

B.S. Athletic Training Annual Report

I. Program's Mission:

Marshall University Mission Statement:

Marshall University is a multi-campus public university providing innovative undergraduate and graduate education that contributes to the development of society and the individual. The University actively facilitates learning through the preservation, discovery, synthesis, and dissemination of knowledge.

Athletic Training Education Program (ATEP) Mission Statement:

The Mission of the ATEP at Marshall University is to meet the academic needs of individuals desiring to become certified athletic trainers and those professionals desiring to update, renew, or enter the athletic training profession. This mission is accomplished through curricula planning and faculty organization. The ATEP provides education and services for a society that is open, complex, demanding and evolving.

- ✦ *Provide opportunities for individuals to meet their education needs and achieve personal growth, development, knowledge, and understanding;*
- ✦ *Prepare pre-service athletic trainers through academic and professional course work as well as related clinical experiences;*
- ✦ *Participate in the continuing development of practicing athletic trainers through the development and dissemination of new theories, concepts, and practices;*
- ✦ *Provide opportunities for original research and publication related to athletic training;*
- ✦ *Make available consultation services for public and private agencies;*
- ✦ *Provide pre-service and in-service training to clientele in the broad field of athletic training and the umbrella of sports medicine;*
- ✦ *Recognize and address societal and cultural demands on curriculum planning and programming;*
- ✦ *Make available to all students a variety of learning experiences;*
- ✦ *Cooperate with other individuals, both on campus and off campus, to provide enhanced educational opportunities for all students; and*
- ✦ *Provide educational and service resources to West Virginia, Tri-State Region, and nationally.*

The ATEP mission statement parallels the Marshall University (MU) mission statement in many ways. First, to be board eligible to become a certified athletic trainer one must graduate from a CAATE (Commission on Accreditation of Athletic Training Education) accredited ATEP. The ATEP is fully CAATE accredited having its last site visit in the spring of 2009. The MU mission statement portrays “...*innovative undergraduate and graduate education...*” The ATEP is just that, in that it is fully CAATE accredited making it an innovative undergraduate program by CAATE standards. Secondly the MU mission statement boasts of “...*development of society and the individual...*” The ATEP mission statement echoes that by catering to “...*those professionals desiring to update, renew, or enter the athletic training profession...*” Finally, the ATEP goals reflect “*The University actively facilitates learning through the preservation, discovery, synthesis, and dissemination of knowledge.*” From the MU mission statement

II. Program’s Student Learning Outcomes:

The ATEP learning competencies are dictated by CAATE. The competencies are reviews by CAATE during each continuing accreditation self-study and site visit cycle. The current competencies CAATE require in athletic training education are:

Competency Code	Competency
Knowledge and Skills	
EBP-1	Define evidence-based practice as it relates to athletic training clinical practice.
EBP-2	Explain the role of evidence in the clinical decision making process.
EBP-3	Describe and differentiate the types of quantitative and qualitative research, research components, and levels of research evidence.
EBP-4	Describe a systematic approach (eg, five step approach) to create and answer a clinical question through review and application of existing research.
EBP-5	Develop a relevant clinical question using a pre-defined question format (eg, PICO=Patients, Intervention, Comparison, Outcomes; PIO = Patients, Intervention, Outcomes).
EBP-6	Describe and contrast research and literature resources including databases and online critical appraisal libraries that can be used for conducting clinically-relevant searches.

EBP-7	Conduct a literature search using a clinical question relevant to athletic training practice using search techniques (eg, Boolean search, Medical Subject Headings) and resources appropriate for a specific clinical question.
EBP-8	Describe the differences between narrative reviews, systematic reviews, and metaanalyses.
EBP-9	Use standard criteria or developed scales (eg, Physiotherapy Evidence Database Scale [PEDro], Oxford Centre for Evidence Based Medicine Scale) to critically appraise the structure, rigor, and overall quality of research studies.
EBP-10	Determine the effectiveness and efficacy of an athletic training intervention utilizing evidence-based practice concepts.
EBP-11	Explain the theoretical foundation of clinical outcomes assessment (eg, disablement, health-related quality of life) and describe common methods of outcomes assessment in athletic training clinical practice (generic, disease-specific, region-specific, and dimension-specific outcomes instruments).
EBP-12	Describe the types of outcomes measures for clinical practice (patient-based and clinician-based) as well as types of evidence that are gathered through outcomes assessment (patient-oriented evidence versus disease-oriented evidence).
EBP-13	Understand the methods of assessing patient status and progress (eg, global rating of change, minimal clinically important difference, minimal detectable difference) with clinical outcomes assessments.
EBP-14	Apply and interpret clinical outcomes to assess patient status, progress, and change using psychometrically sound outcome instruments.

Competency Code	Competency
Knowledge and Skills	
<i>General Prevention Principles</i>	
PHP-1	Describe the concepts (eg, case definitions, incidence versus prevalence, exposure assessment, rates) and uses of injury and illness surveillance relevant to athletic training.
PHP-2	Identify and describe measures used to monitor injury prevention strategies (eg, injury rates and risks, relative risks, odds ratios, risk differences, numbers needed to treat/harm).
PHP-3	Identify modifiable/non-modifiable risk factors and mechanisms for injury and illness.
PHP-4	Explain how the effectiveness of a prevention strategy can be assessed using clinical outcomes, surveillance, or evaluation data.
PHP-5	Explain the precautions and risk factors associated with physical activity in persons with common congenital and acquired abnormalities, disabilities, and diseases.
PHP-6	Summarize the epidemiology data related to the risk of injury and illness associated with participation in physical activity.
<i>Prevention Strategies and Procedures</i>	
PHP-7	Implement disinfectant procedures to prevent the spread of infectious diseases and to comply with Occupational Safety and Health Administration (OSHA) and other federal regulations.
PHP-8	Identify the necessary components to include in a preparticipation physical examination as recommended by contemporary guidelines (eg, American Heart Association, American Academy of Pediatrics Council on Sports Medicine & Fitness).
PHP-9	Explain the role of the preparticipation physical exam in identifying conditions that might predispose the athlete to injury or illness.

PHP-10	Explain the principles of the body's thermoregulatory mechanisms as they relate to heat gain and heat loss.
PHP-11	Explain the principles of environmental illness prevention programs to include acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, hydration status, and environmental assessment (eg, sling psychrometer, wet bulb globe temperatures [WBGT], heat index guidelines).
PHP-12	Summarize current practice guidelines related to physical activity during extreme weather conditions (eg, heat, cold, lightning, wind).
PHP-13	Obtain and interpret environmental data (web bulb globe temperature [WBGT], sling psychrometer, lightning detection devices) to make clinical decisions regarding the scheduling, type, and duration of physical activity.
PHP-14	Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual's ability to participate in physical activity in a hot, humid environment.
PHP-15	Use a glucometer to monitor blood glucose levels, determine participation status, and make referral decisions.
PHP-16	Use a peak-flow meter to monitor a patient's asthma symptoms, determine participation status, and make referral decisions.
PHP-17	Explain the etiology and prevention guidelines associated with the leading causes of sudden death during physical activity, including but not limited to:
PHP-17a	Cardiac arrhythmia or arrest
PHP-17b	Asthma
PHP-17c	Traumatic brain injury
PHP-17d	Exertional heat stroke
PHP-17e	Hyponatremia
PHP-17f	Exertional sickling
PHP-17g	Anaphylactic shock
PHP-17h	Cervical spine injury

PHP-17i	Lightning strike
PHP-18	Explain strategies for communicating with coaches, athletes, parents, administrators, and other relevant personnel regarding potentially dangerous conditions related to the environment, field, or playing surfaces.
PHP-19	Instruct clients/patients in the basic principles of ergonomics and their relationship to the prevention of illness and injury.
<i>Protective Equipment and Prophylactic Procedures</i>	
PHP-20	Summarize the basic principles associated with the design, construction, fit, maintenance, and reconditioning of protective equipment, including the rules and regulations established by the associations that govern its use.
PHP-21	Summarize the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints.
PHP-22	Fit standard protective equipment following manufacturers' guidelines.
PHP-23	Apply preventive taping and wrapping procedures, splints, braces, and other special protective devices.
<i>Fitness/Wellness</i>	
PHP-24	Summarize the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.
PHP-25	Describe the role of exercise in maintaining a healthy lifestyle and preventing chronic disease.
PHP-26	Identify and describe the standard tests, test equipment, and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility, and endurance.

PHP-27	Compare and contrast the various types of flexibility, strength training, and cardiovascular conditioning programs to include expected outcomes, safety precautions, hazards, and contraindications.
PHP-28	Administer and interpret fitness tests to assess a client's/patient's physical status and readiness for physical activity.
PHP-29	Explain the basic concepts and practice of fitness and wellness screening.
PHP-30	Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.
PHP-31	Instruct a client/patient regarding fitness exercises and the use of muscle strengthening equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.
General Nutrition Concepts	
PHP-32	Describe the role of nutrition in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.
PHP-33	Educate clients/patients on the importance of healthy eating, regular exercise, and general preventative strategies for improving or maintaining health and quality of life.
PHP-34	Describe contemporary nutritional intake recommendations and explain how these recommendations can be used in performing a basic dietary analysis and providing appropriate general dietary recommendations.
PHP-35	Describe the proper intake, sources of, and effects of micro- and macronutrients on performance, health, and disease.
PHP-36	Describe current guidelines for proper hydration and explain the consequences of improper fluid/electrolyte replacement.
PHP-37	Identify, analyze, and utilize the essential components of food labels to determine the content, quality, and appropriateness of food products.

