

**UCM ATHLETIC TRAINING**  
**PRECEPTOR HANDBOOK**  
**2022-2023**



## **Welcome Preceptors**

We are excited to have you as part of our program. We value everything you do for our students and helping us prepare future athletic trainers. It is our hope that this guidebook will serve as a resource when working with our students. In addition to this handbook, you will also have access to our student handbook which will outline policies and procedures our students are expected to follow.

## **Program Information**

In 2021 the UCM Athletic Training program closed out the Bachelors of Science program in Athletic Training and launched the Master's of Science in Athletic Training. The following policies and procedures are reflective of the content standards of Commission on Accreditation of Athletic Training.

### **Program Mission Statement**

The mission of the athletic training program at the University of Central Missouri is to produce life-long learners, critical thinkers, and engaged leaders who are ready to take their place in the dynamic world of professional healthcare. The program prepares future athletic trainers to succeed in an integrated healthcare community through the use of evidence-based practice to improve patient outcomes. With a variety of innovative and dynamic learning opportunities, the athletic training program provides the tools necessary to become professionally prepared and to ultimately foster the confidence to allow the student to succeed in the ever-changing world of healthcare.

### **Vision Statement**

Building upon the University's historical charter, the University of Central Missouri Athletic Training Program strives to be regionally recognized as a leader in athletic training education. The program seeks to develop engaged practitioners in an integrated and collaborative medical model emphasizing evidence-based clinical application and professional development in a continually evolving healthcare environment.

### **Program Values**

Integrity - Curiosity - Inclusion - Partnership - Engagement

## Program Goals and Outcomes

<u>Goals</u>		
<b>Goal 1: Students will demonstrate the necessary core knowledge, and clinical reasoning to become a certified athletic trainer.</b>	<b>Goal 2: Students will participate in professional development, leadership development, and professional collaboration.</b>	<b>Goal 3: Students will learn to appreciate and assess diversity in culture and community to improve patient outcomes.</b>
<u>Outcomes</u>		
<p><b>Goal 1 Outcomes</b></p> <ul style="list-style-type: none"> <li>• Students will be prepared to pass the BOC Exam.</li> <li>• Students will have the knowledge and skills to graduate from MSAT</li> <li>• Students will have the skills necessary to be employable as an athletic trainer.</li> <li>• Students will demonstrate the ability to analyze information and draw conclusions based upon critical evaluation, the professional code of ethics, and all applicable laws and regulations.</li> </ul>	<p><b>Goal 2 Outcomes</b></p> <ul style="list-style-type: none"> <li>• Students will have the skills to professionally socialize and become lifelong learners.</li> <li>• Students will identify continuing education opportunities post certification</li> <li>• Students will identify and analyze their own personal leadership style</li> <li>• Students will have the knowledge and skills to successfully practice interprofessional collaboration in the workforce.</li> </ul>	<p><b>Goal 3 Outcomes</b></p> <ul style="list-style-type: none"> <li>• Students will be able to continually self reflect on their personal views of diversity.</li> <li>• Students will use appropriate nomenclature and recognize health disparities in a diverse patient population..</li> <li>• Students will demonstrate the ability to work with a diverse patient population.</li> </ul>

### **Program related faculty**

Program Director: Dr. Brian Hughes

\*Coordinator of Clinical Education: Dr. Molly Cuffe

Additional Faculty: Dr. Greg Williams

Medical Director: Dr. Drew Glover

\*Molly will be your primary contact. Her contact information can be found below

Email: [mjennings@ucmo.edu](mailto:mjennings@ucmo.edu)

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### Course Sequence

#### Summer 1

AT 5610: Clinical Athletic Training Methods

AT 5620: Responding to Medical Emergencies

AT 5630: Principles of Athletic Training

#### Fall 1

AT 5640: Orthopedic Assessment: Lower Extremity

AT 5650: Clinical Athletic Training Practicum I

AT 5660: Therapeutic Modalities

#### Spring 1

AT 5670: Orthopedic Assessment II: Upper extremity

AT 5680: Clinical Athletic Training Practicum II

AT 5690: Therapeutic Rehabilitation

#### Summer 2

AT 6610: Medical Aspects and Interventions in Athletic Training

AT 6620: Clinical Athletic Training Practicum III

#### Fall 2

AT 6630: Management of Professionalism in Athletic Training

AT 6640: Clinical Athletic Training Practicum IV

KIN 5900: Introduction to Research in Kinesiology

#### Spring 2

AT 6650: Seminar in Athletic Training

AT 6660: Internship in Athletic Training

### **Clinical Overview**

Students enrolled in the athletic training program will complete six consecutive semesters of didactic coursework and will have five semesters of clinical experience. Clinical experience will begin in the student's second semester of the program.

