

Clinical Rotation in Athletic Training

KIN 227 (a)

Fall 2007

Mondays 7-8:50 pm

Instructors: Mike Schroeder ATC

765-426-5059

Schrol77@msu.edu

Office Hours: By appointment only

Brian Bratta

355-1627

brattabr@ath.msu.edu

Office Hours: by appointment only

Course Description

Entry knowledge and skills used to manage and rehabilitate orthopedic injuries at the collegiate level.

Course Objectives

KIN 227 provides a student the opportunity to learn and practice basic athletic training skills that are utilized frequently in our profession. The new information you will learn this semester will allow you to utilize some basic skills when working in your clinical assignment. You will not be asked to know the material at an advanced level but grasp a basic understanding of the concepts and skills. As a student of KIN 227, you will learn the material and have an opportunity to practice it in a clinical setting on actual athletes.

Learning Objectives:

1. The student will understand how to perform wound triage and care.
2. The student will understand how to perform cold modalities, specifically ice bags, ice massage, and cold whirl pool.
3. The student will understand how to perform hot modalities.
4. The student will demonstrate the ability to perform emergency spineboarding and splinting.
5. The student will demonstrate the ability to perform proprioceptive neuromuscular facilitation (PNF)

Clinical Component:

There is a clinical component tied to the KIN 227 credit. You are assigned to an Approved Clinical Instructor (ACI) and clinical rotation twice each semester. Each of these assignments will give you a chance to practice your skills in the athletic training room. It is a student's responsibility to communicate with his or her ACI and understand what is expected. A student must fulfill the expectations at a satisfactory level to remain in good standing in the Athletic Training Education Program (ATEP.) You will be evaluated at the conclusion of each rotation in the semester. If the student does not perform athletic training skills at a satisfactory level, his or her performance may reflect acceptance into the Athletic

Training major. **If at anytime your behavior warrants immediate/permanent removal from a clinical rotation you will receive a zero grade for KIN 227 and will not be considered a candidate for the Athletic Training major until KIN 227 is retaken and passed with acceptable grade.**

Attendance:

Attendance is mandatory. You will be learning important concepts that will allow you to participate in an active clinical assignment. Missing a learning opportunity will not only hinder your knowledge acquisition but also could potentially limit your clinical assignment participation. Excused absences for the class will require prior approval from Brian or Mike. Each unexcused absence will result in an automatic 10 point deduction.

Homework:

Assignment #1: You will be responsible for a weekly athletic training log. This will be a simple journal that will highlight your activities for the week and any interesting encounters that you had. There are 16 weeks in a semester and you will be responsible for 14 entries. Each entry will be worth 10 points.

Assignment #2: At the end of the semester you will have to write a one to two page summary of your perspective of what athletic training is and how this semester has helped you either solidify your choice of entering the Athletic Training major or helped you see that this is not the path of your choice. The paper will be typed, double spaced and will account for 60 points.

Point Breakdown:

Clinical Evaluations from ACI	70 points (35 x 2)
Assignment #1	140 points (14 x 10)
Assignment #2	40 points
Attendance	<u>150 points</u> (15 x 10)
Total Points Available:	400 points

Grading Scale:

92-100	4.0	(368-400)
85-91	3.5	(340-367)
78-84	3.0	(312-339)
71-77	2.5	(284-311)
64-70	2.0	(256-283)
57-63	1.5	(228-255)
50-56	1.0	(200-254)
Below 50	0.00	(<200)

Weekly Schedule:

DATE	TOPIC
08/27/2007	Syllabus and Emergency Procedures
09/03/2007	Labor Day NO CLASS
09/10/2007	Emergency Spineboarding and Moving of Patient
09/17/2007	Triage/Wound Care
09/24/2007	Cold Modalities (Ice Bag, Ice Massage, CWP)
10/01/2007	Hot Modalities/ (MHP, WWP)
10/08/2007	Electrical Stimulation (new clinical assignments)
10/15/2007	Stretching
10/22/2007	Emergency Splinting
10/29/2007	Medical Documentation/Scribing (SIMS)
11/05/2007	Mouthguard Making
11/12/2007	Proprioceptive Neuromuscular Facilitation (PNF) Ankle/Knee
11/19/2007	Proprioceptive Neuromuscular Facilitation (PNF) Shoulder/Elbow
11/26/2007	General Rehab techniques (Assignment #1 due)
12/03/2007	Assignment #2 due (Spring Assignments announced)
12/10/2007	Finals Week - No Class

CAATE Competencies and proficiencies covered in this class:

AC-C2 Describe the availability, content, purpose, and maintenance of contemporary first aid and emergency care equipment.

