

The Certified Athletic Trainer's Policy and Procedure Manual

The Athletic Training staff of Sacred Heart—Saint Mary's Hospital & Ministry Rehabilitation Services will abide by the mission statements of both Ministry Rehab and National Athletic Trainer's Association which are as follows:

Ministry Rehabilitation Services: **To provide quality, holistic service to our primary service area through accommodation and/or adaptation, injury/re-injury prevention and specialized diagnostic and therapeutic services. We will be a part of a comprehensive health care delivery team, which will include, but is not limited to, work with physicians, nurses, psychiatrists, social workers, therapists, other health care providers, business and industry. Our team is committed to provide cost-effective services by using outcome measures to ensure provision of quality treatment to continually improve our client care. The PM&R team will stay on the "cutting edge" of treatment by seeking educational opportunities. In turn, we aim to educate individuals and groups to promote a greater understanding of Health. We are also dedicated to building up future patient care providers by providing them with fieldwork placements in a variety of settings.**

National Athletic Trainer's Association: **Enhance the quality of health care for the physically active through education and research in prevention, evaluation, management, and rehabilitation of injuries.**

Wisconsin Athletic Trainers Association: **The mission of the Wisconsin Athletic Trainers' Association is to improve the quality of health care for the physically active in the state of Wisconsin by the promotion and advancement of the athletic training profession and the licensed/certified athletic trainer.**

I. Qualifications for the ATC Staff

A. Certification and Licensure

ATC Staff must be certified by the National Athletics Trainer's Association Board of Certification. ATC staff must also be licensed by the State of Wisconsin.

B. Continuing Education

NATA members shall maintain and promote high standards in the provision of services.

-Members shall recognize the need for continuing education and participation in various types of educational activities that enhance their skills and knowledge.

-Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

-Members who have the responsibility for evaluating the performance of employees, supervisees, or students, are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

-Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

-Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and growth of athletic training as a profession.

-When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

II. Certified Athletic Trainers's Job Description.

A. Role of ATC

STANDARDS OF PRACTICE FOR ATHLETIC TRAINING--Direct Service

Standard 1. DIRECTION

The ATC renders service of treatment under the direction of a physician.

Standard 2. INJURY AND ON-GOING CARE SERVICES

All services should be documented in writing by the ATC and shall become part of the athlete's permanent records.

Standard 3. DOCUMENTATION

The ATC shall accept responsibility for recording details of the athlete's health status.

Documentation shall include:

1. Athlete's name and any other identifying information
2. Referral source (doctor)
3. Date, initial assessment, results, and data base
4. Program plan and established length
5. Program methods, results, and revisions
6. Date of discontinuation and summary
7. ATC's signature

Standard 4. CONFIDENTIALITY

The ATC shall maintain confidentiality as determined by law and shall accept responsibility for communicating assessment results, program plans, and progress with other persons involved in the athlete's program.

Standard 5. INITIAL ASSESSMENT

Prior to treatment, the ATC shall assess the athlete's level of functioning. The athlete's input shall be considered an integral part of the initial assessment.

Standard 6. PROGRAM PLANNING

The athletic training program objective shall include long and short-term goals and an appraisal of those which the athlete can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program shall be incorporated into the plan.

Standard 7. PROGRAM DISCONTINUATION

The ATC, with collaboration of the physician, shall recommend discontinuation of the athletic training service when the athlete has received optimal benefit of the program. The ATC, at the time of discontinuation, shall note the final assessment of the athlete's status.

STANDARD OF PRACTICE FOR ATHLETIC TRAINING—Service Program

The following are minimal standards. Each one is essential to the practice of athletic training. It is intended that these standards be used by administrators as well as by athletic training personnel in the development of their service programs and to assess their effectiveness.

Standard 1. OBJECTIVES

Basic to the development of any program are its intended purposes. Objectives and applicable policies should be clearly outlined for each activity, such as: athletic treatment education of personnel, supervision and interdisciplinary relations. The objectives of the service program should implement those of the institution itself.

Standard 2. PLANNING

Each objective should be supported by detailed plans for its implementation.

Standard 3. EVALUATION

Objective methods of data collection and analysis should be used in relation to each component of the program to determine the need for service, assess its effectiveness and indicate a need for change.

