliated clinical settings, as this will help reflect your interest in the program.
- E. Do not study while obtaining clinical experiences at the clinic or while with athletic teams, unless there are no duties for you to perform. (NOTE: Take the initiative about job-related responsibilities!)
- F. Dress professionally. (See Dress Code and Uniform Policies discussed in other sections of the *ATEP Student Handbook*.)

III. TAPING

- A. All students will observe until they have been checked off by full-time Athletic Training Education Program staff members. (Note: "Check Offs" will take place at various times during the semester.)
- B. Do not tape what you have not yet learned. Refer to an upper-class student and/or faculty or staff ATC.
- C. Do not waste supplies. Use what you need and need what you use.

IV. TREATMENT, REHABILITATION

- A. Log all procedures including name, injury, progress, sport, time, type, and your initials in the Treatment Log.
- B. Check athletes periodically while they are being treated. Explain the purpose of the treatment and what they should feel. (NOTE: Check with staff ATC prior to starting new Tx.)
- C. Staff will set up and supervise all treatments and rehab.
- D. Students will observe all treatment and rehab set-ups and applications until they have completed the necessary course work and are given the "go-ahead" by Supervising Staff ATC's to perform the treatment or rehab procedures themselves.

V. ACADEMIC

- A. A minimum grade of "B-" must be achieved in SPTM 211, 212, 311 and 312 and a grade of "C-" or higher achieved in all other ATEP course requirements before the student may progress to the next course in the SPTM sequence.
- B. It is recommended that students have a cumulative GPA of 2.5 at the end of the freshman year, a 2.75 at the end of the sophomore year, and a 3.0 at the end of the junior year to increase chances of successfully matriculating through the program. A 2.75 cumulative major GPA is needed to graduate.
- C. ATEP students can only participate in one sport. 12 weeks per semester must be left open for students to obtain adequate clinical experiences. (NOTE - sports that cover two semesters, with the exception of men's and women's basketball, will be counted as two sports!) See this policy discussed previously for more details.

I. MANAGEMENT OF INJURIES ON THE FIELD OR COURT

When an injury occurs on the field or gym, go to the injured athlete along with your supervising ATC as quickly as possible. Observe the injury assessment process followed by the ATC, and assist him/her as needed.

J. PROGRAM POLICIES AND GUIDELINES REGARDING STANDARD OPERATING PROCEDURES (SOP) FOR GENERAL INJURY ASSESSMENT

The following procedures will be followed by members of our Athletic Training staff for all injuries. Each injury will require special considerations. However, the following procedures will allow the flexibility needed to provide medical care to all injuries.

Primary Survey

- A. Check vital signs
 - 1. Airway
 - 2. Breathing
 - 3. Circulation (pulse)
 - 4. Bleeding
 - 5. Blood pressure
- B. Stabilize the patient and injury
 - 1. Establish airway
 - 2. CPR
 - 3. Control bleeding

Secondary Survey

- C. Collect information:
 - 1. History
 - 2. Observation/Inspection
 - 3. Palpation
 - 4. Range of motion
 - 5. Strength testing
 - 6. Special tests
- D. Record information:
 - 1. Name
 - 2. Description how injury occurred
 - 3. Time and place of injury occurrence
- E. Decide course of action.

***Refer to Emergency Action Plan at each sports venue for specific details**

I. PROCEDURE TO FOLLOW FOR EMERGENCY CARE OF AN INJURED ATHLETE

1. Prone Athlete - Not Breathing
 - a. Log roll immediately with head in position of CPR.
 - b. Hands crossed and student at head maintains traction.
 - c. After victim is turned, chin strap is cut and face mask is "swung away" by cutting plastic face mask attachments that are just anterior to the ear holes of the helmet. (HELMET STAYS ON!)
 - d. Begin CPR, person at head maintains traction.
 - e. Arrange for transport (Note: Activate EMS, immediately after determining the athlete is unconscious!).

2. Prone Athlete - Unconscious and Breathing
 - a. Do not move or allow player to be moved!
 - b. Activate EMS/Call MD
 - c. Monitor vital signs
 - d. If player regains consciousness, keep out, and treat as 3 (below).

3. Prone Athlete – Conscious with suspected cervical spine injury
 - a. Do not move or allow player to be moved!
 - b. Perform primary survey
 - c. Get athlete's attention, keep calm, reassure athlete.
 - d. Check athlete's chief complaints.

 - e. If spinal cord injury is suspected:
 - 1) Check movement of toes and fingers
 - 2) Check sensation of extremities
 - 3) Question for neck pain
 - 4) Question for any numbness/tingling in extremities.
 - f. If any items under "e" are positive, or if you are highly suspicious, do not move!
 - g. Activate EMS/Call MD

4. Transportation
 - a. Any transportation with suspected spinal cord involvement should be performed with a long spine board.
 - b. Transport athlete in the position he/she is found in unless:
 - 1) the ETA (estimated time of arrival) to the hospital is past 10-15 minutes, in which case the athlete should be in a supine position in case of difficulty in route or
 - 2) it may be necessary to perform CPR, in which case the head must be accessible.

SERIOUS INJURY - A serious injury is one in which the athlete will obviously need to be hospitalized and there is little or no time to consult the physician before taking action.

1. Examples:
 - a. Cessation of breathing
 - b. Severe bleeding
 - c. Serious fracture
 - d. Possible serious back or neck injury
 - e. Serious head injury
2. Fortunately, this type of situation seldom occurs, but we must be ready if and when it does. (The following is the correct plan of action to be taken by the athletic trainer in charge and carried out by the ATC and those he or she may ask to help).
3. Activate Emergency Action Plan for the particular venue
 - a. Athletic Trainer in charge attends immediately to the injured athlete and evaluates the injury.
 - b. Athletic Trainer in charge instructs someone (preferably a SAT or coach) to immediately do the following:
 - 1) Call the Marietta Rescue Squad (**911**) and give the following information.
 - a) Your name and title
 - b) Nature of injury to the athlete
 - c) Location of the injured athlete
 - d) Let the Emergency room hang up first
 - 2) Inform the MC Athletics Department Field Manager of the situation.
 - 3) Return to the field and assist the other athletic trainers. **SOMEONE SHOULD BE SENT TO THE ENTRANCE OF THE STADIUM, FIELD, OR GYM TO DIRECT THE SQUAD TO THE PROPER PLACE.**
 - c. The ATC in charge should instruct someone to ride with the squad to the hospital as an official representative of the Athletics Department.
 - d. The ATC in charge should make arrangements to see that the following are taken care of after the injured athlete is transported to the hospital:
 - 1) Inform the coach as to the extent of the athlete's injury.
 - 2) Notify the attending ATC (if not present see Staff, page 6)
 - 3) Complete records.
 - 4) Notify the athletic director

II. PROCEDURE TO FOLLOW FOR NON-LIFE THREATENING INJURIES

- 1) This type of injury is one that requires medical attention, but is not of the magnitude to be considered "serious".

Examples:

- Lacerations which will require suturing
- Possible fractures

- Orthopedic injuries that should have an early medical diagnosis (i.e., acute knee injuries)
- illness

- 2) Procedure:
 - a. The ATC in charge should perform any necessary first aid.
 - b. Notify the Staff ATC and/or Team Physician, if neither are present.
 - c. Give the vital signs, symptoms, nature and degree of injury.
 - d. Follow instructions given.
 - e. Make arrangements for transport, if necessary.
 - f. Complete records.

Never tell an athlete anything unless you are positive in your judgment! Nothing will get you in trouble faster than giving athletes false information. They will respect you for saying "I do not know", but will lose confidence in you if you try to "fake" your way through an assessment. You are not expected to know everything, so do not do what you do not know how to do!!!

III. PROCEDURE TO FOLLOW FOR BLISTER/WOUND CARE

- 1) This type of injury is one which requires medical attention and must be performed cautiously, using correct technique.

Examples:

- Blisters; turf burns
- wound care
- callous removal

- 2) Procedure:
 - a. When use of sharps and/or needles are needed, consult staff ATC to perform this duty.
 - b. Latex exam gloves must be worn at all times (i.e., during practice, games, in Clinic, etc.) while performing any wound care procedure.
 - c. Clean wound with antiseptic agent.
 - d. Wash hands before and after procedure.
 - e. Properly dispose of gloves and sharps in Biohazard containers in Athletic Training Room. Do NOT dispose of medical waste in open containers - this is against the law!

K. UNIVERSAL PRECAUTIONS

Universal precautions are an aggressive, standardized approach to infection control. According to the concept of Universal Precautions you should treat all human blood and certain body fluids as if they are known to contain HIV, HBV, or other bloodborne pathogens.

Materials that require Universal Precautions are:

| | |
|-----------------------------------|-----------------------------|
| Blood | Cerebrospinal fluid |
| Synovial fluid | Pleural fluid |
| Any body fluid with visible blood | Any unidentified body fluid |

Saliva from dental injuries
Vaginal secretions

Semen

If you encounter any of the materials listed above, or if the possibility of encountering any said materials is high, you should practice the following guidelines.