AC-C3 Determine what emergency care supplies and equipment are necessary for circumstances in which the athletic trainer is the responsible first responder.

AC-C14 Identify the signs and symptoms associated with internal hemorrhaging.

AC-C25 Describe the effective management, positioning, and immobilization of a patient with a suspected spinal cord injury.

AC-P4g Thoracic, respiratory, and internal abdominal injury or illness

PH-C1 Explain the laws, regulations, and procedures that govern storing, transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).

PH-C2 Identify appropriate pharmaceutical terminology and abbreviations used in the prescription, administration, and dispensing of medications.

PH-C3 Identify information about the indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications (including herbal medications) using current pharmacy resources.

PH-C4 Explain the concepts of pharmacokinetics (absorption, distribution, metabolism, and elimination) and the suspected influence that exercise might have on these processes.

PH-C5 Explain the concepts related to bioavailability, half-life, and bioequivalence.

- PH-C6 Explain the general pharmaco-dynamic principles as they relate to the mechanism of drug action and therapeutic effectiveness (e.g. receptor theory, dose-response relationship, potency, and drug interactions).
- PH-C7 Describe the common routes used to administer medications (e.g., oral, inhalation, and injection) and their advantages and disadvantages.
- PH-C8 Explain the relationship between generic or brand name pharmaceuticals.
- PH-C9 Identify medications that might cause possible poisoning, and describe how to activate and follow the locally established poison control protocols.
- PH-C10 Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used performance-enhancing substances.
- PH-C11 Identify which therapeutic drugs and nontherapeutic substances are banned by sport and/or workplace organizations in order to properly advise patients about possible disqualification and other consequences.
- PH-P1 Obtain and communicate patient education materials regarding physician-prescribed medications, over-the-counter drugs, and performance-enhancing substances using appropriate references.
- PH-P2 Abide by federal, state, and local regulations for the proper storage, transportation, dispensing (administering where appropriate), and documentation of commonly used medications.
- PS-CP1 Demonstrate the ability to conduct an intervention and make the appropriate referral of an individual with a suspected substance abuse or other mental health problem. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the intervention and referral should be documented using standardized record-keeping methods.
- PS-CP2 Demonstrate the ability to select and integrate appropriate motivational techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.
- NU-C14 Describe disordered eating and eating disorders (i.e., signs, symptoms, physical and psychological consequences, referral systems).
- NU-CP1 Demonstrate the ability to counsel a patient in proper nutrition. This may include providing basic nutritional information and/or an exercise and nutrition program for weight gain or weight loss. The student will demonstrate the ability to take measurements and figure calculations for a weight control plan (e.g., measurement of body composition and BMI, calculation of energy expenditure, caloric intake, and BMR). Armed with basic nutritional data, the student will demonstrate the ability to develop and implement a preparticipation meal and an appropriate exercise and nutritional plan for an active individual. The student will develop an active listening relationship to effectively communicate with the patient and, as appropriate, refer the patient to other medical professionals (physician, nutritionist, counselor or psychologist) as needed.

NU-CP2 Demonstrate the ability to recognize disordered eating and eating disorders, establish a professional helping relationship with the patient, interact through support and education, and encourage vocal discussion and other support through referral to the appropriate medical professionals.

RM-C2 Identify and explain the risk factors associated with common congenital and acquired abnormalities, disabilities, and diseases.

RM-C15 Describe the components for self-identification of the warning signs of cancer.

MC-C3 Describe common techniques and procedures for evaluating common medical conditions and disabilities including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques (e.g., assessing heart, lung and bowel sounds), and neurological and circulatory tests.

MC-C4 Describe and know when to refer common eye pathologies from trauma and/or localized infection (e.g., conjunctivitis, hyphema, corneal injury, stye, scleral trauma).

MC-C5 Describe and know when refer common ear pathologies from trauma and/or localized infection (e.g., otitis, ruptured tympanic membrane, impacted cerumen).

MC-C6 Describe and know when to refer common pathologies of the mouth, sinus, oropharynx, and nasopharynx from trauma and/or localized infection (e.g., gingivitis, sinusitis, laryngitis, tonsillitis, pharyngitis).

MC-C7 Describe and know when to refer common and significant respiratory infections, thoracic trauma, and lung disorders. (e.g., influenza, pneumonia, bronchitis, rhinitis, sinusitis, upper-respiratory infection (URI), pneumothorax, hemothorax, pneumomediastinum, exercise-induced bronchospasm, exercise-induced anaphylaxis, asthma).

MC-C9 Describe strategies for reducing the frequency and severity of asthma attacks.