PHP-38	Describe nutritional principles that apply to tissue growth and repair.
PHP-39	Describe changes in dietary requirements that occur as a result of changes in an individual's health, age, and activity level.
PHP-40	Explain the physiologic principles and time factors associated with the design and planning of pre-activity and recovery meals/snacks and hydration practices.
PHP-41	Identify the foods and fluids that are most appropriate for pre-activity, activity, and recovery meals/snacks.
<i>Weight Management and Body Composition</i>	
PHP-42	Explain how changes in the type and intensity of physical activity influence the energy and nutritional demands placed on the client/patient.
PHP-43	Describe the principles and methods of body composition assessment to assess a client's/patient's health status and to monitor changes related to weight management, strength training, injury, disordered eating, menstrual status, and/or bone density status.
PHP-44	Assess body composition by validated techniques.
PHP-45	Describe contemporary weight management methods and strategies needed to support activities of daily life and physical activity.
<i>Disordered Eating and Eating Disorders</i>	
PHP-46	Identify and describe the signs, symptoms, physiological, and psychological responses of clients/patients with disordered eating or eating disorders.
PHP-47	Describe the method of appropriate management and referral for clients/patients with disordered eating or eating disorders in a manner consistent with current practice guidelines.
<i>Performance Enhancing and Recreational Supplements and Drugs</i>	

PHP-48	Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used dietary supplements, performance enhancing drugs, and recreational drugs.
PHP-49	Identify which therapeutic drugs, supplements, and performance-enhancing substances are banned by sport and/or workplace organizations in order to properly advise clients/patients about possible disqualification and other consequences.

Competency Code	Competency
Systems and Regions	
	a. Musculoskeletal
	b. Integumentary
	c. Neurological
	d. Cardiovascular
	e. Endocrine
	f. Pulmonary
	g. Gastrointestinal
	h. Hepatobiliary
	i. Immune
	j. Renal and urogenital
	k. The face, including maxillofacial region and mouth
	L. Eye, ear, nose, and throat
Knowledge and Skills	
CE-1	Describe the normal structures and interrelated functions of the body systems.
CE-2	Describe the normal anatomical, systemic, and physiological changes associated with the lifespan.

CE-3	Identify the common congenital and acquired risk factors and causes of musculoskeletal injuries and common illnesses that may influence physical activity in pediatric, adolescent, adult, and aging populations.
CE-4	Describe the principles and concepts of body movement, including normal osteokinematics and arthrokinematics.
CE-5	Describe the influence of pathomechanics on function.
CE-6	Describe the basic principles of diagnostic imaging and testing and their role in the diagnostic process.
CE-7	Identify the patient's participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient's life.
CE-8	Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life.
CE-9	Identify functional and patient-centered quality of life outcome measures appropriate for use in athletic training practice.
CE-10	Explain diagnostic accuracy concepts including reliability, sensitivity, specificity, likelihood ratios, prediction values, and pre-test and post-test probabilities in the selection and interpretation of physical examination and diagnostic procedures.
CE-11	Explain the creation of clinical prediction rules in the diagnosis and prognosis of various clinical conditions.
CE-12	Apply clinical prediction rules (eg, Ottawa Ankle Rules) during clinical examination procedures.
CE-13	Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient's perceived pain, and the history and course of the present condition.

CE-14	Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient's treatment/rehabilitation program, and make modifications to the patient's program as needed.
CE-15	Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.
CE-16	Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions.
CE-17	Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.
CE-18	Incorporate the concept of differential diagnosis into the examination process.
CE-19	Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient's current status.
CE-20	Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to:
CE-20a	history taking
CE-20b	inspection/observation
CE-20c	palpation
CE-20d	functional assessment
CE-20e	selective tissue testing techniques / special tests
CE-20f	neurological assessments (sensory, motor, reflexes, balance, cognitive function)
CE-20g	respiratory assessments (auscultation, percussion, respirations, peak-flow)
CE-20h	circulatory assessments (pulse, blood pressure, auscultation)
CE-20i	abdominal assessments (percussion, palpation, auscultation)
CE-20j	other clinical assessments (otoscope, urinalysis, glucometer, temperature, ophthalmoscope)

CE-21	Assess and interpret findings from a physical examination that is based on the patient's clinical presentation. This exam can include:
CE-21a	Assessment of posture, gait, and movement patterns
CE-21b	Palpation
CE-21c	Muscle function assessment
CE-21d	Assessment of quantity and quality of osteokinematic joint motion
CE-21e	Capsular and ligamentous stress testing
CE-21f	Joint play (arthrokinematics)
CE-21g	Selective tissue examination techniques / special tests
CE-21h	Neurologic function (sensory, motor, reflexes, balance, cognition)
CE-21i	Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate)
CE-21j	Pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respirations, peak expiratory flow)
CE-21k	Gastrointestinal function (including differentiation between normal and abnormal bowel sounds)
CE-21l	Genitourinary function (urinalysis)
CE-21m	Ocular function (vision, ophthalmoscope)
CE-21n	Function of the ear, nose, and throat (including otoscopic evaluation)
CE-21o	Dermatological assessment
CE-21p	Other assessments (glucometer, temperature)
CE-22	Determine when the findings of an examination warrant referral of the patient.
CE-23	Describe current setting-specific (eg, high school, college) and activity-specific rules and guidelines for managing injuries and illnesses.

Competency Code	Competency
Knowledge and Skills	
<i>Planning</i>	
AC-1	Explain the legal, moral, and ethical parameters that define the athletic trainer's scope of acute and emergency care.
AC-2	Differentiate the roles and responsibilities of the athletic trainer from other pre-hospital care and hospital-based providers, including emergency medical technicians/paramedics, nurses, physician assistants, and physicians.
AC-3	Describe the hospital trauma level system and its role in the transportation decision-making process.
<i>Examination</i>	
AC-4	Demonstrate the ability to perform scene, primary, and secondary surveys.
AC-5	Obtain a medical history appropriate for the patient's ability to respond.
AC-6	When appropriate, obtain and monitor signs of basic body functions including pulse, blood pressure, respiration, pulse oximetry, pain, and core temperature. Relate changes in vital signs to the patient's status.
AC-7	Differentiate between normal and abnormal physical findings (eg, pulse, blood pressure, heart and lung sounds, oxygen saturation, pain, core temperature) and the associated pathophysiology.
Immediate Emergent Management	

AC-8	Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete's injured body part.
AC-9	Differentiate the types of airway adjuncts (oropharyngeal airways [OPA], nasopharyngeal airways [NPA] and supraglottic airways [King LT-D or Combitube]) and their use in maintaining a patent airway in adult respiratory and/or cardiac arrest.
AC-10	Establish and maintain an airway, including the use of oro- and nasopharyngeal airways, and neutral spine alignment in an athlete with a suspected spine injury who may be wearing shoulder pads, a helmet with and without a face guard, or other protective equipment.
AC-11	Determine when suction for airway maintenance is indicated and use according to accepted practice protocols.
AC-12	Identify cases when rescue breathing, CPR, and/or AED use is indicated according to current accepted practice protocols.
AC-13	Utilize an automated external defibrillator (AED) according to current accepted practice protocols.
AC-14	Perform one- and two- person CPR on an infant, child and adult.
AC-15	Utilize a bag valve and pocket mask on a child and adult using supplemental oxygen.
AC-16	Explain the indications, application, and treatment parameters for supplemental oxygen administration for emergency situations.
AC-17	Administer supplemental oxygen with adjuncts (eg, non-rebreather mask, nasal cannula).
AC-18	Assess oxygen saturation using a pulse oximeter and interpret the results to guide decision making.

AC-19	Explain the proper procedures for managing external hemorrhage (eg, direct pressure, pressure points, tourniquets) and the rationale for use of each.
AC-20	Select and use the appropriate procedure for managing external hemorrhage.
AC-21	Explain aseptic or sterile techniques, approved sanitation methods, and universal precautions used in the cleaning, closure, and dressing of wounds.
AC-22	Select and use appropriate procedures for the cleaning, closure, and dressing of wounds, identifying when referral is necessary.
AC-23	Use cervical stabilization devices and techniques that are appropriate to the circumstances of an injury.
AC-24	Demonstrate proper positioning and immobilization of a patient with a suspected spinal cord injury.
AC-25	Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques.
AC-26	Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient's injury.
AC-27	Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.
AC-28	Differentiate the different methods for assessing core body temperature.
AC-29	Assess core body temperature using a rectal probe.
AC-30	Explain the role of rapid full body cooling in the emergency management of exertional heat stroke.
AC-31	Assist the patient in the use of a nebulizer treatment for an asthmatic attack.
AC-32	Determine when use of a metered-dose inhaler is warranted based on a patient's condition.

AC-33	Instruct a patient in the use of a meter-dosed inhaler in the presence of asthma related bronchospasm.
AC-34	Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation.
AC-35	Demonstrate the use of an auto-injectable epinephrine in the management of allergic anaphylaxis. Decide when auto-injectable epinephrine use is warranted based on a patient's condition.
AC-36	Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:
AC-36a	sudden cardiac arrest
AC-36b	brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture
AC-36c	cervical, thoracic, and lumbar spine trauma
AC-36d	heat illness including heat cramps, heat exhaustion, exertional heat stroke, and hyponatremia
AC-36e	exertional sickling associated with sickle cell trait
AC-36f	rhabdomyolysis
AC-36g	internal hemorrhage
AC-36h	diabetic emergencies including hypoglycemia and ketoacidosis
AC-36i	asthma attacks
AC-36j	systemic allergic reaction, including anaphylactic shock
AC-36k	epileptic and non-epileptic seizures
AC-36l	shock
AC-36m	hypothermia, frostbite
AC-36n	toxic drug overdoses
AC-36o	local allergic reaction
AC-37	Select and apply appropriate splinting material to stabilize an injured body area.
AC-38	Apply appropriate immediate treatment to protect the injured area and minimize the effects of hypoxic and enzymatic injury.