	Didactic Focus	Clinical Experience	Patient Population
Summer 1	Foundational skills including first aid, CPR, the evaluation process, and basics of an evaluation.	NA	
Fall 1	Lower extremity orthopedic evaluation and therapeutic modalities	Time split between UCM Athletics and area high schools	Pediatric and young adult of various genders, races, socioeconomic status, and activity level
Spring 1	Upper extremity orthopedic evaluation and therapeutic rehabilitation	UCM Athletics	Young adult of various genders, races, and socioeconomic status, and activity level
Summer 2	General medical assessment	Area orthopedic and primary care physicians  Supplemental experience as available: Rehabilitation clinic	Across the lifespan of various genders, races, and socioeconomic status, and activity level
Fall 2	Administration, review and expand on previously learned skills	Area high schools  Supplemental experience: rehabilitation clinic as available if not completed during summer 2	Pediatric population of various genders, races, and socioeconomic status, and activity level  Across the lifespan of various genders, races, socioeconomic status, and activity level
Spring 2	BOC Exam prep	Clinical Immersion final 10 weeks	Variable based on setting. Can include patients across the lifespan of various genders, races, socioeconomic status, and activity level

### Clinical Education Expectations by semester

### Summer 1:

Students will not have clinical education requirements during semester 1. During this time students will be learning foundational knowledge and obtaining prerequisites to attend clinical education experiences.

### Fall 1:

Goal: Gain an understanding of the *functions of the AT*, begin applying basic skills learned in the previous semester and/or assigned by preceptor. (see below).

#### Tasks/Duties of the ATS during Fall 1

##### Facility Management

1. Maintenance of facilities including daily inventory of the AT room
2. Pre-game/pre-practice field set up and tear down
3. Appropriate facility maintenance and cleaning

##### Immediate and Emergency Care

1. Evaluation and treatment of basic first aid (and 24-48 hours following injury)
2. Prophylactic/post injury taping and bracing
3. Athlete hydration management
4. Monitor environmental conditions

##### Administration and Documentation

1. Practice equipment and brace fitting
2. Patient file management- type notes in patient filing management system
3. Take a history
4. Evaluation of the Lower Extremity
  - a. Attempt a full evaluation by the end of the semester
    - i. Over the course of the semester the student should be working towards goal
      1. 2nd five weeks- students should be able to complete an ankle, lower leg or foot evaluation
      2. 3rd five weeks- students should be able to complete a knee evaluation

##### Communication

1. Patient engagement and advocacy
  - a. Communicate patient care/home instructions relative to first aid/taping/bracing
2. Communicate with sports medicine staff
  - a. Students should demonstrate intellectual curiosity and engagement by asking questions of their preceptors and affiliated physicians

### Spring 1:

Goal: Continue to apply skills learned in the previous semester. Continue to improve evaluation skills. Begin working towards evaluation of upper extremity conditions and integrating therapeutic intervention strategies.

#### Tasks/Duties of the ATS during Spring 1

#### Facility Management

1. Maintenance of facilities including daily inventory of the AT room
2. Pre-game/pre-practice field set up and tear down
3. Appropriate facility maintenance and cleaning

#### Immediate and Emergency Care

1. Evaluation and treatment of basic first aid (and 24-48 hours following injury)
2. Prophylactic/post injury taping and bracing

#### Evaluation

1. Evaluation of the Lower Extremity
2. Evaluation of the Upper Extremity
  - a. Over the course of the semester the student should be working towards goal
    - i. 1st 5 weeks-students should work towards completing abdomen/thoracic evaluation with assistance
    - ii. 2nd 5 weeks-students should work towards completing cervical/head and shoulder evaluations
    - iii. 3rd 5 weeks- students should work towards completing, elbow, forearm, wrist, and hand evaluation

#### Administration and Documentation

3. Patient file management- type notes in patient filing management system

#### Therapeutic intervention

1. By the end of the semester the ATS should be able to independently integrate a therapeutic intervention plan

#### Communication

1. Patient engagement and advocacy
  - a. Communicate patient care/home instructions
2. Communicate with sports medicine staff
  - a. Students should demonstrate intellectual curiosity and engagement by asking questions of their preceptors and affiliated physicians

#### Summer 2:

Goal (primary care/orthopedic): Gain exposure to the integration of general medicine into the evaluation process both from an orthopedic and non orthopedic view point.