- Purchase the Hepatitis B vaccine (See Department Chair and **Appendix F** for details).
- Wear gloves whenever dealing with blood or body fluids. You should always have gloves readily available, if not in your pocket, at least in the kit.
- Dispose of all blood soaked waste in appropriate places. There are biohazard marked bags and containers in each facility, know where they are and use them in such cases
- If blood or body fluids come in contact with any hard surface, such as tables or countertops, be sure to clean the surface thoroughly with a disinfectant. Disinfectants and bleach solution are available in each facility, know where they are and how to use them.
- Dispose of all sharp objects; needles, scalpel blades, ect., in sharps containers. These containers are also placed in each facility, know where they are and use them in such cases.
- Wash hands thoroughly after each incident where blood or body fluids are encountered. The use of gloves does not remove the need to wash hands.
- If exposure occurs, report it immediately to your supervisor.

Materials that do not require Universal Precautions are:

Nasal secretions
Sweat
Urine
Feces

Sputum
Tears
Vomit

A Universal Precautions in-service meeting will be offered each year to further explain the above guidelines and ways you can protect yourself. Your attendance at this session is required.

L. ASSESSING EMERGENCIES ON THE FIELD

A. INDIVIDUAL EQUIPMENT NEEDS - Each ATS should always carry the following:

1. Sterile gauze pads
2. Tape
3. Airway
4. Pen light

B. INITIAL ASSESSMENT OF THE INJURED ATHLETE – A thorough observation is essential.

1. Level of consciousness
2. Patent airway
3. Bleeding
4. Deformity
5. Movement of extremities
6. Skin color
7. Position of the patient
 - a. Holding their arm?
 - b. Quiet?

- c. Doubled over?
- d. Etc.

C. RULE OUT THE FOLLOWING INTERNAL INJURIES:

1. Ruptured spleen
 - a. Abdominal splinting
 - b. Referred pain to left shoulder
 - c. Symptom of shock

2. Abdominal viscera trauma
 - a. Abdominal splinting or rigidity
 - b. Symptoms of shock
 - c. Abdominal pain
 - d. Point tenderness
 - e. Nausea
 - f. Vomiting
 - g. History - trauma to the abdomen

3. Kidney injury
 - a. Flank pain
 - b. Splinting
 - c. Referred pain down into genital region
 - d. Check voided urine
 - e. History - blow to flank area

4. Pneumothorax/Mediastinum injury
 - a. Shortness of breath
 - b. Difficulty breathing
 - c. Pain on inspiration
 - d. Nausea
 - e. Symptom of shock
 - f. History - blow to chest
 - 1) May be associated with rib fracture
 - 2) Point tenderness
 - 3) Crepitus

D. TREATMENT ASSESSMENT

1. On the field:
 - a. Determine degree and extent of injury.
 - b. Determine and institute any first aid treatment that is urgently needed.
 - c. Determine how the athlete is to be moved from the playing field.
 - d. Do not move the athlete until the injury has been assessed.
 - e. Do not move the athlete until absolutely necessary.
 - f. Call the team physician onto the field if the situation is urgent and his/her assistance is needed.

2. Sideline follow-up:
 - a. Re-evaluate the injured athlete.
 - b. Have a team physician evaluate athlete if injury warrants.
 - c. Institute treatment
 - 1) Ice
 - 2) Splints
 - 3) Taping
 - 4) Etc.

M. ROUTINE INJURY ASSESSMENT

A. Observe for the following during the initial examination:

1. Respiration
 - a. Shallow
 - b. Rapid
 - c. Labored
 - d. Gasping
2. Level of consciousness
 - a. Unconscious
 - b. Disoriented
 - c. Semiconscious
 - d. Stuporous
 - e. Slow to respond to routine questioning
3. Presence of bleeding
 - a. Arterial - spurting
 - b. Venous - oozing
4. Position of athlete's head, neck, trunk, extremities.
5. Athlete's overt symptoms
 - a. Facial expression
 - b. Not moving
 - c. Etc.

B. Institutional Initial Treatment

1. Evaluate the extent and degree of the injury.
 - a. Mild
 - b. Moderate
 - c. Severe
2. Institute urgent first aid as needed.
3. Determine injuries requiring immediate referral to a physician and those injuries which may be evaluated at a later date.

N. METHODS AND PROCEDURES OF ASSESSMENT

A. PROCEDURE:

1. Do a thorough systems examination - AVIOD EXPENDIENCY
2. Handle the injured area with care thus avoiding exacerbation of the injured state.
3. History:
 - a. Time, place and date of injury.
 - b. Mechanism of injury.
 - 1) Direction of force
 - 2) Position of body
 - 3) Duration
 - c. Anatomical location of injury.

- d. Previous injury.
- e. Disability, immediate or delayed.
- f. Did the athlete hear a pop, crack, or tear?
- g. Did something slip out and back as in a subluxation?
- h. Was a deformity present?

B. METHODS:

1. Observation/Inspection - Look and compare the injured part with the normal.
 - a. Noting color
 - b. Deformity
 - c. Size
 - d. Temperature
 - e. Swelling
 - f. Range of motion
 - g. Etc.
2. Palpation - Using light pressure, assess the affected area.
 - a. Noting any masses
 - b. Depressions
 - c. Crepitation
 - d. Indurations
 - e. Points of tenderness
 - f. Swelling
3. Manipulation - Passive manipulation through pain-free range of motion to detect instability or lack of range or limitation.
4. Athletic Training tests and measurements (various range of motion and functional testing.)
5. X-rays- used by the medical team to confirm, rule out, or make diagnosis.
6. Urinalysis - used to assess for blood, glucose, protein, etc. to assist in diagnosis of health screening or physical exams.
7. Other medical procedures - EKG, EEG, arthroscopy.
8. Lab studies - CBC, HBH (hemoglobin), etc.

APPENDIX A

**"DIRECTED OBSERVATION" VS. "DIRECTED SUPERVISION
UNACCEPTABLE VS. ACCEPTABLE HOUR GUIDELINES**

**"DIRECTED OBSERVATION" VS. "DIRECTED SUPERVISION
UNACCEPTABLE VS. ACCEPTABLE HOUR GUIDELINES**

- I. The student must have continual communication and direction, on a daily basis, with a BOC Certified Athletic Trainer(ATC). In the Marietta College Athletic Training Education Program, this will include the following positions/personnel:
- Chair, Sports Medicine Department
Marietta College ATC's/ACI's
Instructors/ATCs, or other allied health care professionals at affiliated clinical settings
- II. Unacceptable Hour Guidelines
- A. Hours spent in a program/facility not supervised or directed by an ATC, and/or is not a MC affiliate clinical setting.
- B. Time spent traveling with teams.
- C. Academic hours.
- III. Acceptable Hour Guidelines
- A. In order for hours to be credited for academic purposes, hours must be obtained under the direct supervision of one of the BOC Certified Athletic Trainers, ACI or CI listed in Section I, above.
- B. The hours must be verified by a signature from one of the BOC Certified Athletic Trainers listed in Section I, above.
- IV. "Directed Observation":
- A. During the first 3 semesters (or prior to formal admittance into the MC Athletic Training Education Program), students will obtain clinical hours focusing on the orientation and development of knowledge of the respective roles of Athletic Training personnel.
- B. Students will be rotated through a variety of different athletic teams, general athletic training room duties, and affiliated and allied clinical settings.
- V. "Directed Supervision":
- A. Once a student is accepted into the Athletic Training Education Program, all hours must be under the direct supervision of one of the personnel listed in Section I above.
- B. Direct supervision involves daily personal contact between the clinical instructor and the athletic training student in the same clinical setting.
- C. Direct supervision implies constant personal contact between the clinical instructor and the student, clinical instructors must be readily accessible to the student on a daily basis for on-going instruction, guidance, and prompt intervention in the event of a medical emergency.

