

## Clinical Rotation in Athletic Training

KIN 427-2b

Tuesday 6-7:50

Spring 2008

Instructors:

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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 427-2b 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 lower body assessment knowledge and skills. The skills you learned, practiced and tested in your KIN 426 class 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 later date.

You have three evaluation skill sets to complete this semester. You must have the ankle evaluation successfully completed by February 5, 2008, the hip evaluation by February 26, 2008, and the knee evaluation by April 1, 2008. Successfully completed means a student has demonstrated proficiency of at least 80% for all skills. You must have all skills completed prior to the due date. Failure to complete the required skills by each due date will result in an automatic 10 point deduction. If a student fails to turn in all work by April 15, 2008 the student will suffer an additional 20 point deduction.

### 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:**

A student is expected to fulfill the attendance expectations of their clinical assignment. You will be evaluated on your prompt arrival and involvement with team and athletic training activities. Any absence should be requested to your ACI no less than one week in advance and it must be considered University excused.

A student should utilize their ACI to demonstrate their lower body assessment proficiencies. There should be ample opportunity for you to demonstrate your skills while working in your clinical assignment. Your KIN 427-2b instructors will be available to you if necessary by appointment.

**Point Breakdown:**

Clinical Assignment Evaluations: 400 (end of semester evaluation x 10)

Proficiency Skills: 60

Athletic Training Log: 140 (10 points x 14 weeks)

Total Points Available: 600

**Grading Scale:**

92-100	4.0
85-91	3.5
78-84	3.0
71-77	2.5
64-70	2.0
57-63	1.5
50-56	1.0
Below 50	0.00

**Weekly Schedule:**

DATE	TOPIC
1/8/07	Syllabi Review/Emergency Procedures
1/15/07	Gait Analysis Lecture
1/22/07	Orthotic usage and fitting (Katie Stephens)
1/29/07	Functional Dynamics (ankle)
2/5/07	**Ankle Proficiency Due**
2/12/07	Hip Mobility (Dr. Nassar)
2/19/07	Functional Dynamics (hip)
2/26/07	**Hip and Pelvis Proficiency Due**
3/4/07	Spring Break
3/11/07	Mid-semester Evaluations
3/18/07	Functional Dynamics (knee)
3/25/07	Swim Ex Lecture (Guest Speaker)
4/1/07	**Knee Proficiency Due**
4/8/07	Unweighting lecture (Kai Nimtz)
4/15/07	Tweakology
4/22/07	No Class
4/24/07	Finals week- NO CLASS

## CAATE competencies and proficiencies covered in this course:

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

RM-C17 Explain the principles and concepts related to prophylactic taping, wrapping, bracing, and protective pad fabrication

RM-C18 Explain the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints. This includes, but is not limited to, evaluating or identifying the need, selecting the appropriate manufacturing material, manufacturing the orthosis or splint, and fitting the orthosis or splint.

RM-P4 Select and fit appropriate standard protective equipment on the patient for safe participation in sport and/or physical activity. This includes but is not limited to:

RM-P4.5 Prophylactic Knee Brace

RM-P4.6 Prophylactic Ankle Brace

RM-P4.7 Other Equipment (as appropriate)

RM-P5 Select, fabricate, and apply appropriate preventive taping and wrapping procedures, splints, braces, and other special protective devices. Procedures and devices should be consistent with sound anatomical and biomechanical principles.

RM-CP2 Select, apply, evaluate, and modify appropriate standard protective equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient's situation and the importance of protective devices to prevent and/or minimize injury.

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-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-CP1.1 Foot and Toes

DI-CP1.2 Ankle

DI-CP1.3 Lower Leg

DI-CP1.4 Knee (tibiofemoral and patellofemoral)

DI-CP1.5 Thigh

DI-CP1.6 Hip/Pelvis/Sacroiliac Joint