#### Tasks/Duties of the ATS during Summer 2

By the end of the semester

#### Evaluation

1. Student should be able to take an appropriate history of patient with a general medical or orthopedic concern
2. Student should be able to perform a general medical examination in a simulated or real time environment
3. Student should be comfortable working with patients of a diverse background and those who may or may not be experiencing various social determinants of health

#### Communication

3. Patient engagement and advocacy
  - a. Communicate patient care
4. Communicate with other health care providers
  - a. Students should demonstrate intellectual curiosity and engagement by asking questions of their preceptors and affiliated physicians

### Fall 2:

Goal: Gain confidence in capabilities and begin working towards complete integration of knowledge. Students should be working toward providing comprehensive patient care, ideally in the high school the student was assigned in fall 2.

#### Tasks/duties of the ATS during fall 2

By the end of the semester:

##### Immediate and Emergency Care

1. Student should be able to effectively manage acute and emergent situations including activation of the EAP, management of the situation, referral, and transfer of care

##### Evaluation

1. Student should be able to effectively complete on the field evaluations and with guidance make best practice decisions based on the findings of the evaluations
2. Student should be able to effectively complete and off the field evaluation and make best practice decisions based on the findings of the evaluation

##### Administration and Documentation

1. Student should be using a patient filing management system in accordance with the policies of their clinical site.

##### Therapeutic Intervention

1. The student will gain opportunities to develop, implement, evaluate and progress therapeutic interventions plans for patients

##### Communication

1. Patient engagement and advocacy
  - a. Student should be able to educate a diverse population.
2. Communicate with sports medicine staff
  - b. Students should be able to effectively communicate with preceptors, patients, parents, coaches, athletes, physicians, and administrators

### Spring 2:

Goal: Work towards autonomy in clinical practice in a setting you either would like to explore more or are considering professionally

#### Tasks/duties of the ATS during spring 2

##### Immediate and Emergency Care

1. Student should be able to effectively manage acute and emergent situations including activation of the EAP, management of the situation, referral, and transfer of care



#### Evaluation

1. Student should be able to effectively complete on the field evaluations and with guidance make best practice decisions based on the findings of the evaluations
2. Student should be able to effectively complete and off the field evaluation and make best practice decisions based on the findings of the evaluation

#### Administration and Documentation

1. Student should be using a patient filing management system in accordance with the policies of their clinical site.

#### Therapeutic Intervention

1. The student will gain opportunities to develop, implement, evaluate and progress therapeutic interventions plans for patients

#### Communication

1. Patient engagement and advocacy
  - a. Student should be able to educate a diverse population on.....
2. Communicate with sports medicine staff
  - a. Students should be able to effectively communicate with preceptors, patients, parents, coaches, athletes, physicians, and administrators

#### Autonomous practice

1. By the end of the semester the student should be moving towards autonomous practice

#### BOC preparation

1. Student should be studying for BOC examination

#### Quality Improvement Project

1. By the end of the experience the student will need to complete a quality improvement project and the associated results of the project

### **New Clinical Sites and Affiliation Agreements**

For any clinical site seeking to partner with the UCM AT program, please reach out to the program. All new clinical sites will have an initial meeting with the program director and coordinator of clinical education. The meeting will include athletic training program overview, clinical site overview, general overview of expectations from both parties, and a prospective clinical site tour. Within the meeting, the affiliation agreement will also be discussed including identification of those with signatory authority and an overview of university process. If a clinical site falls within two organization, the program must have an affiliation agreement with both sites (eg. AT is employed by a hospital and completes outreach to a high school; we need affiliation agreement with both the hospital and the high school).

Following the meeting, the program director will initial the online request for the affiliation agreement. The agreement will be processed through both sides. Once all parties have agreed to the terms of the agreement, the University of Central Missouri Provost and the individual with signatory authority at the prospective clinical site will virtually sign the document, the program director will be sent a copy of the virtually signed agreement. Affiliation agreements will be set

up as a rolling contract, unless otherwise within the terms of the agreement, and modification or cancellations to the agreement will be made at the request of either party.