APPENDIX B

FOUR-YEAR ACADEMIC PLAN AND SAMPLE CURRICULUM SEQUENCE

MARIETTA COLLEGE SPORTS MEDICINE DEPARTMENT
ATHLETIC TRAINING MAJOR (74 HOURS)

A. Sports Medicine Requirements (53 Hours)

| | | |
|----------|---|--|
| SPTM 202 | 1 | CPR FOR THE PROFESSIONAL RESCUER |
| SPTM 210 | 3 | FUNDAMENTALS OF ATHLETIC TRAINING |
| SPTM 211 | 3 | PRACTICUM I: Lower Extremity Assessment |
| SPTM 212 | 3 | PRACTICUM II: Upper Extremity Assessment |
| SPTM 213 | 1 | LOWER EXTREMITY ASSESSMENT LAB |
| SPTM 214 | 1 | UPPER EXTREMITY ASSESSMENT LAB |
| SPTM 285 | 3 | APPLIED NUTRITION |
| SPTM 290 | 3 | PERSONAL HEALTH |
| SPTM 304 | 4 | MEDICAL ASPECTS OF SPORTS MEDICINE |
| SPTM 306 | 4 | THERAPEUTIC REHABILITATION |
| SPTM 307 | 3 | THERAPUTIC MODALITIES |
| SPTM 311 | 3 | PRACTICUM III: Head and Spine Assessment |
| SPTM 312 | 2 | PRACTICUM IV: Advanced Assessment |
| SPTM 313 | 1 | HEAD & SPINE ASSESSMENT LAB |
| SPTM 314 | 1 | ADVANCED ASSESSMENT LAB |
| SPTM 325 | 3 | PHYSIOLOGY OF EXERCISE |
| SPTM 328 | 3 | BIOMECHANICS |
| SPTM 385 | 3 | BASIC PATHOPHYSIOLOGY |
| SPTM 401 | 3 | CADAVER ANATOMY |
| SPTM 411 | 2 | PRACTICUM V: Organization and Administration |
| SPTM 484 | 1 | RESEARCH AND DESIGN I |
| SPTM 485 | 1 | RESEARCH AND DESIGN II |
| SPTM 486 | 1 | RESEARCH AND DESIGN III |

B. Biology/Physics Requirements (11 Hours)

| | | |
|-----------|---|----------------------|
| BIOL 202 | 4 | GENERAL MICROBIOLOGY |
| <i>or</i> | | |
| PHYS 211 | 4 | COLLEGE PHYSICS I |
| BIOL 203 | 3 | HUMAN PHYSIOLOGY |
| BIOL 212 | 4 | HUMAN ANATOMY |

C. Psychology Requirements (6 Hours)

| | | |
|----------|---|--------------------|
| PSYC 101 | 3 | GENERAL PSYCHOLOGY |
| PSYC 375 | 3 | HEALTH PSYCHOLOGY |

D. General Education Requirements (3 or 4 Hours)

| | | |
|-----------|---|--|
| MATH 123 | 3 | PRACTICAL STASTICS |
| <i>or</i> | | |
| PSYC 285 | 4 | STATISTICS FOR THE BEHAVIORAL SCIENCES |

E. Admission Requirements

Application for admission into the Athletic Training Education Program begins during the fall semester of the sophomore year. The quota of applicants accepted and enrolled in the program is limited by the faculty/student ratio established by the Joint Review Committee Program in Athletic Training (JRC-AT) and CAATE, the number of clinical sites available, and the highly individualized nature of the program. Admission to the program includes the following criteria:

- a) Achieving a minimum 2.75 grade point average or higher in the following courses: SPTM 210, 211, 212, and 304 and BIO 203 and 212;
- b) A minimum of 130 “directed observation” clinical hours prior to admission
- c) Reference evaluations from Marietta College faculty, staff, administrators, coaches, personal acquaintances, etc.;
- d) Interview with selected members of the Athletic Training Interview Committee;
- e) Demonstration of various skills and traits, including dependability, responsibility, initiative, leadership, communication skills, etc., that are critical for the successful, entry-level BOC-certified athletic trainer;
- f) Letter of application stating why the student wants to enter or should enter the Athletic Training Education Program;
- g) Evidence of current First Aid and CPR certification;
- h) Evidence of Physical Examination by a physician;
- i) Evidence of required vaccinations and immunizations;
- j) Verification that the student understands and meets the Technical Standards for Admission into the Athletic Training Education Program.

Students must apply for acceptance into the Athletic Training Education Program at the conclusion of their Fall semester in their sophomore year. Students failing to gain admission because of a deficient grade point average may reapply after repeating the core courses listed above in point a), but must do so no later than the conclusion of the Spring semester of their sophomore year. Once admitted into the Athletic Training Education Program, students are required to spend a minimum of four (4) semesters in the program working on clinical experience.

F. Clinical Education/Field Experience Requirements

Students must be admitted into the Athletic Training Education Program prior to beginning their clinical education/field experience requirements. The clinical education/field experience is composed of four rotations. The rotations will be completed over a four (4) semester period. The rotations will be composed of a lower extremity intensive, an upper extremity intensive, equipment intensive, and a general medical rotation.

Students will be assigned to either an ACI (Approved Clinical Instructor) or a CI (Clinical Instructor) during these rotations to review competencies and proficiencies assigned to the rotation.

Approved Clinical Instructor (ACI): An Approved Clinical Instructor is a BOC Certified Athletic Trainer with a minimum of one year work experience as an athletic trainer, and who has completed Approved Clinical Instructor training. An ACI provides formal instruction and evaluation of clinical proficiencies in the classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students.

Clinical Instructor (CI): A Clinical Instructor is a BOC Certified Athletic Trainer or other qualified health care professional with a minimum of one year work experience in their respective academic or clinical area. Clinical instructors teach, evaluate, and supervise athletic training students in the field experience. A clinical instructor is not charged with the formal evaluation of athletic training students’ integration of clinical proficiencies. A clinical instructor may also be an ACI.

G. Highly Recommended Electives

BIOL 101
CHEM 132, 134

SAMPLE CURRICULUM SEQUENCE
FOR THE ATHLETIC TRAINING EDUCATION PROGRAM MAJOR

Fr: Fall Semester

SPTM 210, Fundamentals of AT (3)
SPTM 290, Personal Health (3)
PSYCH 101, General Psychology (3)

Spring Semester

BIOL 212, Human Anatomy (4)
SPTM 211, Lower Extr. Assessment (3)

So: Fall Semester

SPTM 212, Upper Extr. Assessment (3)
SPTM 304, Sports Medicine (4)
BIO 203, Human Physiology (3)
SPTM 202, CPR for the Professional Rescuer (1)

Spring Semester

SPTM 213, Lower Extr. Assess. Lab (1) **or**
SPTM 214, Upper Extr. Assess. Lab (1)
SPTM 285, Applied Nutrition (3)
SPTM 307, Therapeutic Modalities (3)
SPTM 311, Head & Spine Assessment(3)
SPTM 328, Biomechanics (3)
PSYC 375, Health Psychology (4)

Jr: Fall Semester

SPTM 213, Lower Extr. Assess. Lab (1) **or**
SPTM 214, Upper Extr. Assess. Lab (1)
SPTM 306, Therapeutic Rehabilitation (4)
SPTM 312, Advanced Assessment (2)
BIOL 202, General Microbiology (4) **or**
PHYS 211, College Physics I

Spring Semester

SPTM 325, Exercise Physiology (3)
SPTM 385, Basic Pathophysiology (3)
MATH 123, Practical Statistics (3) **or**
PSYC 285 Stats for the Behavioral Sciences (4)
SPTM 314, Gen Med Conditions & Disabilities (1)
SPTM 484, Research & Design I (1)

Sr: Fall Semester

SPTM 411, Organization & Administration (2)
SPTM 485, Research & Design II (1)
SPTM 313, Head & Spine Assessment Lab (1)

Spring Semester

SPTM 401, Cadaver Anatomy (3)
SPTM 486, Research & Design III (1)

APPENDIX C

TECHNICAL STANDARDS FOR ADMISSION FORM

**MARIETTA COLLEGE
ATHLETIC TRAINING EDUCATIONAL PROGRAM**

TECHNICAL STANDARDS FOR ADMISSION

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

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

Candidates for selection to the ATEP must demonstrate:

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

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

The Marietta College Student Life Department, in conjunction with additional offices and departments on-campus and as appropriate, will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the College will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review to whether the accommodations requested are reasonable, taking

into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

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

Signature of Applicant

Date

Alternative statement for students requesting accommodations.

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

Signature of Applicant

Date

APPENDIX D

DISCLOSURE OF MEDICAL INFORMATION ATHLETIC TRAINING STUDENT DECLARATION FORM

**MARIETTA COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM MAJOR**

***DISCLOSURE OF MEDICAL INFORMATION
ATHLETIC TRAINING STUDENT DECLARATION***

Upon acceptance as an athletic training student in the Marietta College Athletic Training Education Program, each applicant is required to sign the following statement. This statement shall remain on file in the student's personal file for the duration of their involvement in the ATEP. Any breach of confidentiality may result in immediate termination from the program.

STATEMENT OF CONFIDENTIALITY

I understand that all information of which I may become knowledgeable in my capacity as an athletic training student within the Athletic Training Education Program setting is subject to the Patient/Physician privilege and must be considered confidential. Further, I will not discuss such information with anyone except a member of the Athletic Training Education Program. Furthermore, I will abide by this medical policy at all times and will not disclose such information to any other persons at any time.

Signature of Athletic Training Student

Date

Name (please print)

Witness Signature

APPENDIX E
ACADEMIC GRIEVANCES

ACADEMIC GRIEVANCES

Marietta College is committed to the highest principles of academic and personal integrity and a sensitive regard for the rights of others. Essential to these rights are the individual responsibilities of faculty and students.