AC-39	Select and implement the appropriate ambulatory aid based on the patient's injury and activity and participation restrictions.
Transportation	
AC-40	Determine the proper transportation technique based on the patient's condition and findings of the immediate examination.
AC-41	Identify the criteria used in the decision-making process to transport the injured patient for further medical examination.
AC-42	Select and use the appropriate short-distance transportation methods, such as the log roll or lift and slide, for an injured patient in different situations.
Education	
AC-36	Instruct the patient in home care and self-treatment plans for acute conditions.

Competency Code	Competency
	Therapeutic interventions include:
	• Techniques to reduce pain
	• Techniques to limit edema
	• Techniques to restore joint mobility
	• Techniques to restore muscle extensibility
	• Techniques to restore neuromuscular function
	• Exercises to improve strength, endurance, speed, and power
	• Activities to improve balance, neuromuscular control, coordination, and agility
	• Exercises to improve gait, posture, and body mechanics
	• Exercises to improve cardiorespiratory fitness
	• Functional exercises (eg, sports-or activity-specific)
	• Exercises which comprise a home-based program
	• Aquatic therapy
	• Therapeutic modalities
	– superficial thermal agents (eg, hot pack, ice)
	– electrical stimulation
	– therapeutic ultrasound
	– diathermy
	– therapeutic low-level laser and light therapy
	– mechanical modalities
	– traction

	– intermittent compression
	– continuous passive motion
	– massage
	– biofeedback
	• Therapeutic medications (as guided by applicable state and federal law)
Knowledge and Skills	
<i>Physical Rehabilitation and Therapeutic Modalities</i>	
TI-1	Describe and differentiate the physiological and pathophysiological responses to inflammatory and non-inflammatory conditions and the influence of these responses on the design, implementation, and progression of a therapeutic intervention.
TI-2	Compare and contrast contemporary theories of pain perception and pain modulation.
TI-3	Differentiate between palliative and primary pain-control interventions.
TI-4	Analyze the impact of immobilization, inactivity, and mobilization on the body systems (eg, cardiovascular, pulmonary, musculoskeletal) and injury response.
TI-5	Compare and contrast the variations in the physiological response to injury and healing across the lifespan.
TI-6	Describe common surgical techniques, including interpretation of operative reports, and any resulting precautions, contraindications, and comorbidities that impact the selection and progression of a therapeutic intervention program.
TI-7	Identify patient- and clinician-oriented outcomes measures commonly used to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.
TI-8	Explain the theory and principles relating to expected physiological response(s) during and following therapeutic interventions.

TI-9	Describe the laws of physics that (1) underlay the application of thermal, mechanical, electromagnetic, and acoustic energy to the body and (2) form the foundation for the development of therapeutic interventions (eg, stress-strain, leverage, thermodynamics, energy transmission and attenuation, electricity).
TI-10	Integrate self-treatment into the intervention when appropriate, including instructing the patient regarding self-treatment plans.
TI-11	Design therapeutic interventions to meet specified treatment goals.
TI-11a	Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.
TI-11b	Position and prepare the patient for various therapeutic interventions.
TI-11c	Describe the expected effects and potential adverse reactions to the patient.
TI-11d	Instruct the patient how to correctly perform rehabilitative exercises.
TI-11e	Apply the intervention, using parameters appropriate to the intended outcome.
TI-11f	Reassess the patient to determine the immediate impact of the intervention.
TI-12	Use the results of on-going clinical examinations to determine when a therapeutic intervention should be progressed, regressed or discontinued.
TI-13	Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including therapeutic massage, myofascial techniques, and muscle energy techniques.
TI-14	Describe the use of joint mobilization in pain reduction and restoration of joint mobility.
TI-15	Perform joint mobilization techniques as indicated by examination findings.

TI-16	Fabricate and apply taping, wrapping, supportive, and protective devices to facilitate return to function.
TI-17	Analyze gait and select appropriate instruction and correction strategies to facilitate safe progression to functional gait pattern.
TI-18	Explain the relationship between posture, biomechanics, and ergonomics and the need to address these components in a therapeutic intervention.
TI-19	Identify manufacturer, institutional, state, and/or federal standards that influence approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment.
TI-20	Inspect therapeutic equipment and the treatment environment for potential safety hazards.
<i>Therapeutic Medications</i>	
TI-21	Explain the federal, state, and local laws, regulations and procedures for the proper storage, disposal, transportation, dispensing (administering where appropriate), and documentation associated with commonly used prescription and nonprescription medications.
TI-22	Identify and use appropriate pharmaceutical terminology for management of medications, inventory control, and reporting of pharmacological agents commonly used in an athletic training facility.
TI-23	Use an electronic drug resource to locate and identify indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications.
TI-24	Explain the major concepts of pharmacokinetics and the influence that exercise might have on these processes.

TI-25	Explain the concepts related to bioavailability, half-life, and bioequivalence (including the relationship between generic and brand name drugs) and their relevance to the patient, the choice of medication, and the dosing schedule.
TI-26	Explain the pharmacodynamic principles of receptor theory, dose-response relationship, placebo effect, potency, and drug interactions as they relate to the mechanism of drug action and therapeutic effectiveness.
TI-27	Describe the common routes used to administer medications and their advantages and disadvantages.
TI-28	Properly assist and/or instruct the patient in the proper use, cleaning, and storage of drugs commonly delivered by metered dose inhalers, nebulizers, insulin pumps, or other parenteral routes as prescribed by the physician.
TI-29	Describe how common pharmacological agents influence pain and healing and their influence on various therapeutic interventions.
TI-30	Explain the general therapeutic strategy, including drug categories used for treatment, desired treatment outcomes, and typical duration of treatment, for the following common diseases and conditions: asthma, diabetes, hypertension, infections, depression, GERD, allergies, pain, inflammation, and the common cold.
TI-31	Optimize therapeutic outcomes by communicating with patients and/or appropriate healthcare professionals regarding compliance issues, drug interactions, adverse drug reactions, and sub-optimal therapy.

Competency Code	Competency
Knowledge and Skills	
<i>Theoretical Background</i>	
PS-1	Describe the basic principles of personality traits, trait anxiety, locus of control, intrinsic and extrinsic motivation, and patient and social environment interactions as they affect patient interactions.
PS-2	Explain the theoretical background of psychological and emotional responses to injury and forced inactivity (eg, cognitive appraisal model, stress response model).
PS-3	Describe how psychosocial considerations affect clinical decision-making related to return to activity or participation (eg, motivation, confidence).
PS-4	Summarize and demonstrate the basic processes of effective interpersonal and cross-cultural communication as it relates to interactions with patients and others involved in the healthcare of the patient.
PS-5	Summarize contemporary theory regarding educating patients of all ages and cultural backgrounds to effect behavioral change.
<i>Psychosocial Strategies</i>	
PS-6	Explain the importance of educating patients, parents/guardians, and others regarding the condition in order to enhance the psychological and emotional well-being of the patient.
PS-7	Describe the psychological techniques (eg, goal setting, imagery, positive self-talk, relaxation/anxiety reduction) that the athletic trainer can use to motivate the patient during injury rehabilitation and return to activity processes.
PS-8	Describe psychological interventions (eg, goal setting, motivational techniques) that are used to facilitate a patient's physical, psychological, and return to activity needs.

PS-9	Describe the psychosocial factors that affect persistent pain sensation and perception (eg, emotional state, locus of control, psychodynamic issues, sociocultural factors, personal values and beliefs) and identify multidisciplinary approaches for assisting patients with persistent pain.
PS-10	Explain the impact of sociocultural issues that influence the nature and quality of healthcare received (eg, cultural competence, access to appropriate healthcare providers, uninsured/underinsured patients, insurance) and formulate and implement strategies to maximize client/patient outcomes.
<i>Mental Health and Referral</i>	
PS-11	Describe the role of various mental healthcare providers (eg, psychiatrists, psychologists, counselors, social workers) that may comprise a mental health referral network.
PS-12	Identify and refer clients/patients in need of mental healthcare.
PS-13	Identify and describe the basic signs and symptoms of mental health disorders (eg, psychosis, neurosis; sub-clinical mood disturbances (eg, depression, anxiety); and personal/social conflict (eg, adjustment to injury, family problems, academic or emotional stress, personal assault or abuse, sexual assault or harassment) that may indicate the need for referral to a mental healthcare professional.
PS-14	Describe the psychological and sociocultural factors associated with common eating disorders.
PS-15	Identify the symptoms and clinical signs of substance misuse/abuse, the psychological and sociocultural factors associated with such misuse/abuse, its impact on an individual's health and physical performance, and the need for proper referral to a healthcare professional.

PS-16	Formulate a referral for an individual with a suspected mental health or substance abuse problem.
PS-17	Describe the psychological and emotional responses to a catastrophic event, the potential need for a psychological intervention and a referral plan for all parties affected by the event.
PS-18	Provide appropriate education regarding the condition and plan of care to the patient and appropriately discuss with others as needed and as appropriate to protect patient privacy.

Competency Code	Competency
Knowledge and Skills	
HA-1	Describe the role of the athletic trainer and the delivery of athletic training services within the context of the broader healthcare system.
HA-2	Describe the impact of organizational structure on the daily operations of a healthcare facility.
HA-3	Describe the role of strategic planning as a means to assess and promote organizational improvement.
HA-4	Describe the conceptual components of developing and implementing a basic business plan.
HA-5	Describe basic healthcare facility design for a safe and efficient clinical practice setting.
HA-6	Explain components of the budgeting process including: purchasing, requisition, bidding, request for proposal, inventory, profit and loss ratios, budget balancing, and return on investments.
HA-7	Assess the value of the services provided by an athletic trainer (eg, return on investment).