If there are additional requirements of the student, specifically those with financial obligations, the program needs to notify students as early as possible. All of these obligations should be outlined in the affiliation agreement.

Once the agreement is received by program faculty, the coordinator of clinical education will work with the identified preceptor to collect any missing information from the site, and establish a timeline to integrate the clinical site into use.

### **Before a student can attend**

#### CAATE Required items

Before a student can attend a clinical rotation, he, she, they must have successfully completed

- Emergency cardiac care training
- Blood borne pathogens training (annual training)
- HIPAA/FERPA training (annual training)
- Immunizations (TB shots should be completed annually; flu shots should be completed no later than October 15 annually)
- Background checks (completed annually)
- Drug screening (completed prior to admission into program)

If there are additional requirements of the clinical site, please have these included in the affiliation agreement.

#### Orientation

Before a student can begin he, she, they must complete an orientation. The students will have access to an orientation checklist through ATRack. Topics to be discussed will include:

- Critical incident response procedures (for example, emergency action plans)
- Blood-borne pathogen exposure plan
- Communicable and infectious disease policies
- Documentation policies and procedures
- Patient privacy and confidentiality protections
- Plan for clients/patients to be able to differentiate practitioners from students

In addition, we ask that you introduce students to those they may have frequent contact with during their time with you.

### **Needed from clinical site**

The following items should be uploaded to your respective Google Drive folder

- Venue-specific training expectations (as required)
- Blood-borne pathogens policy (if stand alone policy)- students should have access to and use of appropriate blood-borne pathogen barriers and control measures at all sites
- Proof of calibration and maintenance of equipment according to manufacturer guidelines (or proof of external accreditation body)

- Communicable and infectious disease transmission (if applicable) Students should have access to sanitation precautions including the ability to clean hands before and after patient encounters
- Radiation exposure (if applicable)
- Venue-specific critical incident response procedures (for example, emergency action plans) that
- are immediately accessible to students in an emergency situation

### **Expectations**

The following list are expectations of all preceptors

- Adhere and help students adhere to all programmatic policies and procedures (student handbook will be a separate document)
- Model appropriate clinical decision making and role modeling
- Directly supervise students at all times when under your guidance
- Instruct, and mentor students during clinical education
- mentor students during clinical education

### **For preceptors who are Athletic Trainers and Physicians:**

- In addition to the aforementioned list, you will be expected to help assess standards 54-94. Attached at the end of this document. When assessing standards, program faculty will provide you with specific guidelines for each assessment.

## **Communication**

Communication will take place on a regular and consistent basis. At a bare minimum you can expect the following communications when serving as a preceptor:

### **General program, class, and student updates**

General program, class, and student updates are sent out weekly typically on Mondays (unless there is no school, in which case emails are sent on Tuesdays). Active preceptors for the semester are sent one email and students are sent a separate email.

### **Program Framework**

Information related to the program framework is sent shortly before the start of each semester. The email includes any updates, revised policy and procedure manual, and reminders of student orientation/start dates. Any revised or adjusted update is typically sent out in a weekly email. If the change affects all active and inactive preceptors, a separate email may come out as deemed necessary by faculty.

### **Student needs**

Prior to a student being assigned to a clinical rotation, preceptors are communicated with, either via phone or email, the strengths and weaknesses of a prospective student. If a student has previously struggled, a preceptor is new, or there is a unique situation, preceptors are

communicated with via phone to gain input prior to clinical placement. If the information on student needs is general, the preceptor(s) are communicated with via email.

### **Student Progress**

Student progress is assessed through five week evaluations. If additional communication is needed both email and phone are used. In addition, aside from annual site visits in the spring, all sites with students in the fall will meet with the CEC either virtually or face to face in which student progress or upcoming needs are further discussed.

### **Assessment procedures**

Formative and summative assessment procedures used either to assess clinical skill competency or to assess soft skills associated with clinical performance are communicated at the beginning of the semester via email as well as through our online student portfolio platform-ATrack Online. Preceptors are reminded of procedures prior to each 5 week assessment. During visits to the sites, the Coordinator of Clinical Education follows up on assessment procedures.

