

Clinical Rotation in Athletic Training

KIN 427 (a)

Fall 2007

Wednesday 7-8:50

Instructors: Jeremy Marra
353-1655
marrajer@msu.edu
Office Hours: By appointment only

Jenn Stiller
353-0728
stillerj@msu.edu

Brian Bratta
Office 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 various clinical settings including colleges, high schools, and rehabilitation clinics.

Course Objectives

KIN 427 provides a student the opportunity to practice and learn athletic training skills by working closely with an Approved Clinical Instructor (ACI) during clinical assignments. It is also an opportunity for you to demonstrate mastery level proficiency with your rehabilitation and upper body evaluation knowledge and skills. The skills you have learned practiced and tested in your KIN 422 and 426 classes will be evaluated this semester. You should be comfortable with these skills and be able to utilize them with ease.

You will be provided with skill set forms that need to be completed before the last week of class. It is your responsibility to demonstrate proficiency in all skills during your clinical rotations. A student must demonstrate proficiency at 80% to pass a skill. You must demonstrate your abilities to an Approved Clinical Instructor (ACI). All MSU Athletic Training staff members and most second year graduate assistants act as ACI's. Please confirm with the individual you are working with that they are an ACI prior to completing the skill. Please be prepared when demonstrating your skill. If at any time an instructor feels a student is not prepared he/she will stop the evaluation and ask you to complete it again at a late date.

Clinical Component:

There is a clinical component tied to the 427 credit. You are assigned to an ACI and clinical rotation each semester. It is a student's responsibility to communicate with their 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 mid semester and end of the semester to allow you time to modify behavior/skills if necessary. A student that does not meet expectations will be placed on probation until the next evaluation period then removed from probation if behavior/skills improved or suspended if behavior/skills were not corrected.

Attendance:

Contrary to previous years, attendance is required to every class period in this class. This year, you have the opportunity to aid a doctoral candidate in her dissertation research. Although participation in this research is purely voluntary and you DO NOT have to, you must be present for the class period. Those that are not active in the research will have time to ask questions and perfect his or her clinical modality skills as well as having skills checked off of their proficiency list. Approximately mid-way through the semester, those that were active in the first section of the research will complete their tasks, and will have ample time to complete the skills that the inactive students performed. At this time, those that are participating in the study, but were not active, will become an active entity in the study.

Athletic Training Journal

During the semester, you will be expected to keep an athletic training journal of your experiences. Entries will be on a weekly basis and consist of a short synopsis of what took place during the week. Also, you will document your hours of participation in the athletic training rooms. This is the time that is spent preparing your athletes, covering practices and post workout treatments. This will also include any events and time around that you fulfill. When traveling with the team, the hour log should reflect the actual time that you are spending performing treatments and competition attendance, not the time at team dinners or sitting in the bus. A note to this is that if you are in the athletic training room and not working with your team, then that is NOT to be included in the hour log. Please be specific, as this will be to your benefit.

Each entry will be worth a total of 10 points and you will be responsible for completing 15 entries (1 entry per week for 15 weeks * 10 points per entry = 150 points).

Point Breakdown:

Clinical Assignment Evaluations: 50 (Score will be taken from your end of the semester evaluation)

Proficiency Skills: 50

Athletic Training Journal: 150 points (15 x 10)

Total Points Available: 250

Grading Scale: (points are off based on 250 possible)

92-100	4.0	(230-250)
85-91	3.5	(212.5-227.5)
78-84	3.0	(195-210)
71-77	2.5	(177.5-192.5)
64-70	2.0	(160-175)
57-63	1.5	(142.5-157.5)
50-56	1.0	(125-140)
Below 50	0.00	(<125)

Skills to be Evaluated:

The skills are not assigned by week. A student can choose which skill to demonstrate and when. You will be evaluated on your ability to complete the required number successfully by the due dates.

Rehabilitation Skills: Agility exercises, flexibility, isometric exercise, joint mobilization, lower and upper body range of motion, motivation, reaction exercise, rehabilitation overall planning, and strength training

Upper Body Evaluation: Cervical Spine, Thoracic and Lumbar Spine, Head and Face, Dental and Eye, Shoulder, Elbow and Forearm, Wrist and Hand, and Abdomen.