HA-8	Develop operational and capital budgets based on a supply inventory and needs assessment; including capital equipment, salaries and benefits, trending analysis, facility cost, and common expenses.
HA-9	Identify the components that comprise a comprehensive medical record.
HA-10	Identify and explain the statutes that regulate the privacy and security of medical records.
HA-11	Use contemporary documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members.
HA-12	Use a comprehensive patient-file management system for appropriate chart documentation, risk management, outcomes, and billing.
HA-13	Define state and federal statutes that regulate employment practices.
HA-14	Describe principles of recruiting, selecting, hiring, and evaluating employees.
HA-15	Identify principles of recruiting, selecting, employing, and contracting with physicians and other medical and healthcare personnel in the deployment of healthcare services.
HA-16	Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases, and discuss how they apply to the practicing of athletic training.
HA-17	Identify key regulatory agencies that impact healthcare facilities, and describe their function in the regulation and overall delivery of healthcare.
HA-18	Describe the basic legal principles that apply to an athletic trainer's responsibilities.

HA-19	Identify components of a risk management plan to include security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.
HA-20	Create a risk management plan and develop associated policies and procedures to guide the operation of athletic training services within a healthcare facility to include issues related to security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.
HA-21	Develop comprehensive, venue-specific emergency action plans for the care of acutely injured or ill individuals.
HA-22	Develop specific plans of care for common potential emergent conditions (eg, asthma attack, diabetic emergency).
HA-23	Identify and explain the recommended or required components of a pre-participation examination based on appropriate authorities' rules, guidelines, and/or recommendations.
HA-24	Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.
HA-25	Describe common health insurance models, insurance contract negotiation, and the common benefits and exclusions identified within these models.
HA-26	Describe the criteria for selection, common features, specifications, and required documentation needed for secondary, excess accident, and catastrophic health insurance.
HA-27	Describe the concepts and procedures for revenue generation and reimbursement.
HA-28	Understand the role of and use diagnostic and procedural codes when documenting patient care.

HA-29	Explain typical administrative policies and procedures that govern first aid and emergency care.
HA-30	Describe the role and functions of various healthcare providers and protocols that govern the referral of patients to these professionals.

Competency Code	Competency
Knowledge and Skills	
PD-1	Summarize the athletic training profession's history and development and how current athletic training practice has been influenced by its past.
PD-2	Describe the role and function of the National Athletic Trainers' Association and its influence on the profession.
PD-3	Describe the role and function of the Board of Certification, the Commission on Accreditation of Athletic Training Education, and state regulatory boards.
PD-4	Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.
PD-5	Access, analyze, and differentiate between the essential documents of the national governing, credentialing and regulatory bodies, including, but not limited to, the NATA Athletic Training Educational Competencies, the BOC Standards of Professional Practice, the NATA Code of Ethics, and the BOC Role Delineation Study/Practice Analysis.
PD-6	Explain the process of obtaining and maintaining necessary local, state, and national credentials for the practice of athletic training.

PD-7	Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote life-long learning strategies.
PD-8	Differentiate among the preparation, scopes of practice, and roles and responsibilities of healthcare providers and other professionals with whom athletic trainers interact.
PD-9	Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.
PD-10	Develop healthcare educational programming specific to the target audience (eg, clients/patients, healthcare personnel, administrators, parents, general public).
PD-11	Identify strategies to educate colleagues, students, patients, the public, and other healthcare professionals about the roles, responsibilities, academic preparation, and scope of practice of athletic trainers.
PD-12	Identify mechanisms by which athletic trainers influence state and federal healthcare regulation.

Competency Code	Competency
Prevention & Health Promotion	
CIP-1	<p>Administer testing procedures to obtain baseline data regarding a client's/patient's level of general health (including nutritional habits, physical activity status, and body composition). Use this data to design, implement, evaluate, and modify a program specific to the performance and health goals of the patient. This will include instructing the patient in the proper performance of the activities, recognizing the warning signs and symptoms of potential injuries and illnesses that may occur, and explaining the role of exercise in maintaining overall health and the prevention of diseases. Incorporate contemporary behavioral change theory when educating clients/patients and associated individuals to effect health-related change. Refer to other medical and health professionals when appropriate.</p>
CIP-2	<p>Select, apply, evaluate, and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity.</p>

CIP-3	Develop, implement, and monitor prevention strategies for at-risk individuals (eg, persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions. This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (eg, blood glucose, peak expiratory flow, hydration status), and making the appropriate recommendations for individual safety and activity status.
Clinical Assessment & Diagnosis / Acute Care / Therapeutic Intervention	
CIP-4	Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions. Based on the assessment data and consideration of the patient's goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.

CIP-5	<p>Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.</p>
CIP-6	<p>Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis, and provision of the appropriate emergency care (eg, CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding).</p>
<p>Psychosocial Strategies and Referral</p>	
CIP-7	<p>Select and integrate appropriate psychosocial techniques into a patient's treatment or rehabilitation program to enhance rehabilitation adherence, return to play, and overall outcomes. This includes, but is not limited to, verbal motivation, goal setting, imagery, pain management, self-talk, and/or relaxation.</p>

CIP-8	Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies. As a member of the management team, develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the athletic trainer's role of informed patient advocate in a manner consistent with current practice guidelines.
Healthcare Administration	
CIP-9	Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statutes that regulate privacy of medical records. This includes using a comprehensive patient-file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes, and billing.

III. Assessment Activities (you may refer to the chart):

Assessment and Outcomes are also reviewed by CAATE. The following is the narrative explaining the ATEP assessment/outcomes as stated in the 2009 CAATE Self-study report from which the ATEP received continued accreditation.

The assessment tools used by the ATEP allow students to obtain individual written feedback at least twice during each clinical course from their ACI/CI. This allows students to individually address concerns they may have and be guided in their strengths and areas of improvement. This type of constructive feedback not only gives students direction, but prepares them for the real world employment evaluations and/or assessments of their work. Students also have the opportunity to evaluate their clinical sites, learning opportunities, and all ACI/CI. In the spring of 2007, the Marshall ATEP went to electronic program evaluations. This allowed for the evaluation survey to be truly anonymous for students to offer feedback to the program.

The ATEP obtains additional information regarding the quality of didactic and clinical instruction, student learning, and overall program effectiveness from surveying recent graduates of the program as well as their employers. Initial employer surveys are completed at the same time. The one year post undergraduate survey is the same survey graduating seniors complete as an ATEP assessment survey. The employer survey is

designed to allow employers to assess how prepared our graduates are at the time of initial employment. The one year post undergraduate survey and the initial employer survey allows the ATEP to gain feedback on preparedness of students and curricular additions and deletions .

The ATEP also utilizes assessment tools that are pass/fail in nature. It utilizes these in each clinical level of the students (HS 255 – Clinical 1, HS 360 – Clinical 2, HS 361 – Clinical 3, and HS 490 – Clinical 5 [clinical 4 – HS 460 does not have clinical proficiencies tied to it due to being in the summer and the nature of the clinical experience off campus]). Each level is tied to competencies the student has in a previous course (e.g. HS 255 – Clinical 1 is tied to course competencies taught in the intro to athletic training course that the student takes the semester prior to the HS 255 experience).

Issues that happened and changes in accreditation competency requirements have created a caveat to the ATEP 2011 Assessment Report. First, with the move from the COEHS to the COHP all online assessment collection tools were deleted from the COEHS data base collection causing all data to be lost. Secondly, with changes in the field of athletic training (the profession moving to an evidence based curriculum structure) new competencies have been developed. The CAATE has not issued a date by which the 5th Edition of the Competencies should be in place. This year, the ATEP has based all program and student outcomes on the new competencies. With these two issues, the ATEP report can only give evidence of what we have completed in the past.

Another criteria used in measuring the delivery of the competencies and learning outcomes is by passing rates on the national exam (BOC exam - which is the only exam that certifies athletic trainers to practice). The national passing rate for 1st time BOC exam takers over the past year has been 60.7%. Marshall ATEP graduates that have taken the exam have had a first time passing rate above the national average.

During the past year the ATEP has changed the ATEP Student Evaluation form. The new form will be able to better assess the proficiencies of the student as they progress through the ATEP curriculum. The Approved Clinical Instructors have not fully understood how to appropriately utilize this tool. Once better training is performed on the use of these tools, student progress can be shown throughout their academic career.

Currently the assessment tools are as follows:



Marshall University
ATEP Clinical I Proficiency Evaluation

	Taught	Reviewed	Tested
CPR – attends review (maintains current certification of health care provider CPR); O2 use OSHA update/training; HIPAA			
Reviewed Emergency Action Plans with ACI/CI of assigned clinical sites (must be signed by an ACI/CI of each site rotation)			
Emergency Skills			
A. Demonstrate primary/secondary survey			
B. Applies manual cervical stabilization			
C. Applies cervical collar correctly			
D. Demonstrates proper backboard technique			
E. Applies sling properly (triangular and commercial)			
F. Demonstrates proper crutch and cane fitting			
G. Demonstrate proper crutch and cane use			
H. Demonstrate the use of an auto-injectable epinephrine			
IV. Examination Skills			
A. Blood pressure by auscultation			
B. Pulse			
1. Carotid			
2. Brachial			
3. Radial			
4. Femoral			
5. Dorsal pedis			
6. Posterior tibialis			
C. Respiration (look, listen, feel)			
D. Core Temperature			
E. Height/Weight			
V. General Skills.			
A. Sterile procedures			
1. Washes hands before treating a wound			
2. Properly opens sterile gauze pad			
3. Properly cleans and debrides a wound			
4. Applies a dressing			
5. Instructs patient about infection			
6. Instructs patient about wound care			
7. Follows all OSHA guidelines			
B. Identifies components of a pre-participation examination form			
C. Environmental Conditions			