Faculty are responsible for clearly communicating their grading policies, testing procedures, and expectations of student performance at the beginning of each course, as described in the Faculty Handbook. Students are responsible for following these policies and fulfilling those expectations. Even though students have the right to their own opinions about course content and delivery, they remain responsible for learning the content of the course.

Teaching, like any human relationship, inevitably results in occasional misunderstandings, disagreements, and grievances. Most-but by no means all-of these grievances relate to the grading policy.

The purpose of this policy is to spell out a procedure for managing grievances about academic due process and for correcting injustices as they occur.

Definitions for Academic Grievance

1. **Complaint:** An informal claim by an affected student that a faculty member of an academic administrator has carried out his or her responsibilities improperly. (See Step I below.) Maintain confidentiality concerning any information presented in the hearing.
2. **Grievance:** A written allegation by an affected student that a faculty member or academic administrator has carried out his or her responsibilities improperly. (See Step II below.)
3. **Respondent:** The faculty member(s) and/or academic administrator(s), identified by the affected student as causing or contributing to the complaint or grievance.
4. **Time Limit:** The time limit of a grievance or complaint is defined as the semester following the incident in which the grievance/complaint took place. The summer term does not count as a semester.

Procedure

If a student believes he or she has a legitimate complaint or grievance, the student should follow the following procedure:

Step I

It is recommended that a student consult with his or her academic advisor before and while initiating a complaint or grievance.

1. The student shall discuss the problem with the respondent.
2. If a problem is not mutually resolved, the student shall confer with the immediate supervisor (usually the department chair) of the respondent. If the respondent is a supervisor or department chair, the student shall confer with the provost or the person in that office to whom the provost has delegated this responsibility, hereafter referred to as the provost or the provost's designate.

A student should not assume that petitioning a complaint or grievance means that the person will be granted. The student should continue to attend classes and fulfill the requirements of the course in which the student is currently enrolled.

Step II

1. If the complaint is not satisfactorily resolved in Step I, the student has the right to file a grievance with the provost or the provost's designate. This written allegation shall describe the grievance, a summary of the circumstances surrounding it, the related evidence, and what has already been done in attempting to resolve it.
2. The provost or the provost's designate shall converse a grievance committee and a hearing shall be scheduled within 15 days after the receipt of the written grievance.
 - a. The grievance committee shall be composed of three members of the teaching faculty, one chosen by the student, one chosen by the respondent, and one chose by the provost or the provost's designate.
 - b. The grievance committee shall hear testimony from the student, the respondent and whomever else it deems appropriate.
 - c. The grievance committee shall maintain confidentiality concerning any information presented in the hearing.
 - d. There shall be no legal counsel present in the hearing of the grievance committee.
 - e. The committee shall have access to all material it feels is relevant to the case.
3. Within 15 days after completion of the hearing, the grievance committee shall submit its findings to the provost or the provost's designate for his or her consideration. A copy of the findings shall be sent to the respondent and the student.
4. The student may withdraw the grievance at any point in the proceedings by requesting in writing to the provost or the provost's designate.
5. The provost or the provost's designate may grant an extension of the time limit this procedure for good cause.
6. The student or the faculty members may appeal to the provost (if the provost has not handled the case himself or herself), and then to the president of the College either finds the resolution of the matter satisfactory.

APPENDIX F

HEPATITIS B IMMUNIZATION INFORMED CONSENT/REFUSAL FORM

MARIETTA COLLEGE
Athletic Training Education Program

HEPATITIS B IMMUNIZATION
Information Sheet

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

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

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

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

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

Hepatitis B immunization should be withheld in the presence of:

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

Hepatitis B vaccine is generally well tolerated. As with any vaccine, there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials. There may be a local reaction at the injection site such as soreness, pain, tenderness, itchiness, redness, black/blue mark, swelling, warmth, or nodule formation. Other reactions may include low-grade fever, fever over 102 degrees (uncommon), general arthralgia or rash neurological disorders.

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

Athletic Training students enrolled in the Athletic Training Education Program are encouraged to obtain their own immunizations prior to their sophomore year. The cost shall be incurred by the Athletic Training student. If an Athletic Training Student so desires, he/she may decline by signing the appropriate form and submitting it to the Department Chair's office by the start of his/her sport assignment or the start of the academic year (whichever occurs first).

**MARIETTA COLLEGE
Athletic Training Education Program**

**Hepatitis B Immunization
Informed Consent/Refusal**

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

Signed

Date

Social Security Number

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

Hepatitis B Vaccine Declination (Mandatory)

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

Signed

Date

Social Security Number

APPENDIX G
STUDENT AGREEMENT

STUDENT AGREEMENT

Marietta College Athletic Training Education Program

I have received a copy of the Athletic Training Education Program *Student Handbook* upon acceptance into the Athletic Training Education Program. I have read and understand all contents, including policies and procedures of the ATEP. These topics include:

- Program Objectives
- Faculty and Staff
- Admission Policies
- Graduation Requirements
- General Objectives of Clinical Hours and Assignments
- Clinical Hours Requirements
- Protocol to Follow in Making Clinical Assignments
- Athletic Training Clinical Education Plan
- Clinical Settings
- Clinical Sites
- Clinical Evaluation
- Sports Medicine Course Descriptions
- Program Policies and Guidelines Related to Athletics
- Program Standard Operating Procedures
- Medical Standard Operating Procedures
- Student Agreement

I intend to comply fully with the policies and procedures stated above and in the ATEP *Student Handbook* as prescribed by the Sports Medicine Department and Marietta College. Failure to follow the above rules, regulations, and guidelines can result in disciplinary measures, and/or not completing the major in the desired time frame. I also understand my rights and responsibilities as a student in the Marietta College Athletic Training Education Program.

Student Signature

Date

APPENDIX H
OSHA TRAINING DOCUMENTATION FORM

OSHA Training

By signing this form I verify that I have received exposure control training, including instruction in the following areas:

1. Information about HIV and HBV
2. Risk of bloodborne pathogen transmission in athletics
3. Definition and theory of Universal Precautions
4. How to protect myself from bloodborne pathogens, including Marietta College's Exposure Control Plan
5. What steps to take if exposure to body fluid occurs

Name (print) _____ SS# _____

Signature _____ Date _____

APPENDIX I
COMMUNICABLE DISEASE POLICY

**Marietta College
Athletic Training Education Program**

Communicable Disease Policy

The following communicable disease policy is designed to insure the safety of the ACI's, CI's, and athletic training students involved with the Athletic Training Education Program at Marietta College. Athletic training students will acknowledge this policy via a signature at the end of this document.

Prior to being admitted into the ATEP, athletic training students must show evidence of proof of a physical exam by a physician (MD or DO). A physical exam will help in determining history of conditions, or having current conditions that may predispose the students of acquiring or transmitting a communicable disease. Athletic training students must show evidence of current vaccinations (Mantoux [TB], Hepatitis B, MMR, Varicella, Tetanus toxoid) prior to being admitted to the ATEP. Due to the increased risk of exposure to communicable diseases, these vaccinations will be especially important when athletic training students are off campus for their general medical rotation. Documentation of the immunizations will be kept in the athletic training students file. These records will be kept confidential and not disclosed without written permission from the athletic training student.

Prior to being admitted into the ATEP, students will be educated on various communicable diseases in SPTM 304, in regards to the modes of transmission, incubation periods, signs and symptoms, and treatment options. A list of communicable diseases, their signs and symptoms, and incubation periods are included in this document (see Table 2).

In the event an ACI, CI, or athletic training student is diagnosed with a communicable disease it is the responsibility of the ATEP to prevent further transmission of infection. This may warrant the infected person from coming to work or having contact with patients. Infected personnel will be required to seek the medical attention recommended. In conjunction and consultation with the physician, the ATEP will utilize the Communicable Disease Safety Guidelines (Table 1) to determine when the infected personnel may return to having patient interaction.

I, _____ (athletic training student), due hereby acknowledge reading the above communicable disease policy and will adhere to the policy requirements.

