

HHP 184 COMPETENCIES/PROFICIENCIES INSTRUCTED (I) AND EVALUATED (E)

RISK MANAGEMENT

RM-C4	Identify and explain the recommended or required components of a preparticipation examination based on appropriate authorities' rules, guidelines, and/or recommendations. (I, E)
RM-C8	Explain the principles of effective heat loss and heat illness prevention programs. Principles include, but are not limited to, knowledge of the body's thermoregulatory mechanisms, acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss. (I, E)
RM-C9	Explain the accepted guidelines, recommendations, and policy and position statements of applicable governing agencies related to activity during extreme weather conditions. (I, E)
RM-C10	Interpret data obtained from a wet bulb globe temperature (WBGT) or other similar device that measures heat and humidity to determine the scheduling, type, and duration of activity. (I, E)
RM-C17	Explain the principles and concepts related to prophylactic taping, wrapping, bracing, and protective pad fabrication (I, E)
RM-C20	Recognize the clinical signs and symptoms of environmental stress. (I, E)
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. (I, E)

DIAGNOSIS

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. (I, E)
DI-C10	Explain the roles of special tests in injury assessment. (I, E)
DI-C14	Describe the clinical signs and symptoms of environmental stress. (I, E)
DI-P4	Palpate the bones and soft tissues to determine normal or pathological characteristics. (I, E)
DI-P7	Apply appropriate stress tests for ligamentous or capsular stability, soft tissue and muscle, and fractures. (I, E)
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-CP1.2	Ankle (E)
DI-CP1.4	Knee (tibiofemoral and patellofemoral) (E)
DI-CP1.11	Shoulder Girdle (E)
DI-CP1.17	Head and Face (E)

MEDICAL CONDITIONS

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). (I, E)
MC-C10	Explain the possible causes of sudden death syndrome. (I, E)
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, gastroesophageal reflux, peptic ulcer, gastritis and gastroenteritis, inflammatory bowel disease, irritable bowel syndrome, appendicitis, sports hernia, hemorrhoids, splenomegaly, liver trauma). (I, E)
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). (I, E)
MC-C17	Describe and know when to refer common neurological medical disorders from trauma, anoxia, drug toxicity, infection, and congenital malformation (e.g., concussion, postconcussion syndrome, second-impact syndrome, subdural and epidural hematoma, epilepsy, seizure, convulsion disorder, meningitis, spina bifida, cerebral palsy, chronic regional pain syndrome [CRPS], cerebral aneurysm). (I, E)
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. (I, E)

ACUTE CARE

AC-C1	Explain the legal, moral, and ethical parameters that define the scope of first aid and emergency care and identify the proper roles and responsibilities of the certified athletic trainer. (I, E)
AC-C4	Know and be able to use appropriately standard nomenclature of injuries and illnesses. (I, E)
AC-C6	Differentiate the components of a secondary assessment to determine the type and severity of the injury or illness sustained. (I, E)
AC-C7	Identify the normal ranges for vital signs. (I, E)
AC-C16	Describe the injuries and illnesses that require medical referral. (I, E)
AC-C17	Explain the application principles of rest, cold application, elevation, and compression in the treatment of acute injuries. (I, E)
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. (I, E)
AC-C20	Explain the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation. (I, E)

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. (I, E)
AC-C27	Identify the signs, symptoms, possible causes, and proper management of the following:
AC-C27a	Different types of shock (I, E)
AC-C29	Identify the signs, symptoms, and treatment of patients suffering from adverse reactions to environmental conditions. (I, E)
AC-C30	Identify information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention. (I, E)