1. Demonstrates use of a sling psychrometer			
2. Identifies extreme weather conditions and makes appropriate decisions			

D. The following items must show consistency throughout the entire semester, they are to be signed off during the last week of classes. (Tested by an ACI)			
1. Records treatments in log book			
2. Records rehab notes on proper forms			
3. Records medications on proper forms			
E. Identifies the role of an ATC, ATS, ACI, CI, NATA, & BOC			
Taping procedures			
A. General Ankle (3 minute)			
B. Open Basket Weave			
C. Ankle Wrap (Louisiana style)			
D. Arch			
E. Achilles			
F. Knee (ACL, MCL, LCL)			
G. McConnell			
H. Elbow Hyperextension			
I. Wrist Hyperextension/Hyperflexion			
J. Finger/thumb			
I. Wrapping Procedures			
A. Hip flexor			
B. Hip Adductor			
C. Knee			
D. Ankle			
E. Shoulder (Anterior)			
F. Shoulder (Posterior)			
II. Evaluation Techniques (Tested by an ACI)			
A. Demonstrates ability to obtain general information about an injury			
1. Asks questions about current injury			
2. Asks questions about previous injuries			
B. Demonstrates ability to perform a general inspection of an injury			
1. Observes for deformity			
2. Observes for swelling			
3. Observes gait and other functional patterns			

4. Observes skin color around the area of injury			
5. Observes for scars, wounds or skin lesions			
C. Demonstrates ability to perform a general palpation of an injury			
1. Notes site of most pain			
2. Notes skin temperature			
3. Detects distal pulse			
4. Bony landmarks			
D. Bilateral Comparison			
E. Demonstrate specific evaluation for the following			
1. Ankle			
a. Talar tilt			
b. Anterior drawer			
c. Inversions			
d. Eversion			
e. Bump test			
f. ROM			
2. Knee			
a. Valgus			
b. Varus			
c. Anterior Drawer			
d. Lachman's			
e. Aply's Compression			
f. ROM			
3. Abdominal			
a. Internal bleeding (signs and symptoms)			
b. Spleen (Kehr's)			
c. Liver (referred pain)			
d. Kidney (tap test)			
e. Appendix (McBurney's point)			
f. Quadrants			
Modalities (demonstrate set-up, explains indications & contraindications) Tested by an ACI			
A. Hot packs			
B. Cryotherapy			
C. Whirlpool			
Rehabilitation Tested by an ACI			
A. Basic Knee (SLR, quad sets)			
B. Basic Ankle (ABC's, towel curls, theraband)			
XI. Equipment Fitting			
A. Helmet (football)			

B. Shoulder pads			
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List the total number of practices that you attended	
List the total number of home games you attended	
Turn in a drawing of the floor plans of your clinical site	
List each away game you were part of the travel party (include dates)	

Marshall University
Athletic Training Education Program
Clinical II Proficiency Evaluation

	Taught	Reviewed	Tested
I. CPR – attends review (maintains current certification of health care provider CPR); O2 use OSHA update/training; HIPAA			
II. Reviewed Emergency Action Plans with ACI/CI of assigned clinical sites (must be signed by an ACI/CI of each site rotation)			
V. Emergency Skills			
A. Demonstrate primary/secondary survey			
B. Applies manual cervical stabilization			
C. Applies cervical collar correctly			
D. Demonstrates proper backboard technique			
E. Abdominal injury assessment			
F. Helmet/Shoulder pad removal			
G. Splinting various joint injuries			
H. Types of splints (vacuum, air, rigid, traction, soft)			
XV. General Skills			
A. Sterile Procedures			
1. Washes hands before treating a wound			
2. Properly opens sterile gauze pads			
3. Properly cleans/debrides a wound			
4. Applies a dressing			
5. Instructs a patient about infection/care			
6. Padding various injuries			
B. Properly documents treatments/SOAP notes/rehab notes appropriate to the clinical site Tested by an ACI			
VI. Completes preliminary components of a physical exam:			
A. Identifies proper forms			
B. Completes medical history			
C. Completes orthopedic history			
D. Completes height/weight/vitals			
VII. Evaluation Techniques			
A. Shoulder			
1. Demonstrate ability to perform a history concerning a shoulder injury			
a. Ask questions about the current injury			
b. Ask questions about previous injuries			
2. Demonstrate ability to perform a general inspection of a shoulder injury			
a. Observe for deformity			
b. Observe for swelling			
c. Observes carrying angle			
d. Observes skin color in injury area			
e. Observes scars, wounds, or			

lesions			
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3. Demonstrate ability to perform a general inspection of an elbow injury			
a. Notes site of most pain			
b. Notes skin temperature			
4. Demonstrate ability to identify and palpate the following bony landmarks			
a. Scapula			
i. Spine			
ii. Medial border			
iii. Inferior angle			
iv. Superior angle			
v. Lateral border			
vi. Infraspinous fossa			
vii. Supraspinous fossa			
viii. Subscapular fossa			
ix. acromion			
b. Clavicle			
c. Coracoid process			
d. Humerus			
i. Greater tubercle			
ii. Intratubercular groove			
iii. Lesser tubercle			
iv. Deltoid tuberosity			
5. Demonstrate the ability to identify and palpate the following soft tissue:			
a. Acromioclavicular joint			
b. Sternoclavicular joint			
c. Deltoid			
i. Anterior			
ii. Medial			
iii. Posterior			
d. Trapezius			
i. Upper fibers			
ii. Middle fibers			
iii. Lower fibers			
e. Latissimus Dorsi			
f. Teres Major			
g. Rotator Cuff Muscles			
i. Supraspinatus			
ii. Infraspinatus			
iii. Teres Minor			
iv. Subscapularis			
h. Rhomboid (Major & Minor)			
i. Levator Scapula			

	j.	Serratus Anterior			
	k.	Pectoralis Major			
	l.	Pectoralis Minor			
	m.	Subclavius			
	n.	Bicep Brachii			
	i.	Long head			
	o.	Triceps Brachii			
	i.	Long Head			
	p.	Coracobrachialis			
6.	Demonstrate the ability to identify and palpate the following:				
	a.	Coracoclavicular ligament			
	b.	Coracoacromial ligament			
	c.	Subacromial Bursa			
	d.	Brachial Artery			
7.	Demonstrate the ability to evaluate an elbow injury utilizing the following techniques:				
	a.	Range of Motion			
	b.	Special Tests			
	i.	Apley's Scratch Test			
	ii.	Drop Arm Test			
	iii.	Gerber Lift-off Test			
	iv.	Sternoclavicular Joint Play			
	v.	Acromioclavicular Joint Play			
	vi.	Glenohumeral Joint Play			
	vii.	Acromioclavicular Traction Test			
	viii.	Acromioclavicular Compression Test			
	ix.	Apprehension Test for Anterior Glenohumeral Laxity			
	x.	Relocation and Anterior Release Test			
	xi.	Posterior Apprehension Test for Glenohumeral Laxity			
	xii.	Jerk Test for Labral Tears			
	xiii.	Sulcus Sign			
	xiv.	Neer Shoulder Impingement Test			
	xv.	Hawkins-Kennedy Impingement Test			
	xvi.	Empty Can			
	xvii.	Yergason's Test			

xviii.	Speeds Test			
xix.	O'Brien Test			
xx.	Anterior Slide Test			
xxi.	Grind Test			
8.	Demonstrate the ability to perform an evaluation on a patient, resulting in a clinical diagnosis Tested by an ACI			
a.	Performs a complete history			
b.	Observes and inspects			
c.	Palpates all involved anatomy			
d.	Performs all appropriate special tests			
e.	Comes to a clinical diagnosis			
B. Elbow				
1.	Demonstrate ability to perform a history concerning an elbow injury			
a.	Asks questions about the current injury			
b.	Asks questions about previous injuries			
2.	Demonstrates ability to perform a general inspection of an elbow injury			
a.	Observes for deformity			
b.	Observes for swelling			
c.	Observes carrying angle			
d.	Observes skin color in injury area			
e.	Observes scars, wounds, or lesions			
3.	Demonstrates ability to perform a general palpation of an elbow injury			
a.	Notes site of most pain			
b.	Notes skin temperature			
4.	Demonstrates ability to identify and palpate the following bony landmarks:			
a.	Humerus			
b.	Ulna			
i.	Shaft of ulna			
ii.	Head of ulna			
iii.	Styloid process of the ulna			
c.	Radius			
i.	Head of the radius			
ii.	Shaft of the radius			
iii.	Styloid process of the radius			
iv.	Lister's tubercle			
d.	Olecranon process			
e.	Olecranon fossa			

f.	Epicondyles (medial & lateral)			
g.	Supracondylar ridges			
5.	Demonstrate the ability to identify and palpate the following soft tissue:			
a.	Biceps brachii			
b.	Triceps brachii			
c.	Brachioradialis			
d.	Brachialis			
e.	Radial collateral ligament			
f.	Annular ligament			
g.	Ulnar collateral ligament			
h.	Ulnar nerve			
i.	Olecranon Bursa			
6.	Demonstrate the ability to evaluate an elbow injury utilizing the following techniques:			
a.	Range of motion			
b.	Muscle Strength			
i.	Elbow Flexion			
ii.	Elbow Extension			
iii.	Pronation			
iv.	Supination			
c.	Special Tests			
i.	Valgus Stress Test			
ii.	Varus Stress Test			
iii.	Test for Lateral Epicondylalgia (Tennis Elbow Test)			
iv.	Golfer's Elbow			
v.	Little League Elbow			
vi.	Cubital Tunnel Test			
vii.	Pronator Teres Syndrome			
7.	Demonstrate the ability to perform an evaluation on a patient, resulting in a clinical diagnosis Tested by an ACI			
a.	Performs a complete history			
b.	Observes and inspects			
c.	Palpates all involved anatomy			
d.	Performs all appropriate special tests			
C. Hand/Wrist/Fingers/Thumb				
1.	Demonstrate ability to perform a history concerning a hand/wrist/fingers/thumb injury			
a.	Asks questions about the current injury			
b.	Asks questions about previous injuries			
2.	Demonstrates ability to perform a general inspection of a hand/wrist/fingers/thumb			