(Date)

Table 1 – Communicable Disease Safety Guidelines

| Disease/Problem | Work Restriction | Duration |
|---|---|--|
| Conjunctivitis | Restrict from patient contact | Until discharge ceases |
| Cytomegalovirus infections | No restriction | |
| Diarrheal diseases Acute stage (diarrhea with other symptoms) | Restrict from patient contact | Until symptoms resolve |
| Convalescent stage, Salmonella spp. | Restrict from care of high-risk Patients | Until symptoms resolve, consult with local & state health dept. regarding need for negative stool cultures |
| Diphtheria | Exclude for duty | Until antimicrobial therapy completed and 2 cultures obtained >24 hours apart are negative |
| Enteroviral infections | Restrict from care of infants, neonates, and immuno-compromised patients and their environments | Until symptoms resolve |
| Hepatitis A | Restrict from patient contact | Until 7 days after onset of jaundice |
| Hepatitis B Personnel with acute or Chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures | No restriction*, refer to state regulations; standard precautions should always be observed | |
| Personnel with acute or Chronic hepatitis B e antigenemia who perform exposure-prone procedures | Do not perform exposure-prone procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of worker; refer to state regulations | Until Hepatitis B e antigen is Negative |
| Hepatitis C | No recommendation | |
| Herpes simplex Genital | No restriction | |
| Hands (herpetic whitlow) | Restrict from patient contact | Until lesions heal |
| Orofacial | Evaluate for need to restrict from case of high-risk patients | |
| Human Immunodeficiency Virus | Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform; taking into account specific procedure as well as skill and technique of the worker; refer to state regulations | |

| Disease/Problem | Work Restriction | Duration |
|--|---|---|
| Measles Active Postexposure (susceptible personnel) | Exclude from duty Exclude from duty | Until 7 days after the rash appears From 5 th day after 1 st exposure through 21 st day after last exposure and/or 4 days after rash appears |
| Meningococcal infections | Exclude from duty | Until 24 hours after start of effective therapy |
| Mumps Active Postexposure (susceptible Personnel) | Exclude from duty Exclude from duty | Until 9 days after onset of parotitis From 12 th day after 1 st exposure through 26 th day after last exposure or until 9 days after onset of parotitis |
| Pediculosis | Restrict from patient contact | Until treated and observed to be Free of adult and immature lice |
| Pertussis Active Postexposure (asymptomatic personnel) Postexposure (symptomatic personnel) | Exclude from duty No restriction, prophylaxis recommended Exclude from duty | From beginning of catarrhal stage through 3 rd week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy Until 5 days after rash appears |
| Rubella Active Postexposure (susceptible personnel) | Exclude from duty Exclude from duty | Until 5 days after rash appears From 7 th day after 1 st exposure through 21 st day after last exposure |
| Scabies Staphylococcus aureus infection Active, draining skin lesions Carrier state | Restrict from patient contact Restrict from contact with patients environment No restriction, unless personnel are epidemiologically linked to transmission of the organism | Until cleared by medical eval Until lesions have resolved |
| Streptococcal infection, group A | Restrict from patient care, contact with patients environment | Until 24 hours after adequate treatment started |

| Disease/Problem | Work Restriction | Duration |
|---|---|---|
| Tuberculosis | | |
| Active disease | Exclude from duty | Until proved noninfectious |
| PPD converter | No restriction | |
| Varicella | | |
| Active | Exclude from duty | Until all lesions dry and crust |
| Postexposure (susceptible personnel) | Exclude from duty | From 10 th day after 1 st exposure through 21 st day (28 th day if VZIG given) after last exposure |
| Zoster | | |
| Localized, in healthy person | Cover lesions; restrict from care of high-risk patients | Until all lesions dry and crust |
| Generalized or localized in immunosuppressed person | Restrict from patient contact | Until all lesions dry and crust |
| Postexposure (susceptible personnel) | Restrict from patient contact | From 10 th day after 1 st exposure through 21 st day (28 th day if VZIG given) after last exposure or, if varicella occurs, until all lesions dry and crust |
| Viral respiratory infections, acute febrile | Consider excluding from the care of high risk patients or contact with their environment during community outbreak of RSV and influenza | Until acute symptoms resolve |

Table 2 – Communicable Disease Chart

| Disease | Incubation and Symptoms |
|---|--|
| Chickenpox (Varicella) | Incubation: 11-20 days, usually 14-16 days. Symptoms: Skin rash which progresses to blisters then scabs. Eruptions occur in crops, so all three stages may be present simultaneously. Covered body areas are often most affected. <u>Reactivating the virus results in shingles.</u> |
| Common Cold | Incubation: Between 12 hours and 5 days, usually 48 hours. Symptoms: Sore throat, water discharge from nose and eyes, sneezing, fever, chills, generalized discomfort. |
| Conjunctivitis (Pink-eye) | Incubation: Viral, hours to days; bacterial, 24-72 hours. Symptoms: Redness of eye, discharge (watery with viral, often thick or purulent (pus) with bacterial infection, matted eyelashes, burning, itching. |
| Croup | Incubation: 2-9 days, depending on causative agent. Symptoms: Acute respiratory infection involving the epiglottis, larynx, trachea, and bronchi. May cause respiratory distress ranging from mild to severe. Cough has a “barking” or “brassy” harsh quality. May notice a high pitched sound on inhalation. |
| Diarrheal Diseases | Incubation: Varies depending on causative agent. Symptoms: 3 or more loose stools (stools with increased water content and/or decreased form) in a 24 hour period. Persons with diarrhea may have additional symptoms including nausea, vomiting, stomach aches, headache or fever. |
| Fifth Disease (Erythema Infectiosum) | Incubation: 4-14 days, usually 12-14 days. Symptoms: Bright red rash, usually beginning on face; “slapped cheek” appearance. Spreads to trunk and extremities, clears centrally, looking “lacy”. Generally clears in 1 week, recurs if person gets warm, upset, etc. for up to 1 month. |
| Flu (Influenza) | Incubation: 1-3 days. Symptoms: Abrupt onset of fever, chills, headache, sore muscles. Runny nose, sore throat, and cough also common. |
| German Measles (Rubella) | Incubation: 12-23 days, usually 16-18 days. Symptoms: Fever, headache, sore throat, cough. Lymph nodes (glands) at back of head, behind ear, often enlarged. Red or pink rash begins on head, at hairline, fades in 72 hours. Rash may be absent. |

**Hand, Foot and Mouth Disease
(Coxsackie Virus)**

Incubation: 3-6 days.

Symptoms: Raised rash, particularly on palms, soles, and area surrounding mouth. Progresses to blisters, then scabs. Also sores inside mouth, making swallowing painful.

**Head Lice
(Pediculosis)**

Incubation: The life cycle is composed of 3 stages: eggs, nymphs and adults. Under optimal conditions, the eggs of lice hatch in 7-10 days. The nymphal stages last about 7-13 days.

The egg-to-egg cycle averages about 3 weeks.

Symptoms: Itching, irritation of scalp, feeling of something moving in the hair and sores on the head caused by scratching. White to yellow-brown nits (eggs) attach very *firmly* to hair and are most commonly found at the nape of the neck, crown of head and above the ears.

**Hepatitis A
(Infectious)**

Incubation: 2-6 weeks, commonly 28-30 days.

Symptoms: Abrupt onset, loss of appetite, fever, abdominal pain, nausea, fatigue. Jaundice (yellowish discoloration of skin and white part of eye) may follow in a few days. Young children usually have no symptoms.

**Hepatitis B
(Serum)**

Incubation: 45-180 days, commonly 60-90 days.

Symptoms: Usually inapparent onset, loss of appetite, vague abdominal pain, nausea, vomiting, fever, fatigue. Jaundice frequently occurs. Some persons have no symptoms.

**Herpes
(Herpes Simplex Virus-HSV)**

Incubation: 2-14 days. Neonatal HSV infection may be manifest at birth or as late as 4-6 weeks of age.

Symptoms: Blister like sores, fever, irritability and sores on mucous membranes of the mouth. HSV persists in a latent form after primary infection. Reactivation of latent virus most often is manifested by cold sores which appear as single or grouped blisters around the mouth.

Impetigo

Incubation: 2-10 days, occasionally longer.

Symptoms: Blister-like, pus-filled bumps which progress to yellowish crusted, painless sores with irregular outlines. Itching is common. Usually found on exposed skin areas and around the nose/mouth.

**Measles
(Rubeola)**

Incubation: 12-17 days; usually 14 days before rash appears.