Standard 4. TYPES OF SERVICES OFFERED

Athletic training is appropriately a health service offered under the direction of a physician or dentist for the prevention, immediate care, management/disposition and reconditioning of athletic injuries.

Standard 5. PERSONNEL

The service program should be directed by a NATABOC Certified Athletic Trainer who has met the qualifications established by the National Athletic Trainer's Association Board of Certification, Inc. Education, qualifications and experience of all other personnel should meet existing standards and should be appropriate to their duties.

Standard 6. FACILITIES AND BUDGET

Space, equipment, supplies and a continuing budget be providing by the institution and should be adequate in amount, variety and quality to facilitate the implementation of the service program.

Standard 7. RECORDS

Objective, permanent records of each aspect of the service program should (1) indicate date, name of physician referral; (2) initial evaluation and assessment; (3) treatment or services rendered, with date; (4) dates of subsequent follow-up care.

Standard 8. REPORTS

Written reports on each aspect of the service program should be made annually.

B. Work Scope of ATC

-The ATC staff will follow the guidelines set forth by the NATA Code of Ethics.

Principle 1: Members shall respect the rights, welfare, and dignity of all individuals.

Principle 2: Members shall comply with the laws and regulations governing the practice of athletic training.

Principle 3: Members shall accept responsibilities for the exercise of sound judgment.

Principle 4: Members shall maintain and promote high standards in the provision of service.

Principle 5: Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

-Provide athletic training coverage to the area high schools.

1. Tomahawk High School

-Athletic training room coverage 5 days a week.

-All Varsity home events covered with special priority given to Football, Wrestling and Hockey.

-Provide game coverage for away Varsity football games and playoff events with other sports.

2. Rhinelander High School

-Athletic training room coverage 5 days a week.

-All Varsity home events covered with special priority given to Football, Wrestling and Hockey.

-Provide game coverage for away Varsity football games and playoff events with other sports.

-Clinic Coverage

The ATC staff will assist with coverage at the clinic and work in the clinic pending on Wisconsin Licensure and CPT code usage.

-Community Programs

The ATC staff will serve as a resource in the development of community programs and services offered by Ministry Rehabilitation Services, and may be involved in the staffing and teaching of the program. This includes coaches' clinics.

III. Related Athletic Personnel

A. Role of Coaching Staff (Related to Athletic Training)

1. Coaches are responsible for the distribution of the following forms:

a. Pre-season physicals

b. Athlete's medical history (Kept on file with school nurse)

2. Coaches are responsible for collection and auditing of these forms prior to participation. NO athlete should be allowed to practice until each form is completed, properly filled out and signed, and returned.

3. Perform all functions related to the safe and prudent teaching of the knowledge and skills related to the sport.

4. Responsible for sending injured athletes to the ATC Staff.

B. Role of Athletic Director (Related to Athletic Training)

1. Sets school policy with input from the school administration, coaches, and the medical staff while remaining within county and state guidelines.

2. Serves as site supervisor and school policy advisor for the athletic training staff.

3. Is the immediate supervisor for all coaching staff.

4. Responsible for the athletic training program's budget.

5. Represents the school's athletic and sports medicine programs in meetings with non-school personnel.

6. Organizes pre-season physicals with the team physician and athletic training staff.

7. Refers all vendors and “volunteer” ATC services (service offered by groups not affiliated with SHH/SMH) to the Head Athletic Trainer at SHH/SMH 715 361-2321.

C. Role of Program Coordinator

Sacred Heart—Saint Mary’s Hospital & Ministry Rehabilitation Services (SHH/SMH&MRS), Sacred Heart—Saint Mary’s Hospital 2003 Winnebago, Rhinelander, WI 54501 and 715 361-2321 will become the home facility for the Program Coordinator of Athletic Training Services. SHH/SMH&MRS’s Head Athletic Trainer will: (Future of SHH/SMH&MRS’s Athletic Training Service)