	injury			
	a. Observes for deformity			
	b. Observes for swelling			
	c. Observes carrying angle			
	d. Observes skin color in injury area			
	e. Observes scars, wounds, or lesions			
3.	Demonstrates ability to perform a general palpation of a hand/wrist/fingers/thumb injury			
	a. Notes site of most pain			
	b. Notes skin temperature			
4.	Demonstrates ability to identify and palpate the following bony landmarks:			
	a. Radius			
	i. Head			
	ii. Shaft			
	iii. Styloid Process			
	iv. Lister's Tubercle			
	b. Ulna			
	i. Head			
	ii. Shaft			
	iii. Styloid Process			
	c. Carpals			
	i. Pisiform			
	ii. Triquetrum			
	iii. Hamate			
	iv. Scaphoid			
	v. Trapezium			
	vi. Lunate			
	vii. Capitate			
	viii. Trapezoid			
	d. Metacarpals			
	e. Phalanges			
5.	Demonstrate the ability to identify and palpate the following soft tissue:			
	a. Brachioradialis			
	b. Pronator Teres			
	c. Anconeus			
	d. Extensors of the wrist and fingers			
	i. Extensor carpi radialis longus and brevis			
	ii. Extensor digitorum			
	iii. Extensor carpi ulnaris			
	iv. Extensor Indicis			
	e. Flexors of the wrist and fingers			
	i. Flexor carpi radialis			
	ii. Palmaris longus			

	iii.	Flexor carpi ulnaris			
	iv.	Flexor digitorum superficialis			
	v.	Flexor digitorum profundus			
	f.	Muscles of the thumb			
	i.	Abductor pollicis longus			
	ii.	Extensor pollicis longus and brevis			
	iii.	Flexor pollicis longus			
	iv.	Abductor pollicis brevis			
	v.	Flexor pollicis brevis			
	vi.	Adductor pollicis			
	g.	Thenar Eminence			
	h.	Hypothenar eminence			
	i.	Flexor retinaculum			
	j.	Extensor retinaculum			
	k.	Radial and ulnar arteries			
6.		Demonstrate the ability to evaluate a hand/wrist/fingers/thumb injury utilizing the following techniques:			
	a.	Range of motion			
	b.	Muscle Strength			
	i.	Wrist Flexion and Extension			
	ii.	Thumb: MCP and IP flexion and extension			
	iii.	PIP and DIP Flexion			
	iv.	MCP Abduction and Adduction			
	v.	Finger MCP Extension and Flexion			
	c.	Special Tests			
	i.	Radial collateral and ulnar collateral ligament stress test			
	ii.	Valgus and varus testing of the interphalangeal joints			
	iii.	Test for laxity of the thumb MCP collateral ligaments			
	iv.	Radiocarpal and midcarpal joint play			
	v.	Intercarpal joint play			
	vi.	Grip strength			
	vii.	Phalen's Test			

viii.	Finkelstein's Test			
ix.	Allen's Vascular			
x.	Pinch Test			
xi.	Palm Press			
xii.	1 st -5 th opposition			
xiii.	Stereognosis			
xiv.	Graphesthesia			
xv.	Compression			
xvi.	Murphy's sign			
xvii.	Lunotriquetral Ballotment Test			
7.	Demonstrate the ability to perform an evaluation on a patient, resulting in a clinical diagnosis Tested by an ACI			
a.	Performs a complete history			
b.	Observes and inspects			
c.	Palpates all involved anatomy			
d.	Performs all appropriate special tests			
XVIII. Imaging				
A. Salter-Harris Scale				
B. X-Ray				
C. Diagnostic Ultrasound				
D. MRI				
E. CT Scan				
XIX. Therapeutic Modalities				
A. Electrical Stimulation				
1.	Muscle Re-education			
a.	Pulses per second (20-40)			
b.	Current (High-Volt or Medium frequency alternating)			
c.	On time/off time (1-2 seconds/4-10 seconds)			
d.	Treatment time 15 minutes			
e.	Proper patient instructions			
2.	Muscle Pump Contractions			
a.	Pulses per second (20)			
b.	Current (High-Volt or Medium frequency alternating)			
c.	On time/off time (5-10 seconds/5-10 seconds)			
d.	Treatment time 20-30 minutes			
e.	Proper patient instructions			
f.				
3.	Retardation of Atrophy			
a.	Pulses per second (20-85)			
b.	Current (Medium frequency alternating)			
c.	On time/off time (6-15			

	seconds/1-2 minutes)			
	d. Treatment time 15-20 minutes			
	e. Proper patient instructions			
4.	Muscle Strengthening			
	a. Pulses per second (20-86)			
	b. Current (Medium frequency alternating)			
	c. On time/off time (10-15 seconds/50 seconds-2 minutes)			
	d. Treatment time 3 sets of 10 contractions			
	e. Proper patient instructions			
5.	Increasing ROM			
	a. Pulses per second (20-30)			
	b. Current (High-Volt or Medium frequency alternating)			
	c. On time/off time (15-20 seconds/15-20 seconds)			
	d. Treatment time 90 minutes broken into 3x30 minute treatments			
	e. Proper patient instructions			
6.	Reducing Edema			
	a. Pulses per second (120)			
	b. Current (DC-30-50V)			
	c. Treatment time 30 minutes			
	d. Distal electrode is negative			
7.	Interferential			
	a. 20 to 50 for muscle contraction 50 to 120 for pain management			
	b. Current (Interferential)			
	c. Treatment time (until pain decreases)			
B.	Ultrasound			
	1. Thermal			
	2. Nonthermal			
	3. Phonophoresis			
C.	Iontophoresis			
D.	Compressions			
	1. Sequential			
	2. Intermittent			
E.	Diathermy			

F.	Traction			
	1. Cervical			
	2. Lumbar			
G.	Cryotherapy			
H.	Thermotherapy			

I. TENS			
J. Paraffin			
K. Massage			

List the total number of practices that you attended	
List the total number of home games you attended	
Turn in a drawing of the floor plans of your clinical site	
List each away game you were part of the travel party (include dates)	

Marshall University
Athletic Training Education Program
Clinical III (HS 361) Proficiency Evaluation
(Lower Extremity)

Items in **bold** are taught/tested in one sitting

Review 1 Review 2 Tested

I. Evaluation Techniques

A. Ankle/foot

1. Demonstrates ability to identify and palpate the following:
 - a. calcaneus _____
 - b. lateral malleolus _____
 - c. medial malleolus _____
 - d. styloid process – 5th metatarsal _____
 - e. metatarsals 1-5 _____
 - f. phalanges _____
 - g. peroneal longus (muscle/tendon) _____
 - h. peroneal brevis (muscle/tendon) _____
 - i. tibialis anterior (muscle/tendon) _____
 - j. gastrocnemius (muscle/tendon) _____
 - k. extensor hallucis longus (m/t) _____
 - l. extensor digitorum longus (m/t) _____
 - m. plantar fascia _____
 - n. arches (longitudinal x 2 _____
transverse x 2, medial)
 - o. lower leg compartments _____
 - p. retinaculum _____
2. Demonstrates ability to obtain general information about an injury:
 - a. asks questions about current injury _____
 - b. asks questions about previous injury _____
3. Demonstrates ability to perform a general inspection of an injury:
 - a. observes for deformity _____
 - b. observes for swelling _____
 - c. observes gait _____
 - d. observes skin color in the injury area _____
 - e. compares bilaterally _____
 - f. inspect for subungual hematoma _____
4. Demonstrates ability to perform a general palpation of an injury:
 - a. notes site of most pain _____
 - b. notes skin temperature _____
 - c. compares bilaterally _____

Review 1 Review 2 Tested

5. Demonstrates the ability to evaluate an arch/foot injury utilizing the following:
 - a. type of arch (pes cavus/planus) _____
 - b. varus valgus (rearfoot; forefoot) _____
 - c. sensory – lower leg/foot _____
 - d. ROM (gonio) _____
 - e. special tests
 1. Tap/Bump/Percussion Test _____
 2. Compression (Tib/Fib; Potts) _____
 3. Homan’s Sign _____
 4. Talar Tilt Inv/Ever _____
 5. Anterior Drawer _____
 6. Kleiger’s Test _____
 7. Thompson’s Test _____
 8. Tinel’s _____
 9. Morton’ Test _____
(Morton’s neuroma and toe)
 - e. muscle strength I.A.1g-1 _____
- B. Back**
1. Demonstrates the ability to identify and palpate the following:
 - a. Ilium –crest, ant. Inferior iliac spine, PSIS, ASIS _____
 - b. femur – greater trochanter _____
 - c. lumbar vertebrae (spinous proc) _____
 - d. sacrum _____
 - e. rectus abdominous _____
 - f. external oblique _____
 - h. hamstring group _____
 - i. erector spinae _____
 2. Demonstrates ability to eval posture (including scoliosis, kyphosis, lumbar/cervical, lordosis) _____
 3. Demonstrates ability to obtain general information about an injury
 - a. asks questions about current injury _____
 - b. asks questions about previous injury _____
 4. Demonstrates ability to perform a general inspection of an injury
 - a. observes for deformity _____
 - b. observes for swelling _____
 - c. compares bilaterally _____
 - d. posture evaluation _____

Review 1 Review 2 Tested

- 5. Demonstrates ability to perform special tests pertinent to the back:
 - a. Vertebral Artery Test _____
 - b. Cervical Compression _____
 - c. Spurling's _____
 - d. Sharp-Purser _____
 - e. L'hermitte's _____
 - f. Kernig's _____
 - g. Slump _____
(seated nerve root; sitting root)
 - h. Femoral Nerve Traction & Stretch _____
 - i. Hoover's _____
 - j. Patrick's/FABERE's _____
 - k. Iliac Compression/Distracton _____
 - l. Bowstring _____
 - m. Gaenslen's _____
 - n. Shoulder Abduction Test _____
 - o. Brudzinski _____
 - p. Milgram _____
 - q. Spring Test _____
 - r. Quadratus Laborum Stretch test _____