Symptoms: Fever, runny nose, cough and sore, reddened eyes and photophobia (light sensitive) followed by a red-brown blotchy rash which lasts 3 or more days.

| | |
|--|--|
| Meningitis, bacterial | Incubation: 1-10 days, usually less than 4 days. Symptoms: Sudden onset, fever, intense headache, nausea, vomiting. With meningococcal meningitis, rash. Behavioral changes, irritability, sluggishness. |
| Meningitis, viral/aseptic | Incubation: 2-21 days, depends on causative agent. Symptoms: Sudden onset, fever; intense headache, nausea, vomiting, stiff neck. Behavioral changes, irritability, sluggishness. |
| Mononucleosis | Incubation: 30-50 days. Symptoms: Fever, sore throat, swollen lymph nodes (glands). Fatigue, headache, palatal petechial rash (red spider veins on roof of mouth), occasional abdominal pain, occasional respiratory distress. |
| Mumps | Incubation: 12-25 days, usually 16-18 days. Symptoms: Fever, painful parotid (salivary gland) swelling under jaw and in front of ear; headache, chills. Occurs most often in late winter/spring. |
| Pinworms | Incubation: From ingestion of egg until migration to perianal (around the rectum) area 1-2 months or longer. Symptoms: Anal itching with disturbed sleep, irritability, and local irritation due to scratching. |
| Ringworm (Tinea) | Incubation: Usually 4-10 days for the body, 10-14 days for the scalp. Symptoms: Scalp -scaly patches of temporary baldness, infected hairs are brittle and break easily. Skin -flat, ring-like rash, inflamed, may itch or burn. Feet -scaling and cracking of skin especially between toes, blisters may be present, filled with watery fluid. |
| RSV (Respiratory Syncytial Virus) | Incubation: 1-10 days. Symptoms: Most common cause of bronchiolitis and pneumonia in children under 1 year of age. May exhibit fever, runny nose, cough and sometimes wheezing. |
| Scabies | Incubation: First infestation, 2-6 weeks; subsequent infestation 1-4 days after re-exposure. Symptoms: Parasitic disease of the skin caused by a mite, whose penetration is visible as papules (bumps), vesicles, or tiny linear burrows. Lesions are often found in space between fingers, on or inside wrist, elbows, armpits, belt-line and genital area. A patchy red rash is often present. Intense itching, especially at night. Manifestations may mimic other dermatological (skin) diseases. |

**Scarlet Fever/Strep Throat
(Streptococcal Infections)**

Incubation: 1-3 days, may be longer.

Symptoms: **Strep throat**-fever, red throat with pus spots, tender and swollen lymph nodes (glands). Symptoms are variable.

Scarlet fever- all of the above, plus rash on skin and inside of mouth, "strawberry tongue." High fever, nausea and vomiting may occur.

**Thrush
(Candidiasis)**

Incubation: Variable, 2-5 days in infants.

Symptoms: Infection of the skin, mouth, or tongue that appears as white spots, which cannot be scraped off without causing bleeding. May also occur in folds of the skin in diapered areas and is a common cause of diaper rash.

Tuberculosis

Incubation: 2-12 weeks needed after a person is infected with the TB bacillus before the infected person will react positively to the TB skin test. After this initial infection, the risk of progressing to active disease is greatest during the 2 years following infection. In infants, TB is much more likely to disseminate. Therefore, prompt and vigorous treatment should be started as soon as the diagnosis is suspected.

Symptoms: TB infection produces no symptoms. The symptoms of pulmonary TB include a productive cough, chest pain, and hemoptysis (bloody phlegm). Systemic symptoms include fever, chills, night sweats, easy fatigability, loss of appetite, and weight loss. Children do not always manifest the same symptoms as adults and frequently are diagnosed by radio-graphic examination or other laboratory tests such as gastric washings.

**Whooping Cough
(Pertussis)**

Incubation: 5-10 days with upper limit of 21 days.

Symptoms: Begins with mild upper respiratory symptoms and can progress to severe paroxysms (abnormally severe cough) of cough, often with a characteristic respiratory whoop, followed by vomiting. Fever is absent or minimal. Infants less than 6 months old, adolescents and adults often do not have the typical whoop or cough paroxysm.

APPENDIX J

ATHLETIC TRAINING STUDENT TRAVEL POLICY

**Marietta College Athletic Training Education Program
Athletic Training Student Travel Policy**

The Athletic Training Education Program believes that the opportunity to travel with athletic teams plays a role in the overall education of the athletic training student. This experience gives the athletic training student an opportunity to understand the responsibilities of an athletic trainer in regards to organization and administration, coach interaction, and other travel responsibilities. The opportunity to travel with an athletic team will be up to the discretion of the supervising certified athletic trainer, as well as the athletic training student. The athletic training student will travel with an athletic team on a totally volunteer basis. Should an athletic training student decide to travel with an athletic team it must be in the presence of a Marietta College certified athletic trainer.

APPENDIX K
BLOODBORNE PATHOGEN POLICY

**Marietta College Athletic Training Education Program
Blood-borne Pathogen Policy**

The following blood-borne pathogen policy is designed to insure the safety of the ACI's, CI's, athletic training students and patients involved with the Athletic Training Education Program (ATEP) at Marietta College.

Prior to be admitted into the ATEP at Marietta College, the athletic training students will have received instruction in the management of a bleeding athlete to control bleeding as well as prevention of transmission of blood-borne pathogens in the courses of SPTM 210 and SPTM 304. A review of universal precautions to prevent transmission of blood-borne pathogens will be conducted in August prior to the athletic training students starting their fall clinical experience rotation. Prior to being admitted into the ATEP, the athletic training students will be required to complete the Hepatitis B vaccination series.

All members of the ATEP are at risk of being exposed to blood-borne pathogens including Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV). Although the risk of being infected by one of the above pathogens is low, all members of the ATEP should use universal precautions designed to minimize the risk of transmission. These precautions include the use of gloves and gauze in the management of a bleeding athlete. After the bleeding is under control, remove one glove and place the removed glove into the palm of the hand that still has a glove on, and remove the second glove rolling the first glove into the second glove. Dispose all bloody materials in a red biohazard bag. Wash your hands when you are finished disposing of the bloody materials. If you have been handling a sharp object such as a scalpel or needle, and this object has been exposed to blood, dispose the sharp object in the appropriate biohazard sharps container box.

If you have been exposed to the blood of a patient you should perform the following based upon where the exposure has occurred;

- wash any needlestick cuts with soap and water
- flush splashes to the nose, mouth with water
- irrigate eyes with clean water, saline, or sterile irrigants
- report the exposure to your supervising ACI or CI. Prompt reporting is essential because in some cases post exposure treatment may be recommended, and it should be started as soon as possible. Consideration for further testing and possible treatment will depend on the amount of exposure involved, the route of transmission (non-intact skin increases the risk of transmission), and the infection status of the individual whose blood was being managed. If the source individual infection status cannot be identified or tested, a decision regarding follow up will be based on the exposure risk, and whether the source is individual is likely to be infected with a blood-borne pathogen. Follow up and confidential testing for blood-borne pathogens is available at the Washington County Health department for athletic training students who are concerned about possible infection through occupational exposure.

I _____ (athletic training student) acknowledge reading, understanding, and adhering to the above blood-borne pathogen policy.

APPENDIX L
EVALUATION FORMS

**Marietta College Athletic Training Education Program
ACI or CI and Clinical Site Evaluation**

Please use the reverse side of this form to evaluate your clinical instructor and the clinical site where you completed your semester field experience. Return the form to the departmental secretary. She will then type out the written responses and tabulate the ratings you provide. The form should be signed in order for the secretary to keep track of the students that have turned in a form, but your responses will remain anonymous.

Approved Clinical Instructor: An Approved Clinical Instructor (ACI) is a BOC Certified Athletic Trainer with a minimum of one year of work experience as an athletic trainer, and who has completed Approved Clinical Instructor training. An ACI provides formal instruction and evaluation of clinical proficiencies in the classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students.

Clinical Instructor: A Clinical Instructor (CI) is a BOC certified athletic trainer or other qualified health care professional with a minimum of one year work experience in their respective academic or clinical area. Clinical instructors teach, evaluate, and supervise athletic training students in the field experience. A clinical instructor is not charged with the formal evaluation of athletic training students' integration of clinical proficiencies. A Clinical Instructor may also be an ACI.

**Marietta College Athletic Training Education Program
ACI or CI and Clinical Site Evaluation**

Name of ACI or CI Evaluated: _____

Clinical Experience/Site Evaluated: _____

Time Period: _____

Rating Scale Used:

1 = Poor/Strongly Disagree

3 = Good/Agree

2 = Fair/Disagree

4 = Excellent/Strongly Agree

Evaluation of ACI/CI

| | | | | |
|---|--|--|--|--|
| 1. Is a positive role model for students | | | | |
| 2. Allowed me the opportunity to demonstrate clinical skills | | | | |
| 3. Provided daily supervision and guidance | | | | |
| 4. Discussed expectations and objective early in the clinical assignment | | | | |
| 5. Shows empathy towards student learning in the clinical setting | | | | |
| 6. Takes time to learn about the athletic training students on a personal level | | | | |
| 7. Dresses professionally during event/clinical coverage | | | | |
| 8. Provided positive as well as constructive feedback | | | | |
| 9. Demonstrated patience towards student learning | | | | |
| 10. Is respected by athletes, patients, and coaches | | | | |
| 11. Promotes critical thinking skills in his/her teaching | | | | |
| 12. Respects the athletic training students | | | | |
| 13. Combines academic knowledge with clinical practice | | | | |
| 14. Assists students in understanding their professional responsibility | | | | |
| 15. Rate ACI/CI in general | | | | |

Evaluation of Clinical Setting

| | | | | |
|--|--|--|--|--|
| 17. I found the clinical setting to be educational | | | | |
| 18. Prior coursework adequately prepared me for this clinical setting | | | | |
| 19. The clinical setting was educational | | | | |
| 20. The equipment and supplies were adequate to meet the demands and expectations placed upon me | | | | |
| 21. I was exposed to a wide variety of clinical problems | | | | |
| 22. I was treated with respect by other professionals and/or coaches at the clinical setting | | | | |
| 23. The athletic training education program should continue to use this clinical setting | | | | |
| 24. Overall rating of clinical setting | | | | |

Additional Comments:

Student Signature _____

(Your name is for recording purposes only for the departmental secretary. The information you provide will remain anonymous.)