### **Evaluations**

#### Clinical Site Evaluations

Clinical sites are evaluated on an annual basis by the coordinator of clinical education and in five week intervals by the students.

Clinical sites will be visited annually during the spring semester. A clinical site evaluation form will be used to assess the clinical sites and all parties will sign the agreement at the conclusion of the visit. If deficiencies are found, a plan will be made to correct the deficiencies and/or terminate the affiliation agreement.

In addition to the annual site visits, students evaluate their assigned clinical site(s) periodically throughout the semester. If concerns are raised on the evaluations, the clinical education coordinator will work to address the concerns with the preceptor at the clinical site.

#### Student Evaluation

As a program we use the student portfolio platform ATrack (atrackonline.org). If you need your login information, please let me know.

ATrack will be used for the following purposes

- Hour tracking
  - Students will log the hours from the time of arrival to the time in which they leave. When traveling with you and a team, travel time does not count. Preceptor is responsible for approving student hours.
- Patient encounter tracking
  - Students will need to log various encounters over the course of the semester as documentation of the patients he/she/they are working with and the conditions

which are being seen. Preceptor is responsible for approving student patient encounters.

- Students will also be using a web based app developed to log up to 20 encounters a week. Students will log general demographic information on patients (no demographic data). You do not need to do approve/review anything but you may see or be asked by a student to log on their phone during downtime
- Orientations
  - Prior to the start of a clinical rotation students are expected to meet with you and others they may be in frequent contact with to complete an orientation checklist. Students will have access to the orientation checklist and will submit this document after reviewing the document with you.
- Evaluations
  - At various points throughout the semester, students will be evaluated by you for their soft skills, progress towards skills, and various AT Milestones. The student will complete the same evaluation and then you and the student are expected to discuss the evaluations. You will need to sign the student's copy through their portal as well as date stamp your copy to submit.

You will be expected to regularly log on, complete any requested tasks (approve deny hours, review encounters providing feedback and scoring the encounter, and completing student evaluations). If you are having trouble with the platform please reach out to the coordinator of clinical education for assistance.

### Preceptor Evaluations

Preceptors are evaluated every five weeks using a clinical site and preceptor evaluation form in ATrack

- Concerns and deficiencies noted by students will be followed up on by the coordinator of clinical education on an as needed basis.
- Pending no concerns, preceptors will be provided results of the evaluations at the conclusion of the semester.

### **Preceptor Qualifications**

The following are required of all preceptors. Please upload documents as applicable to your Google Drive Folder:

- All preceptors:
  - Missouri state license
  - Contemporary Expertise Form (see your Google Drive Folder)
  - NPI Number
- Additional requirements for Athletic Trainers:
  - BOC certification in good standing

### **Preceptor Education**

All preceptors must complete ongoing and continuous education as a preceptor. Education may take various routes and include in person training, online training, or other avenues of

continuing education. Expect to complete an in person or online training session at least once annually.

### **Diversity**

The CAATE has created new standards related to diversity, equity, inclusion and social justice. Students will be asked to complete various tasks which promote these values throughout their time at UCM. The AT program and its stakeholders (e.g. administrators, faculty, staff and preceptors) are expected to foster civil, equitable, and professional learning environments that are free from harassment and discrimination. If concerns are brought forward by you or a student, the clinical education coordinator will facilitate campus related chain of command. The clinical education coordinator will work with you as the preceptor and or the appropriate member within the organization when a concern is brought forward from the student regarding the clinical site.

### **CAATE Curricular Content Standards**

The following standards will be assessed by both faculty and you as preceptors at various times throughout the students' tenure in the program. Standards assessments may be embedded into evaluations, patient encounters (both real time and simulated), and or as stand alone tasks the students must complete with you. The information below is intended to serve as a reference for you.

#### Core Competencies

##### Core Competencies: Patient-Centered Care

**Standard 56** Advocate for the health needs of clients, patients, communities, and populations.

**Standard 57** Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.

**Standard 58** Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.

**Standard 59** Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.

**Standard 60** Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.

##### Core Competencies: Interprofessional Practice and Interprofessional Education

**Standard 61** Practice in collaboration with other health care and wellness professionals.

## Core Competencies: Evidence-Based Practice

**Standard 62** Provide athletic training services in a manner that uses evidence to inform practice.

**Standard 63** Use systems of quality assurance and quality improvement to enhance client/patient care.

**Standard 64** Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:

- Use data to drive informed decisions
- Search, retrieve, and use information derived from online databases and internal databases for clinical decision support
- Maintain data privacy, protection, and data security
- Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)
- Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.