C. Hip

- 1. Demonstrates ability to identify and palpate the following:
 - a. ischium _____
 - b. greater trochanter of femur _____
 - c. adductors _____
 - d. iliacus, psoas major _____
 - e. gluteus medius _____
 - f. gluteus minimus _____
- 2. Demonstrates ability to obtain general information about a hip injury:
 - a. asks questions about current injury _____
 - b. asks questions about previous injury _____
- 3. Demonstrates ability to perform a general inspection of a hip injury:
 - a. observes for deformity _____
 - b. observes for swelling _____
 - c. observes gait _____
 - d. observes skin color _____
 - e. observes scars, wounds, lesions _____
- 4. Demonstrates ability to perform a general palpation of a hip injury:
 - a. notes site of most pain _____

b. notes skin temperature

Review 1 Review 2 Tested

5. Demonstrates ability to evaluate the hip utilizing the following techniques:

a. ROM (gonio)

b. demonstrates special tests

1. Leg length (anatomical/functional)

2. Piriformis

3. Ely's

4. Ober's

5. Renee's

6. Nobel's

7. Kendell's

8. Thomas

9. Trendelensburg's

10. Hip Scoring

c. muscle strength of I.C.1c-1f

D. Knee

1. Demonstrates ability to identify and palpate the following:

a. Patella (borders)

b. Femoral Condyles

c. Tibial Tuberosity

d. Gerdy's Tubercle

e. Pes Anserine

f. Fibular Head

g. Quads (all palpable)

h. I.T. Band

i. Hamstring (all palpable)

2. Demonstrates ability to obtain general information about a knee injury:

a. asks questions about current injury

b. asks questions about previous injury

3. Demonstrates ability to perform a general inspection of a knee injury:

a. observes for deformity

b. observes for swelling

c. observes gait

d. observes skin color

e. observes scars, wounds, lesions

f. observes genu valgum/varum/
recurvatum

4. Demonstrates ability to perform a general palpation of a knee injury:

a. notes site of most pain

b. notes skin temperature

Review 1 Review 2 Tested

5. Demonstrates ability to evaluate the knee utilizing the following techniques:

a. ROM

b. demonstrates special tests

1. Valgus

2. Varus

3. Lachman's Test (alternate lach.)

4. Posterior Drawer

5. Godfrey's (Posterior sag)

6. Patellar Apprehension

/ Compression (0 and 30 degrees)

7. Patellar Grind

8. Clarke's Test

9. Hughston's Plica

10. Helfets

11. Apley's comp/dist.

12. McMurray's

(90 degrees & maximal flexion)

13. Lateral Pivot Shift (Macintosh)

14. Slocum's

15. A angle

16. Q angle

17. Anterior Drawer

18. Cross Over Test

19. Patellar Bounce Home Test

20. Jerk Test

21. Exernal Rotation Recurvatum

22. Girth measurements(5 sites)

23. Ballotable Patella

6. Strength Tests for I.D.1g-1i

II. CPR – attends refresher/current card

Healthcare provider

OSHA training-update; O2 use; HIPAA

III. Emergency Skills

A. Demonstrates primary/secondary survey

B. Applies cervical collar

C. Applies proper manual cervical stabilization

D. Demonstrates proper backboard technique

E. Abdominal quadrants/internal bleeding

F. Supply the phone number for the nearest
poison control center

G. Anaphylactic Shock

H. Asthma

		Review 1	Review 2	Tested
III.a	Has reviewed EAP with ACI/CI of Assigned clinical site/sites (must be signed by an ACI/CI of each site you rotate at)	_____	_____	_____
IV.	Examination Skills			
	A. Blood pressure by palpation	_____	_____	_____
	B. Blood pressure by auscultation	_____	_____	_____
	C. Ear injury (general)	_____	_____	_____
	D. Nose injuries (general)	_____	_____	_____
	E. Mouth injury (general)	_____	_____	_____
	F. Skin injuries – lacerations, abrasions	_____	_____	_____
	G. Malalignment observation (e.g. hip angulations)	_____	_____	_____
	H. Leg length	_____	_____	_____
V.	General Skills			
	A. The following items must show consistency throughout the entire semester, thus they are to be signed off during the last week of classes:			
	1. Records Tx's in log book	_____	_____	_____
	2. Records medications in log book	_____	_____	_____
	3. Record keeping including SOAP notes	_____	_____	_____
	4. Records injury/rehab notes in athlete's file	_____	_____	_____
VI.	Taping Procedures (These skills include proper positions preparation, sequence, lack of wrinkles, correct tape placement as well as reasonable time to complete:			
	A. Ankle – neutral	_____	_____	_____
	B. Thumb spica	_____	_____	_____
	C. Patella	_____	_____	_____
	D. Great Toe	_____	_____	_____
	E. Knee	_____	_____	_____
	F. Achilles	_____	_____	_____
	G. Peroneal	_____	_____	_____
VII.	Modalities (includes basic set up, technique, indications and contraindications):			
	A. Compression	_____	_____	_____
	B. Massage	_____	_____	_____
VIII.	Therapeutic Exercise			
	A. Joint mobilization	_____	_____	_____
	B. Self-mobilization	_____	_____	_____
	C. PRE strength training	_____	_____	_____
	D. Isometric strength training	_____	_____	_____
	E. Plyometric exercises	_____	_____	_____
		Review 1	Review 2	Tested

- F. Agility exercises _____ G.
- Isokinetic Testing _____
- H. PNF (hold-relax, contract-relax, _____
- Slow reversal hold relax) _____
- I. Open/Closed Chain exercises _____
- J. Core Stabilization (global, local) _____
- K. Isotonic strength training _____

IX. Completes preliminary components of physical exam:

- A. Identifies proper forms** _____
- B. Completes medical hx** _____
- C. Completes orthopedic history** _____
- D. Completes height/weight/vitals** _____
- E. Completes urinalysis** _____

Marshall University
Athletic Training Education Program
Clinical V (HS 490) Proficiency Evaluation

I. Evaluation Techniques

Review 1 Review 2 Tested

A. NERVE INJURIES

1. Demonstrates the ability to identify the following:

- a. biceps tendon (DTR) _____
- b. triceps tendon (DTR) _____
- c. patellar tendon (DTR) _____
- d. Achilles tendon (DTR) _____
- e. Innovation of 1a-1d _____
- f. ulnar nerve _____
- g. radial nerve _____
- h. median nerve _____
- i. phrenic nerve _____
- j. long thoracic nerve _____
- k. musculocutaneous _____
- l. suprascapular _____
- m. axillary _____
- n femoral nerve _____
- o. tibial nerve _____
- p. sciatic nerve _____
- q. peroneal nerve _____
- r. lateral cutaneous nerve _____

1. Neuroexamination (must show proficiency in evaluating)

2. Demonstrates the ability to obtain general information about an injury

- a. asks questions about current injury _____
- b. asks questions about previous injury _____

3. Demonstrates ability to perform a general inspection of an injury:

- a. observes for swelling _____
- b. observes skin color _____
- c. observes scars, wounds, lesions _____

4. Demonstrates ability to perform a general palpation of an injury:

- a. notes site of most pain _____
- b. notes skin temperature _____

5. Demonstrates ability to evaluate a nerve injury utilizing the following technique:

- a. Upper quartile (brachial plexus) _____

Review 1 Review 2 Tested

- b. Lower quartile (L-S plexus) _____
- c. Cranial Nerves _____
- d. ROM utilizing goniometer for:
 - 1. Cervical _____
 - 2. Shoulder _____
 - 3. Elbow _____
 - 4. Wrist _____
 - 5. Finger _____
 - 6. Lumbar _____
 - 7. Hip _____
 - 8. Knee _____
 - 9. Ankle _____
- e. Muscle strength of 1a-1d _____
- f. Tinel's sign _____

B. HEAD INJURY

- 1. Demonstrate the ability to palpate:
 - a. frontal bone _____
 - b. parietal bones _____
 - c. occipital bones _____
 - d. temporal bones _____
 - e. cervical vertebrae _____
 - f. mastoid process _____
 - g. sternoidcleidomastoid m. _____
 - h. scalene (3 portions) _____
 - i. trapezius _____
- 2. Demonstrates ability to obtain general information about an injury:
 - a. asks about current injury _____
 - b. asks about previous injury _____
- 3. Demonstrates ability to perform a general inspection:
 - a. observes for deformity _____
 - b. observes for swelling _____
 - c. observes skin color _____
 - d. observes scars, wounds, lesions _____
- 4. Demonstrates ability to perform a general palpation of an injury:
 - a. notes site of most pain _____
 - b. notes skin temperature _____
- 5. Demonstrates the ability to evaluate head injury utilizing the following technique:
 - a. muscle strength of 1f-1h _____
 - b. vitals, noting pulse pressure _____
 - c. memory (anterograde/retrograde) _____
 - d. level of consciousness _____
(Glasgow coma, AVPU scale, SAS)
 - e. balance: _____

Review 1 Review 2 Tested

- 1. Romberg (5 steps) _____
- 2. Balance Error Scoring Syst. _____
- 3. S.A. C. _____
- f. coordination (hand-eye) _____
- g. asks about headache _____
- h. tests concentration _____
- i. PERRLA _____
- j. Halo test _____
- k. exertional tests _____
- l. post concussion syndrome _____
- m. Reflex test _____
- (Babinski, Oppenheim, Chaddock, Gordon)
- 6. Demonstrates ability to explain signs/symptoms of increasing intracranial pressure _____
- 7. Demonstrates the ability to explain a head injury to an athlete/room-mate/parent _____
- 8. Demonstrates the ability to explain criteria for return to activity/competition after a head injury _____