**Marietta College Athletic Training Education Program
Athletic Training Student Evaluation Form**

Student's Name _____

Clinical Setting _____

ACI/CI _____

Date _____

Level of student: **First Semester in ATEP**

Please respond to the following items with respect to the Athletic Training Student's performance under your supervision. Please use the following scale:

- 0 – No opportunity to observe the student perform this task.
- 1 – Poor: Student does not possess the knowledge to perform this task.
- 2 – Fair: Student can perform skill, but not consistent with other students at this level.
- 3 – Average: Student can perform skill consistent with other students at this level.
- 4 – Good: Student can perform skill at a higher quality than most students at this level.

Professional Evaluation

| | | | | | |
|---|---|---|---|---|---|
| 1. Student dresses in a professional manner on a consistent basis. | 0 | 1 | 2 | 3 | 4 |
| 2. Student is punctual for daily clinical assignments. | 0 | 1 | 2 | 3 | 4 |
| 3. Student does not hesitate to perform clinical skills. | 0 | 1 | 2 | 3 | 4 |
| 4. Student demonstrates initiative to learn. | 0 | 1 | 2 | 3 | 4 |
| 5. Student maintains positive attitude during clinical assignments. | 0 | 1 | 2 | 3 | 4 |
| 6. Student accepts constructive criticism when it is offered. | 0 | 1 | 2 | 3 | 4 |
| 7. Student performs tasks without being told. | 0 | 1 | 2 | 3 | 4 |
| 8. Student completes tasks as assigned. | 0 | 1 | 2 | 3 | 4 |
| 9. Student demonstrates a professional attitude during the clinical assignment. | 0 | 1 | 2 | 3 | 4 |
| 10. Student follows policies and procedures in the clinical setting. | 0 | 1 | 2 | 3 | 4 |
| 11. Student maintains records of treatments and injuries. | 0 | 1 | 2 | 3 | 4 |
| 12. Student demonstrates confidence in his/her ability as an athletic training student. | 0 | 1 | 2 | 3 | 4 |
| 13. Student demonstrates appropriate communication skills to other professionals in the clinical setting. | 0 | 1 | 2 | 3 | 4 |
| 14. Student develops the capability to discover new work (i.e., athletic training room duties, practices clinical skills, etc.) | 0 | 1 | 2 | 3 | 4 |

During the clinical rotation, the student demonstrated competency in the following areas:

| | | | | | | |
|-----|---|---|---|---|---|---|
| 15. | Taping Applications for the lower extremity | 0 | 1 | 2 | 3 | 4 |
| 16. | Taping Applications for the upper extremity | 0 | 1 | 2 | 3 | 4 |
| 17. | Injury Assessment of the lower extremity | 0 | 1 | 2 | 3 | 4 |
| 18. | Injury Assessment of the upper extremity | 0 | 1 | 2 | 3 | 4 |
| 19. | Use and application of ice | 0 | 1 | 2 | 3 | 4 |
| 20. | Use and application of the whirlpool | 0 | 1 | 2 | 3 | 4 |
| 21. | Use and application of the cryopress | 0 | 1 | 2 | 3 | 4 |
| 22. | Use and application of moist heat | 0 | 1 | 2 | 3 | 4 |
| 23. | Emergency Procedures | 0 | 1 | 2 | 3 | 4 |
| 24. | Assessment skills (BP, urinalysis, vision) required of a preseason physical exam | 0 | 1 | 2 | 3 | 4 |

Identify strengths of the student. (i.e., characteristics which will enhance their ability as an athletic trainer).
Include behavior qualities, as well as, skills knowledge.

Identify areas the student can improve on for the remainder of their clinical assignment or for their next
clinical assignment. (Suggestions for improvement will enhance the student's ability as an athletic trainer).
Include behavior qualities, as well as, work knowledge.

ACI/CI _____ Student _____

**Marietta College Athletic Training Education Program
Athletic Training Student Evaluation Form**

Student's Name _____

Clinical Setting _____

ACI/CI _____

Date _____

Level of student: **Second Semester in ATEP**

Please respond to the following items with respect to the Athletic Training Student's performance under your supervision. Please use the following scale:

- 0 – No opportunity to observe the student perform this task.
- 1 – Poor: Student does not possess the knowledge to perform this task.
- 2 – Fair: Student can perform skill, but not consistent with other students at this level.
- 3 – Average: Student can perform skill consistent with other students at this level.
- 4 – Good: Student can perform skill at a higher quality than most students at this level.

Professional Evaluation

| | | | | | |
|---|---|---|---|---|---|
| 1. Student dresses in a professional manner on a consistent basis. | 0 | 1 | 2 | 3 | 4 |
| 2. Student is punctual for daily clinical assignments. | 0 | 1 | 2 | 3 | 4 |
| 3. Student does not hesitate to perform clinical skills. | 0 | 1 | 2 | 3 | 4 |
| 4. Student demonstrates initiative to learn. | 0 | 1 | 2 | 3 | 4 |
| 5. Student maintains positive attitude during clinical assignment. | 0 | 1 | 2 | 3 | 4 |
| 6. Student accepts constructive criticism when it is offered. | 0 | 1 | 2 | 3 | 4 |
| 7. Student performs tasks without being told. | 0 | 1 | 2 | 3 | 4 |
| 8. Student completes tasks as assigned. | 0 | 1 | 2 | 3 | 4 |
| 9. Student demonstrates a professional attitude during the clinical assignment. | 0 | 1 | 2 | 3 | 4 |
| 10. Student follows policies and procedures in the clinical setting. | 0 | 1 | 2 | 3 | 4 |
| 11. Student maintains records of treatments and injuries. | 0 | 1 | 2 | 3 | 4 |
| 12. Student demonstrates confidence in his/her ability as an athletic training student. | 0 | 1 | 2 | 3 | 4 |
| 13. Student demonstrates appropriate communication skills to other professionals in the clinical setting. | 0 | 1 | 2 | 3 | 4 |
| 14. Student develops the capability to discover new work (i.e., athletic training room duties, practice skills, etc.) | 0 | 1 | 2 | 3 | 4 |

During the clinical rotation, the student demonstrated competency in the following areas:

| | | | | | | |
|-----|--|---|---|---|---|---|
| 15. | Taping Applications for the lower extremity | 0 | 1 | 2 | 3 | 4 |
| 16. | Taping Applications for the upper extremity | 0 | 1 | 2 | 3 | 4 |
| 17. | Injury Assessment of the lower extremity | 0 | 1 | 2 | 3 | 4 |
| 18. | Injury Assessment of the upper extremity | 0 | 1 | 2 | 3 | 4 |
| 19. | Use and application of ice | 0 | 1 | 2 | 3 | 4 |
| 20. | Use and application of the whirlpool | 0 | 1 | 2 | 3 | 4 |
| 21. | Use and application of the cryopress | 0 | 1 | 2 | 3 | 4 |
| 22. | Use and application of moist heat | 0 | 1 | 2 | 3 | 4 |
| 23. | Emergency Procedures | 0 | 1 | 2 | 3 | 4 |
| 24. | Assessment skills (BP, urinalysis, vision) required of a preseason physical exam. | 0 | 1 | 2 | 3 | 4 |
| 25. | Use and application of therapeutic ultrasound | 0 | 1 | 2 | 3 | 4 |
| 26. | Use and application of electrical stimulation | 0 | 1 | 2 | 3 | 4 |
| 27. | Use and application of therapeutic massage | 0 | 1 | 2 | 3 | 4 |
| 28. | Injury assessment of the cervical spine | 0 | 1 | 2 | 3 | 4 |
| 29. | Injury assessment of the lumbar spine | 0 | 1 | 2 | 3 | 4 |

Identify strengths of the student (i.e., characteristics which will enhance their ability as an athletic trainer).
Include behavior qualities, as well as, skills knowledge.

Identify areas the student can improve on for the remainder of their clinical assignment or for their next
clinical assignment. (Suggestions for improvement will enhance the student's ability as an athletic trainer).
Include behavior qualities, as well as, work knowledge.

