

HHP 384 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)
RM-C5	Describe the basic concepts and practice of wellness screening. (I,E)
RM-P4.4	Mouthguard (I)

PATHOLOGY

PA-C5	Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and epidemiology of common orthopedic injuries, illnesses and diseases to the body's systems. (I, E)
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DIAGNOSIS

DI-C4	Explain directional terms and cardinal planes used to describe the body and the relationship of its parts. (I)
DI-C5	Describe the principles and concepts of body movement including functional classification of joints, arthrokinematics, normal ranges of joint motion, joint action terminology, and muscle groups responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesia/proprioception. (I, E)
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-C7	Explain the relationship of injury assessment to the systematic observation of the person as a whole. (I, E)
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. (I, E)
DI-C9	Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status. (I, E)
DI-C10	Explain the roles of special tests in injury assessment. (I, E)
DI-C11	Explain the role of postural examination in injury assessment including gait analysis. (I, E)
DI-C12	Describe strength assessment using resistive range of motion, break tests, and manual muscle testing. (I, E)
DI-C13	Describe the use of diagnostic tests and imaging techniques based on their applicability in the assessment of an injury when prescribed by a physician. (I, E)
DI-C15	Describe and identify postural deformities. (I, E)
DI-C16	Explain medical terminology and abbreviations necessary to communicate with physicians and other health professionals (I, E)
DI-C17	Describe the components of medical documentation (e.g. SOAP, HIPS and HOPS). (I, E)
DI-P1	Obtain a medical history of the patient that includes a previous history and a history of the present injury. (I, E)
DI-P2	Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration. (I, E)

DI-P3	Perform inspection/observation of postural, structural, and biomechanical abnormalities. (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-P8	Apply appropriate special tests for injuries to the specific areas of the body as listed above. (I, E)
DI-P9	Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status. (I, E)
DI-P10	Document the results of the assessment including the diagnosis. (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-CP1.1	Foot and Toes (E)
DI-CP1.2	Ankle (E)
DI-CP1.3	Lower Leg (E)
DI-CP1.4	Knee (tibiofemoral and patellofemoral) (E)
DI-CP1.5	Thigh (E)
DI-CP1.6	Hip/Pelvis/Sacroiliac Joint (E)
DI-CP1.7	Lumbar Spine (E)
DI-CP1.8	Thoracic Spine (E)
DI-CP1.9	Ribs (E)
DI-CP1.10	Cervical Spine (E)
DI-CP1.11	Shoulder Girdle (E)
DI-CP1.12	Upper Arm (E)
DI-CP1.13	Elbow (E)
DI-CP1.14	Forearm (E)
DI-CP1.15	Wrist (E)
DI-CP1.16	Hand, Fingers & Thumb (E)
DI-CP1.17	Head and Face (E)
DI-CP1.18	Temporomandibular Joint (E)

MEDICAL CONDITIONS

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

MC-C5	Describe and know when to refer common ear pathologies from trauma and/or localized infection (e.g., otitis, ruptured tympanic membrane, impacted cerumen). (I, E)
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). (I, E)
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-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). (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-C21	Describe and know when to refer common injuries or conditions of the teeth (e.g., fractures, dislocations, caries). (I, E)
MC-P1	Obtain a medical history of the patient that includes a previous history and a history of the present condition. (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)
MC-P3	Palpate the bones and soft tissues, including the abdomen, to determine normal or pathological characteristics. (I, E)
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-P4a	Vital signs including respiration (including asthma), pulse and circulation, and blood pressure (I, E)
MC-P4b	Heart, lung, and bowel sounds (I, E)

MC-P4c	Pupil response, size and shape, and ocular motor function (I, E)
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ACUTE CARE

AC-C3	Determine what emergency care supplies and equipment are necessary for circumstances in which the athletic trainer is the responsible first responder. (I)
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-C8	Describe pathological signs of acute/traumatic injury and illness including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function. (I, E)
AC-C12	Describe the characteristics of common life-threatening conditions that can occur either spontaneously or as the result of direct trauma to the throat, thorax and viscera, and identify the management of these conditions. (I, E)
AC-C14	Identify the signs and symptoms associated with internal hemorrhaging. (I, E)
AC-C16	Describe the injuries and illnesses that require medical referral. (I)
AC-C17	Explain the application principles of rest, cold application, elevation, and compression in the treatment of acute injuries. (I, E)
AC-C18	Describe the signs, symptoms, and pathology of acute inflammation. (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-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. (I, E)
AC-C25	Describe the effective management, positioning, and immobilization of a patient with a suspected spinal cord injury. (I, E)
AC-C27a	Different types of shock (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)
AC-P4b	Closed-head trauma (using standard neurological tests and tests for cranial nerve function) (I, E)
AC-P4f	Different types of shock (I, E)
AC-P4g	Thoracic, respiratory, and internal abdominal injury or illness (I, E)
AC-P4h	Acute musculoskeletal injuries (i.e. sprains, strains, fractures, dislocations) (I, E)
AC-P4i	Spinal cord and peripheral nerve injuries (I, E)
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

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THERAPEUTIC MODALITIES

TM-C1	Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the selection and application of therapeutic modalities used in a treatment and/or rehabilitation program. (I)
TM-C9h	Describe appropriate medical documentation for recording progress in a therapeutic modality program. (I, E)
TM-P6	Document treatment goals, expectations, and treatment outcomes. (I, E)

EXERCISE

EX-C3	Describe common surgical techniques, pathology, and any subsequent anatomical alterations that may affect the implementation of a therapeutic exercise program. (I, E)
EX-C7h	Describe appropriate medical documentation for recording progress in a therapeutic exercise program. (I, E)

ADMINISTRATION

AD-C2	Identify components of a medical record (e.g., emergency information, treatment documentation, epidemiology, release of medical information, etc.), common medical record-keeping techniques and strategies, and strengths and weaknesses of each approach and the associated implications of privacy statutes (Health Insurance Portability and Accountability Act [HIPAA] and Federal Educational Rights Privacy Act [FERPA]). (I, E)
AD-C20	Differentiate the roles and responsibilities of the athletic trainer from those of other medical and allied health personnel who provide care to patients involved in physical activity and describe the necessary communication skills for effectively interacting with these professionals. (I, E)
AD-C21	Describe role and functions of various community-based medical, paramedical, and other health care providers and protocols that govern the referral of patients to these professionals. (I, E)
AD-P5	Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others). (I, E)
AD-P6	Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members. (I, E)

PROFESSIONAL DEVELOPMENT

PD-C13	Describe and differentiate the types of quantitative and qualitative research and describe the components and process of scientific research (including statistical decision-making) as it relates to athletic training research. (I, E)
PD-C14	Interpret the current research in athletic training and other related medical and health areas and apply the results to the daily practice of athletic training. (I, E)
PD-P4	Develop a research project (to include but not limited to case study, clinical research project, literature review) for an athletic training-related topic. (I, E)