1. Educate each ATC on policies and procedures as set forth by SHH/SMH&MRS.
2. Make contact visits with the ATC’s at their individual schools no less than twice monthly. These visits will be informative in nature and will serve the following:
 - A. To monitor the high school athletic training program’s performance. This will be through communication with ATC’s, coaches, and the administration.
 - B. Assist ATC in the monitoring of the following:
 1. Training room must meet certain minimal standards for sanitation. There should be sufficient equipment to handle minor rehabilitation and strengthening.
 2. All athletic equipment must be safe and must meet all national and state certification requirements.
 - C. Gather information and generate a quarterly report on the state of the high schools athletic training facilities. This report will go to the school athletic director, the high school trainer, and the other officials as warranted; i.e. risk management.
3. Coordinate “interface” between athletic trainers and EMS sources.
4. Work with SHH/SMH&MRS and athletic directors to arrange and conduct seminars for the athletics personnel on sport-relevant subjects.
5. Coordinate and assist the high school ATC’s in the compilation of injury statistics. A report will be generated biannually to show the efficacy of ATC services. The Head ATC will analyze relevant trends and submit policy requests to address those trends as needed.
6. Consult with SHH/SMH&MRS’s Sports Medicine Advisory Panel regarding overall high school athletic program design and implementation. The team physician, school ATC’s, and school officials can reach the Head ATC at SHH/SMH&MRS 715 453-7740

D. Athletic Training Coordinator’s Checklist

January	SHH/SMH&MRS ATC Meeting	
February	Monthly ATC Visitation	
March	Monthly ATC Visitation	
April	Monthly ATC Visitation	
	-Winter Injury Reports Completed	
May	SHH/SMH&MRS ATC Meeting-End of Year	
June	-Spring Injury Report Completed	
	-End of the Year Injury Report Completed	
	-Check Status with Medical Advisors of Pre-participation	Physicals
July	-Revision of Policy and Procedure Manual Completed	
	-Team Physicians Appointed	
August	-SHH/SMH&MRS ATC Meeting	
	-Pre-season Physical Exams	
September	Monthly ATC Visitation	
October	Monthly ATC Visitation	
November	Monthly ATC Visitation	
	-Pre-season Physical Exams (new winter athletes)	
December	Fall Injury Report Completed	

E. Role of Team Physicians

The team physician should be a licensed practicing physician (MD/DO). He/She supervises the athletic trainers care of athletic injuries, and insures a safe environment for the athletes' participation.

-Specific Duties for the Team Physician Include:

1. Be familiar with and abide by SHH/SMH&MRS sports injury policies and procedure.
3. Supervision/Support of the athletic training staff.
4. Be accessible to team ATC for consultation.
5. Communicate (verbally or written) to athletic trainer regarding any athletes referred to the team physician, and any other athletes/cases by request.
6. Coverage of home Varsity football games either personally or through an associate.
7. Participation in pre-season physical examinations.
8. Insure adequate treatment/rehabilitation following injury or illness has occurred.
9. Following an injury requiring medical care, both the physician and the ATC must approve the athlete's return to play.

F. Specific Duties for Medical Advisors Include:

1. Assist in selection of team physicians.
2. Coordinate activities and act as a liaison between SHH/SMH&MRS and Medical Community.
3. Participate in the review and revision of SHH/SMH&MRS Policy and Procedure Manual for ATC's
4. Meet with SHH/SMH&MRS Sports Medicine Advisory Panel biannually.

IV. Training Room Operations

A. Record Keeping

1. Daily injury log. Each ATC should keep track of who he/she sees each time ATC visits their school. (Injury Form)
2. Equipment checkout log. ATC's should keep track of equipment they give out to insure return of equipment, i.e. crutches, splints, wraps. (Equipment Form)
3. Athlete's Files
 - A. Parental consent for treatment, athlete's medical history form, and pre-participation physical should be kept on file with the athletic director.
 - B. Copy of Athletic Injury reports (Injury Form), should be kept in an individual file with the school's ATC.
 - C. Copy of Athletic Training Room Referral (Referral Form), should be kept in an individual file with the school's ATC.

B. Daily Players Injury Report

Keep coaches up-to-date (verbally or written) on injured players status (Status Form)

V. Injury Classification and Documentation

A. Injury Protocol

An injury is something that requires the athlete to miss a significant amount of practices, (more than 3) due to injury. Bruises, bumps, scrapes, turf burns etc. Will not be documented on injury report forms.

B. Referral Procedure Flow Chart

Injury—Coach/Athlete reports to ATC staff within 24 hours—ATC evaluation/assessment—ATC rehab/treatment or ATC refers to physician—physician back to ATC.