ACI/CI _____ Student _____

**Marietta College Athletic Training Education Program
Athletic Training Student Evaluation Form**

Student's Name _____

Clinical Setting _____

ACI/CI _____

Date _____

Level of student: **Third Semester in ATEP**

Please respond to the following items with respect to the Athletic Training Student's performance under your supervision. Please use the following scale:

- 0 – No opportunity to observe the student perform this task.
- 1 – Poor: Student does not possess the knowledge to perform this task.
- 2 – Fair: Student can perform skill, but not consistent with other students at this level.
- 3 – Average: Student can perform skill consistent with other students at this level.
- 4 – Good: Student can perform skill at a higher quality than most students at this level.

Professional Evaluation

| | | | | | |
|--|---|---|---|---|---|
| 1. Student dresses in a professional manner on a consistent basis. | 0 | 1 | 2 | 3 | 4 |
| 2. Student is punctual for daily clinical assignments. | 0 | 1 | 2 | 3 | 4 |
| 3. Student does not hesitate to perform clinical skills. | 0 | 1 | 2 | 3 | 4 |
| 4. Student demonstrates initiative to learn. | 0 | 1 | 2 | 3 | 4 |
| 5. Student maintains positive attitude during clinical assignment. | 0 | 1 | 2 | 3 | 4 |
| 6. Student accepts constructive criticism when it is offered. | 0 | 1 | 2 | 3 | 4 |
| 7. Student performs tasks without being told. | 0 | 1 | 2 | 3 | 4 |
| 8. Student completes tasks as assigned. | 0 | 1 | 2 | 3 | 4 |
| 9. Student demonstrates a professional attitude during the clinical assignment. | 0 | 1 | 2 | 3 | 4 |
| 10. Student follows policies and procedures in the clinical setting. | 0 | 1 | 2 | 3 | 4 |
| 11. Student maintains records of treatments and injuries. | 0 | 1 | 2 | 3 | 4 |
| 12. Student demonstrates confidence in his/her ability as an athletic training student. | 0 | 1 | 2 | 3 | 4 |
| 13. Student demonstrates appropriate communication skills to other professionals in the clinical setting. | 0 | 1 | 2 | 3 | 4 |
| 14. Student develops the capability to develop new work (i.e., athletic training room duties, practices clinical skills, etc.) | 0 | 1 | 2 | 3 | 4 |

During the clinical rotation, the student demonstrated competency in the following areas:

| | | | | | | |
|-----|--|---|---|---|---|---|
| 15. | Taping Applications for the lower extremity | 0 | 1 | 2 | 3 | 4 |
| 16. | Taping Applications for the upper extremity | 0 | 1 | 2 | 3 | 4 |
| 17. | Injury Assessment of the lower extremity | 0 | 1 | 2 | 3 | 4 |
| 18. | Injury Assessment of the upper extremity | 0 | 1 | 2 | 3 | 4 |
| 19. | Use and application of ice | 0 | 1 | 2 | 3 | 4 |
| 20. | Use and application of the whirlpool | 0 | 1 | 2 | 3 | 4 |
| 21. | Use and application of the cryopress | 0 | 1 | 2 | 3 | 4 |
| 22. | Use and application of moist heat | 0 | 1 | 2 | 3 | 4 |
| 23. | Emergency Procedures | 0 | 1 | 2 | 3 | 4 |
| 24. | Assessment skills (BP, urinalysis, vision) required of a preseason physical exam. | 0 | 1 | 2 | 3 | 4 |
| 25. | Use and application of therapeutic ultrasound | 0 | 1 | 2 | 3 | 4 |
| 26. | Use and application of electrical stimulation | 0 | 1 | 2 | 3 | 4 |
| 27. | Use and application of therapeutic massage | 0 | 1 | 2 | 3 | 4 |
| 28. | Injury assessment of the cervical spine | 0 | 1 | 2 | 3 | 4 |
| 29. | Injury assessment of the lumbar spine | 0 | 1 | 2 | 3 | 4 |
| 30. | Application of rehabilitation techniques | 0 | 1 | 2 | 3 | 4 |
| 31. | Knowledge of strength and conditioning principles | 0 | 1 | 2 | 3 | 4 |

Identify strengths of the student (i.e., characteristics which will enhance their ability as an athletic trainer).
Include behavior qualities, as well as, skills knowledge.

Identify areas the student can improve on for the remainder of their clinical assignment or for their next
clinical assignment. (Suggestions for improvement will enhance the student's ability as an athletic trainer).
Include behavior qualities as well as work knowledge.

ACI/CI _____ Student _____

**Marietta College Athletic Training Education Program
Athletic Training Student Evaluation Form**

Student's Name _____

Clinical Setting _____

ACI/CI _____

Date _____

Level of student: **Fourth Semester in ATEP**

Please respond to the following items with respect to the Athletic Training Student's performance under your supervision. Please use the following scale:

- 0 – No opportunity to observe the student perform this task.
- 1 – Poor: Student does not possess the knowledge to perform this task.
- 2 – Fair: Student can perform skill, but not consistent with other students at this level.
- 3 – Average: Student can perform skill consistent with other students at this level.
- 4 – Good: Student can perform skill at a higher quality than most students at this level.

Professional Evaluation

| | | | | | |
|--|---|---|---|---|---|
| 1. Student dresses in a professional manner on a consistent basis. | 0 | 1 | 2 | 3 | 4 |
| 2. Student is punctual for daily clinical assignments. | 0 | 1 | 2 | 3 | 4 |
| 3. Student does not hesitate to perform clinical skills. | 0 | 1 | 2 | 3 | 4 |
| 4. Student demonstrates initiative to learn. | 0 | 1 | 2 | 3 | 4 |
| 5. Student maintains positive attitude during clinical assignment. | 0 | 1 | 2 | 3 | 4 |
| 6. Student accepts constructive criticism when it is offered. | 0 | 1 | 2 | 3 | 4 |
| 7. Student performs task without being told. | 0 | 1 | 2 | 3 | 4 |
| 8. Student completes tasks as assigned. | 0 | 1 | 2 | 3 | 4 |
| 9. Student demonstrates a professional attitude during the clinical assignment. | 0 | 1 | 2 | 3 | 4 |
| 10. Student follows policies and procedures in the clinical setting. | 0 | 1 | 2 | 3 | 4 |
| 11. Student maintains records of treatments and injuries. | 0 | 1 | 2 | 3 | 4 |
| 12. Student demonstrates confidence in his/her ability as an athletic training student | 0 | 1 | 2 | 3 | 4 |
| 13. Student demonstrates appropriate communication skills to other professionals in the clinical setting | 0 | 1 | 2 | 3 | 4 |
| 14. Student develops the capability to develop new work (i.e., athletic training room duties, practices clinical skills, etc.) | 0 | 1 | 2 | 3 | 4 |

During the clinical rotation, the student demonstrated competency in the following areas:

| | | | | | | |
|-----|---|---|---|---|---|---|
| 15. | Taping Applications for the lower extremity | 0 | 1 | 2 | 3 | 4 |
| 16. | Taping Applications for the upper extremity | 0 | 1 | 2 | 3 | 4 |
| 17. | Injury Assessment of the lower extremity | 0 | 1 | 2 | 3 | 4 |
| 18. | Injury Assessment of the upper extremity | 0 | 1 | 2 | 3 | 4 |
| 19. | Use and application of ice | 0 | 1 | 2 | 3 | 4 |
| 20. | Use and application of the whirlpool | 0 | 1 | 2 | 3 | 4 |
| 21. | Use and application of the cryopress | 0 | 1 | 2 | 3 | 4 |
| 22. | Use and application of moist heat | 0 | 1 | 2 | 3 | 4 |
| 23. | Emergency Procedures | 0 | 1 | 2 | 3 | 4 |
| 24. | Assessment skills (BP, urinalysis, vision) required of a preseason physical exam. | 0 | 1 | 2 | 3 | 4 |
| 25. | Use and application of therapeutic ultrasound | 0 | 1 | 2 | 3 | 4 |
| 26. | Use and application of electrical stimulation | 0 | 1 | 2 | 3 | 4 |
| 27. | Use and application of therapeutic massage | 0 | 1 | 2 | 3 | 4 |
| 28. | Injury assessment of the cervical spine | 0 | 1 | 2 | 3 | 4 |
| 29. | Injury assessment of the lumbar spine | 0 | 1 | 2 | 3 | 4 |
| 30. | Application of rehabilitation techniques | 0 | 1 | 2 | 3 | 4 |
| 31. | Knowledge of strength and conditioning principles | 0 | 1 | 2 | 3 | 4 |
| 32. | Recognizes general medical conditions | 0 | 1 | 2 | 3 | 4 |
| 33. | Assessment of general medical conditions | 0 | 1 | 2 | 3 | 4 |

Identify strengths of the student (i.e., characteristics which will enhance their ability as an athletic trainer). Include behavior qualities, as well as, skills knowledge.

Identify areas the student can improve on for the remainder of their clinical assignment or for their next clinical assignment. (Suggestions for improvement will enhance the student's ability as an athletic trainer.) Include behavior qualities, as well as, work knowledge.

ACI/CI _____ Student _____