- II. Demonstrates ability to obtain general Information about an injury:
 - 1. asks about current injury _____
 - 2. asks about previous injury _____
- III. Demonstrates ability to perform a general Inspection of an injury:
 - 1. observes for deformity _____
 - 2. observes for swelling _____
 - 3. observes gait or other functional patterns _____
 - 4. observes skin color _____
 - 5. observes scars, wounds, lesions _____
- IV. Demonstrates ability to perform a general Palpation of an injury:
 - 1. notes site of most pain _____
 - 2. notes skin temperature _____
 - 3. detects distal pulses _____
 - 4. compares bilaterally _____
 - A. Internal Injuries
 - a. palpates abdomen _____
 - b. surface anatomy/landmarks _____
 - c. referred/radiating pain _____
 - d. tap test for kidney _____
 - e. urinalysis _____
 - f. appendicitis _____
 - g. chest injury – cardiac _____
 - h. chest injury – pneumo/hemothorax _____

B. Neck

Review 1 Review 2 Tested

1. Demonstrates ability to identify and palpate the following:
 - a. occipital bone _____
 - b. cervical spinous processes _____
 - c. mastoid process _____
 - d. trapezius _____
 - e. erector spinae _____
 - f. sternocleidomastoid _____
 - g. scalene (3) _____
 - h. clavicle _____
 - i. scapula _____
 - j. s-c joint _____
 - k. hyoid bone _____
2. Demonstrates ability to obtain general information about a neck injury:
 - a. asks questions about current injury _____
 - b. asks questions about previous injury _____
3. Demonstrates ability to perform a general inspection of an injury:
 - a. observes for deformity _____
 - b. observes for swelling _____
 - c. observes position of head _____
 - d. observes skin color in injured area _____
 - e. observes scars, wounds, or lesions _____
4. Demonstrates ability to perform a general palpation of the injured area:
 - a. notes site of most pain _____
 - b. notes skin temperature _____
5. Demonstrates ability to evaluate cervical injury utilizing the following techniques:
 - a. sensory – upper extremity _____
 - b. ROM (gonio) _____
 - c. Muscle strength of 1d-1g _____
 - d. Special tests
 1. Spurling's _____
 2. Compression _____
 3. Distraction _____
 4. Valsalva _____
 5. Vertebral Artery _____
 6. Sharp-Purser _____
6. Demonstrates proper rehab:
 - a. strengthening (PRE) _____
 - b. stretching _____
- c. isokinetic _____

Review 1 Tested

C. CPR – attends review/current card (Healthcare Provider) _____
OSHA training/update; O2 use; HIPAA _____

D. Emergency Skills

- A. Demonstrates primary/secondary survey _____
- B. Applies cervical collars correctly _____
- C. Applies proper cervical stabilization _____
- D. Demonstrates proper backboard technique _____
- E. Removing helmet/shoulder pads _____

Review 1 Review 2 Tested

E. General Skills (to be signed by a clinical supervisor)

A. Sterile Procedures

- 1. washes hands before handling a wound _____
- 2. properly opens sterile gauze pads _____
- 3. properly cleans and debrides a wound _____
- 4. applies dressing _____
- 5. instructs athlete about infection/care _____
- 6. follows OSHA guidelines _____

F. Properly documents treatments/SOAP notes/rehab notes appropriate to the clinical site

G. Demonstrates appropriate set-up procedure for the following rehab situations in both basic and advanced cases:

- A. Back _____
- B. Achilles _____
- C. Neck _____
- D. Shoulder _____

H. Therapeutic Exercise

- A. Joint mobilization _____
- B. Self-mobilization _____
- C. PRE strength training _____
- D. Isometric strength training _____
- E. Plyometric exercises _____
- F. Agility exercises _____
- Isokinetic Testing _____

G.

J. Completes preliminary components of physical exam

- A. identifies proper forms _____
- B. completes medical hx _____
- C. Completes orthopedic hx _____
- D. Completes height/weight/vitals _____

K. Modalities (set-up/application/indication/contraindication)

- A. EMS _____
- B. Ultrasound _____
- C. Iontophoresis _____
- D. Diathermy _____
- E. Compression _____
- F. High Volt Galvanic _____

Review 1 Review 2 Tested

H. Vapo Coolant Spray	_____
I. Phonophoresis	_____
J. IFC	_____
K. MENS	_____
L. Traction	_____
M. Multifunction Unit	_____
N. Cryo/thermo therapy	_____
O. TENS	_____
P. Paraffin	_____
Q. Massage	_____
L. Evaluation Techniques	
A. ophthalmoscope	_____
B. Snellen Chart	_____
C. otoscope	_____
D. Stethoscope	
a. Heart	_____
b. Lungs	_____
c. Bowel	_____
d. Internal Bleeding	_____
E. cranial nerve assessment	_____
F. Facial/Mouth Injuries	_____
M.	
A. Proper Treatment for following injuries/illnesses	
1. Neurogenic Shock	_____
2. Hypovolemic Shock	_____
3. Cardiogenic Shock	_____
4. Dislocated Elbow	_____
5. Dislocated Hip	_____
6. Dislocated Knee	_____
7. Femur Fracture	_____
8. Spinal Fracture	_____
9. Female Triad	_____
10. Season Ending Injury	_____
11. Depression	_____
12. Passive Suicidal Statements	_____
13. Eating Disorders/Basic Nutrition	_____
14. Drug Abuse (signs, symptoms, Intervention)	_____
15. Tissue Response to Injury And Pain Theories	_____
16. Pharmacology in Athletic Training	_____
17. Blister Management	_____
18. Common & Disqualifying	_____
Skin Disorders	_____

B. Other

1. HIPAA
2. Legal Issues
3. CPT Codes

Review 1 Review 2 Tested

Print Name _____

Student I.D. _____ - _____

Clinical Level _____

Below this line is to be filled out by the assigned clinical instructor

	1	2	3	4	5
Professionalism	Does not accept responsibility; inappropriate or immature behavior	Generally denies responsibility; frequently uses inappropriate or immature behavior	Usually exhibits good judgment in personal and professional situations	Often exhibits good judgment and maturity	Exceptional professional conduct; maturity, excellent judgment
Self-Directed Learning/ Learning Attitude	Does not exhibit motivation, shows little evidence of independent work	Frequently does not explore independent learning opportunities	Conscientious student who is receptive to teaching and feedback	Often shows interest in independent learning opportunities and feedback	Exceptionally hard worker who maximizes learning opportunities
Interactions with Athletes/Patients	Relationships are often distant, strained or dysfunctional	Relationships are cool or awkward	Usually forms constructive, professional relationships	Conveys exceptional warmth and understanding	Skillfully uses rapport for therapeutic gain
Basic Clinical Knowledge	Major deficiencies in many areas	Generally adequate with minor deficiencies in important areas	Generally appropriate to student level	Generally above average depth in important areas	Outstanding
Clinical Reasoning Skills	Usually illogical or impractical	Frequently illogical or impractical	Usually logical and practical	Almost always logical and practical	Frequent intelligent insights
History Taking Skills	Often misses major important findings	Frequently misses relevant data or obtains inaccurate findings	Usually elicits most relevant data; almost always accurate	Almost always elicits all relevant clinical data; always accurate	Elicits data efficiently and in great depth, when appropriate
Physical Examination Skills	Often misses major important findings	Frequently misses or makes inaccurate findings	Usually identifies findings accurately	Almost always identifies important findings with accuracy	Often discovers subtle physical findings
Diagnostic Decision-Making Skills	Often does not identify major patient problems;	Frequently identifies major patient problems; Differential diagnosis skills are adequate	Usually identifies major patient problems; Differential diagnosis skills are appropriate to level	Often reveals exceptional insight; Differential diagnosis skills are above average	Often reveals exceptional insight; Differential diagnosis skills are excellent

Student's Primary Assignment _____

Number of clinical hours to date _____

Overall Evaluation (Please circle) A B C D F

Comments: _____

I have conducted the above evaluation, and discussed this with the student.

Supervising ATC _____ (Print) BOC # _____ Date _____

(Signature)

Below this line is to be filled out by the student

I have had the opportunity to have the above evaluation explained to me and I:

Agree _____ (Signature) Date _____

Disagree _____ (Signature) Date _____

IV. Future Assessment Goals

The ATEP is in the process of redesigning the assessment procedures that are currently used. This redesign will bring the program in line with the Lumina Foundation's *Degree Qualifications Profile* that Marshall University will be testing.

a. Program Learning Outcomes

- i. The ATEP has identified the program outcomes. These outcomes are based on the CAATE 5th Edition Competencies.
 1. The student will incorporate evidence-based practice into their clinical decision making.
 2. The student will develop and implement strategies and programs to prevent the incidence and or severity of injuries and illness and optimize their patients overall health and quality of life.
 3. The student must possess strong clinical examination skills in order to accurately diagnose and effectively treat their patients.
 4. The student must be able to articulate and perform an evaluation and immediate management of acute injuries and illnesses.
 5. The student will be able to utilize a broad range of intervention, methods, techniques, equipment, activities using body movement, and medications to maximize the patient's participation and health-related quality of life.
 6. The student will be able to recognize patients exhibiting abnormal social, emotional, and mental behaviors as well as refer these individuals as necessary.
 7. The student will understand the risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management.
 8. The student will understand the importance of professional development and responsibility.
 9. The student will be able to synthesize and integrate knowledge, skills, and clinical decision-making into actual patient care.

b. Courses Identified to Assess Student Outcomes

The following courses have been identified as the courses where student assessment will take place. The assessment will consist of the current assessment procedures, as well as assessments designed to show student progressions through the ATEP.

- i. HS 255: AT Clinical Experience I
- ii. HS 360: AT Clinical Experience II
- iii. HS 361: AT Clinical Experience III
- iv. HS 460: AT Clinical Experience IV
- v. HS 490: Internship