Weekly Schedule:

DATE	TOPIC
Aug. 30, 2006	Syllabus review Research Study Enrollment/Baseline Testing Emergency Procedures
Sept. 6, 2006	Group A: Study (full session) Group B: Cervical Spine
Sept. 13, 2006	Group A: Study (full session) Group B: Thoracic and Lumbar Spine
Sept. 20, 2006	Group A: Study (full session) Group B: Head/Face, Dental and Eye
Sept. 27, 2006	Group A: Study (30-minute session) Elbow and forearm
Oct. 4, 2006	Group A: Study (30-minute session) Wrist and Hand
Oct. 11, 2006	Group A: Study (30-minute session) Abdomen
Oct. 18, 2006	Group A: Cervical Spine Group B: Study (full session)
Oct. 25, 2006	Group A: Thoracic and Lumbar Spine Group B: Study (full session)
Nov. 1, 2006	Group A: Head/Face, Dental and Eye Group B: Study (full session)
Nov. 8, 2006	Joint mobilization Group B: Study (30-minute session)
Nov. 15, 2006	Agility and plyometrics Group B: Study (30-minute session)
Nov. 22, 2006	Strength training Group B: Study (30-minute session)
Nov. 29, 2006	Rehab planning
Dec. 6, 2006	NO CLASS
Dec. 13, 2006	Finals Week - No Class (Group A will take a knowledge retention test – NO STUDYING REQUIRED)

CAATE Competencies and proficiencies covered in this class:

AC-C19 Identify the signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological function, cranial nerve assessment, and other symptoms that indicate underlying trauma.

AC-C21 Define cerebral concussion, list the signs and symptoms of concussions, identify the methods for determining the neurocognitive status of a patient who sustains a concussion and describe contemporary concepts for the management and return-to-participation of a patient who sustains a concussion.

AC-C22 Identify the signs and symptoms of trauma to the cervical, thoracic and lumbar spines, the spinal cord, and spinal nerve roots, including neurological signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.

AC-C23 Describe cervical stabilization devices that are appropriate to the circumstances of an injury.

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

AC-P3c Establish and maintain an airway in a patient wearing shoulder pads, headgear or other protective equipment and/or with a suspected spine injury

AC-P3h Control bleeding using universal precautions

AC-P4 Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including but not limited to:

AC-P4a Open and closed wounds (using universal precautions)

AC-P4b Closed-head trauma (using standard neurological tests and tests for cranial nerve function)

AC-CP1 Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.

EX-CP3.1 Exercises and Techniques to Improve Joint Range of Motion

EX-CP3.2 Exercises to Improve Muscular Strength

EX-CP3.3 Exercises to Improve Muscular Endurance

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

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.

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.
- DI-C6 Describe common techniques and procedures for evaluating common injuries including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests.
- DI-C7 Explain the relationship of injury assessment to the systematic observation of the person as a whole.
- DI-C8 Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes.
- DI-C9 Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
- DI-C10 Explain the roles of special tests in injury assessment.
- DI-C17 Describe the components of medical documentation (e.g. SOAP, HIPS and HOPS).
- DI-P1 Obtain a medical history of the patient that includes a previous history and a history of the present injury.
- DI-P2 Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.
- DI-P3 Perform inspection/observation of postural, structural, and biomechanical abnormalities.
- DI-P4 Palpate the bones and soft tissues to determine normal or pathological characteristics.
- DI-P5 Measure the active and passive joint range of motion using commonly accepted techniques, including the use of a goniometer and inclinometer.
- DI-P6 Grade the resisted joint range of motion/manual muscle testing and break tests.
- DI-P7 Apply appropriate stress tests for ligamentous or capsular stability, soft tissue and muscle, and fractures.

DI-P8 Apply appropriate special tests for injuries to the specific areas of the body as listed above.

DI-P9 Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.

DI-P10 Document the results of the assessment including the diagnosis.

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

DI-CP1.7 Lumbar Spine

DI-CP1.8 Thoracic Spine

DI-CP1.9 Ribs

DI-CP1.10 Cervical Spine

DI-CP1.11 Shoulder Girdle

DI-CP1.12 Upper Arm

DI-CP1.13 Elbow

DI-CP1.14 Forearm

DI-CP1.15 Wrist

DI-CP1.16 Hand, Fingers & Thumb

DI-CP1.17 Head and Face

DI-CP1.18 Temporomandibular Joint

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-C21 Describe and know when to refer common injuries or conditions of the teeth (e.g., fractures, dislocations, caries).

MC-P2 Perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin abnormalities.

MC-P3 Palpate the bones and soft tissues, including the abdomen, to determine normal or pathological characteristics.

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

MC-CP1.2 Head, including the Brain

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

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.