MC-C11 Describe and know when to refer common cardiovascular and hematological medical conditions from trauma, deformity, acquired disease, conduction disorder, and drug abuse (e.g., coronary artery disease, hypertrophic cardiomyopathy, heart murmur, mitral valve prolapse, commotion cordis, Marfan's syndrome, peripheral embolism, hypertension, arrhythmogenic right ventricular dysplasia, Wolf-Parkinson-White syndrome, anemias, sickle cell anemia and sickle cell trait [including rhabdomyolysis], hemophilia, deep vein thrombosis, migraine headache, syncope).

MC-C12 Describe and know when to refer common medical conditions that affect the gastrointestinal and hepatic-biliary systems from trauma, chemical and drug irritation, local and systemic infections, psychological stress, and anatomic defects (e.g., hepatitis, pancreatitis, dyspepsia, gastro-esophageal reflux, peptic ulcer, gastritis and gastroenteritis, inflammatory bowel disease, irritable bowel syndrome, appendicitis, sports hernia, hemorrhoids, splenomegaly, liver trauma).

MC-C13 Describe and know when to refer common medical conditions of the endocrine and metabolic systems from acquired disease and acute and chronic nutritional disorders (e.g., diabetes mellitus and insipidus, hypothyroidism, Cushing's syndrome, thermoregulatory disorders, gout, osteoporosis).

MC-C14 Describe and know when to refer common medical conditions of the renal and urogenital systems from trauma, local infection, congenital and acquired disease, nutritional imbalance, and hormone disorder (e.g., kidney stones, genital trauma, gynecomastia, monorchidism, scrotum and testicular trauma, ovarian and testicular cancer, breast cancer, testicular torsion, varicoceles, endometriosis, pregnancy and ectopic pregnancy, female athlete triad, primary amenorrhea, oligomenorrhea, dysmenorrhea, kidney laceration or contusion, cryptorchidism).

MC-C15 Describe and know when to refer common and/or contagious skin lesions from trauma, infection, stress, drug reaction, and immune responses (e.g., wounds, bacteria lesions, fungal lesions, viral lesions, bites, acne, eczema dermatitis, ringworm).

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

MC-C20 Describe and know when to refer common cancers (e.g., testicular, breast).

MC-P4 Apply commonly used special tests and instruments (e.g., otoscope, stethoscope, ophthalmoscope, peak flowmeter, chemical “dipsticks” [or similar devices]) and document the results for the assessment of:

MC-P4b Heart, lung, and bowel sounds

MC-P4c Pupil response, size and shape, and ocular motor function

MC-P4d Body temperature

MC-P4e Ear, nose, throat and teeth

MC-P4f Urinalysis

MC-CP1 Demonstrate a general and specific (e.g., head, torso and abdomen) assessment for the purpose of (a) screening and referral of common medical conditions, (b) treating those conditions as appropriate, and (c) when appropriate, determining a patient’s readiness for physical activity. Effective lines of communication should be established to elicit and convey information about the patient’s status and the treatment program. While maintaining confidentiality, all aspects of the assessment, treatment, and determination for activity should be documented using standardized record-keeping methods.

MC-CP1.1 Derma

MC-CP1.4 Thorax, including the heart and lungs

MC-CP1.5 Abdomen, including the abdominal organs, the renal and urogenital systems

MC-CP1.7 Ear, Nose, and Throat

MC-C22 Explain the importance and proper procedures for measuring body temperature (e.g., oral, axillary, rectal).

PS-C10 Identify the symptoms and clinical signs of common eating disorders and the psychological and sociocultural factors associated with these disorders.

PS-C11 Identify and describe the sociological, biological and psychological influences toward substance abuse, addictive personality traits, the commonly abused substances, the signs and symptoms associated with the abuse of these substances, and their impact on an individual's health and physical performance

PS-C12 Describe the basic signs and symptoms of mental disorders (psychoses), emotional disorders (neuroses, depression), or personal/social conflict (family problems, academic or emotional stress, personal assault or abuse, sexual assault, sexual harassment), the contemporary personal, school, and community health service agencies, such as community-based psychological and social support services that treat these conditions and the appropriate referral procedures for accessing these health service agencies.

PS-C14 Explain the potential need for psychosocial intervention and referral when dealing with populations requiring special consideration (to include but not limited to those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, unilateral organs, physical and/or mental disability).

PS-CP1 Demonstrate the ability to conduct an intervention and make the appropriate referral of an individual with a suspected substance abuse or other mental health problem. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the intervention and referral should be documented using standardized record-keeping methods.

PS-CP2 Demonstrate the ability to select and integrate appropriate motivational techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.

PS-C7 Describe the roles and function of various community-based health care providers (to include, but not limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.