**Standard 65** Practice in a manner that is congruent with the ethical standards of the profession.

**Standard 66** Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:

- Requirements for physician direction and collaboration
- Mandatory reporting obligations
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Education Rights and Privacy Act (FERPA)
- Universal Precautions/OSHA Bloodborne Pathogen Standards
- Regulations pertaining to over-the-counter and prescription medications

**Standard 67** Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.

**Standard 68** Advocate for the profession.

## Care Plan

**Standard 69** Develop a care plan for each patient. The care plan includes (but is not limited to) the following:

- Assessment of the patient on an ongoing basis and adjustment of care accordingly

- Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care
- Consideration of the patient's goals and level of function in treatment decisions
- Discharge of the patient when goals are met or the patient is no longer making progress
- Referral when warranted

**Standard 70** Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)
- Drug overdose (including administration of rescue medications such as naloxone)
- Wounds (including care and closure)
- Testicular injury
- Other musculoskeletal injuries

**Standard 71** Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:
  - Cardiovascular system (including auscultation)
  - Endocrine system
  - Eyes, ears, nose, throat, mouth, and teeth
  - Gastrointestinal system
  - Genitourinary system
  - Integumentary system
  - Mental status
  - Musculoskeletal system
  - Neurological system
  - Pain level



- Reproductive system
- Respiratory system (including auscultation)
- Specific functional tasks
- Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

**Standard 72** Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

**Standard 73** Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:

- Therapeutic and corrective exercise
- Joint mobilization and manipulation
- Soft tissue techniques
- Movement training (including gait training)
- Motor control/proprioceptive activities
- Task-specific functional training
- Therapeutic modalities
- Home care management
- Cardiovascular training

**Standard 74** Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.

**Standard 75** Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.

**Standard 76** Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:

- Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview
- Re-examination of the patient on an ongoing basis
- Recognition of an atypical response to brain injury
- Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)
- Return of the patient to activity/participation
- Referral to the appropriate provider when indicated

**Standard 77** Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients' treatment, compliance, progress, and readiness to participate. These behavioral health conditions include (but are not limited to) the following:

- Suicidal ideation
- Depression
- Anxiety Disorder
- Psychosis
- Mania
- Eating Disorders
- Attention Deficit Disorders

**Standard 78** Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:

- Durable medical equipment
- Orthotic devices
- Taping, splinting, protective padding, and casting

**Standard 79** Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:

- Adrenal diseases
- Cardiovascular disease
- Diabetes
- Neurocognitive disease
- Obesity
- Osteoarthritis

**Standard 80** Develop, implement, and assess the effectiveness of programs to reduce injury risk.

**Standard 81** Plan and implement a comprehensive preparticipation examination process to affect health outcomes.

**Standard 82** Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.

**Standard 83** Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.

**Standard 84** Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.

**Standard 85** Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.

**Standard 86** Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.

**Standard 87** Select and use biometrics and physiological monitoring systems and translate the data into effective preventive measures, clinical interventions, and performance enhancement.

#### Health Care Administration

**Standard 88** Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:

- Strategic planning and assessment
- Managing a physical facility that is compliant with current standards and regulations
- Managing budgetary and fiscal processes
- Identifying and mitigating sources of risk to the individual, the organization, and the community
- Navigating multipayor insurance systems and classifications
- Implementing a model of delivery (for example, value-based care model)

**Standard 89** Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.

**Standard 90** Establish a working relationship with a directing or collaborating physician.

**Standard 91** Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.

**Standard 92** Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.

**Standard 93** Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:

- Education of all stakeholders
- Recognition, appraisal, and mitigation of risk factors
- Selection and interpretation of baseline testing
- Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation

**Standard 94** Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.

**Standard DEI 2** Practice cultural competency, foster cultural humility, and demonstrate respect in client/patient care. This includes (but is not limited to) the following:

- Using contemporary nomenclature of various identities.
- Analyzing the impact of group identification, including the intersectionality of multiple identities, on health disparities, patient care, and patient outcomes.
- Analyzing the impact of marginalization on health disparities, patient care, and patient outcomes.
- Developing strategies that minimize the impact of clinician based bias, prejudice, and privilege on patient interactions.
- Devising patient-centered interventions to diverse populations that account for the healthcare delivery system