C. Injury Classification

1st degree: Pain following activity, no dysfunction, no laxity, slight swelling or discoloration.

2nd degree: Pain during and after activity, decrease Range of Motion (ROM), laxity but strong end feel, swelling and discoloration.

3rd degree: Pain all the time, laxity and no end feel, swelling and discoloration, limited ROM.

D. Athlete Injury Report (Injury Form)

An injury report needs to be filled out under the following circumstances:

1. Athlete see's physician for an injury.
2. Athlete is not able to participate in practice for more that three days due to injury.
3. Athlete is performing rehab for injury suffered under the direction of ATC/PT.

It is suggested that each athlete be given a manila folder kept by the schools ATC to keep injury reports on file.

E. Referral Protocol

Any athlete sent by ATC staff to a physician must be given an Athletic Training Room Referral Form (Med Referral Form). These are to be filled out (see example) and given to the athlete for them to return to the ATC staff with the physician instructions. Athletes should be referred in the following situation:

1. Moderate to Severe concussion
2. Broken bones
3. ATC's rehab isn't making athlete better.

Use common sense, if ATC isn't sure, REFER! Better safe than sorry.

VI. Protocols for Trauma to Head and/or Neck.

A. Head Injury Checklist

The ability of the ATC to identify and properly manage serious head and neck injury may affect whether an athlete live, dies, or becomes permanently disabled.

1. Determine Consciousness
 - Sternal Rub
 - Supraorbital Rub
 - Fingernail Pinch
 - Careful not to compromise neck position to determine consciousness
2. ABC's
 - Airway—open airway using head tilt (non-neck injury) jaw thrust (neck injury)
 - Breathing—look, listen, feel
 - Circulation—check carotid pulse
 - Check and monitor vital signs
3. History
 - Determine mechanism of injury
 - Level of brain function
 - Location of symptoms
 - Neck pain
 - Loss of consciousness
 - Prior history
 - Subjective reports of muscle weakness
4. Inspection
 - Position of head and body
 - Deformities
 - Eyes – including pupil size, equality, nyastigmus
 - Rhinorrhea
 - Otorrhea
5. Palpation, do not palpate over obvious deformities!
 - Cervical vertebrae
 - Skull and Facial bones
 - Musculature
 - Throat
6. Functional testing
 - Memory – including retrograde and anteriograde amnesia
 - Cognitive Function – behavior, analytical function (simple math), information processing (provide and order for athlete to repeat)
 - Balance and Coordination – Rhombers test, Heel-toe Walking, Finger to Nose

7. Neurological

-Cranial Nerve Function

1. Olfactory- S - smell
2. Optic- S - read, count fingers
3. Oculomotor – M - PERRLA, diplopia
4. Trochlear – M - eye tracking (nyastigmus)
5. Trigeminal – B - clench jaw
6. Abducens – M - eye tracking
7. Facial – B - raise eyebrows, smile, frown
8. Vestibulocochlear – S - hearing difficulty, tinnitus
9. Glossopharyngeal – B -swallow
10. Vagus – B - swallow
11. Accessory – M – shoulder shrug
12. Hypoglossal – M – stick out tongue
-check upper and lower extremity reflexes
-check bilateral strength, grip strength, plantar and dorsi flexion

B. Concussion Grading Scale (Taken from American Medical Association)

Signs & Symptoms	Grade I	Grade II	Grade III
LOC	None/transitory	<5 min.	>5 min.
Memory Loss	None/transitory	Retrograde amnesia memory may return.	Sustained retrograde amnesia Anterograde is possible with intercranial hemorrhage. Severe
Motor Ability	No loss of Cord.	Noticeable loss Of Coordination	Profound loss of Coordination
Dizziness	Transient	Moderate	Obvious motor impairmen
Tinnitus	None	Possible/ Transitory	Prolonged
Recovery	Rapid	Slow	Delayed

C. Guidelines for Return to Activity After a Concussion

	<u>1st Concussion</u>	<u>2nd Concussion</u>	<u>3rd Concussion</u>
Grade 1 (Mild)	May return to play if a symptomatic.	Return to play in 2 weeks If athlete is a symptomatic during second week.	Terminate season; may return to play following Season if a symptomatic
Grade 2 (Moderate)	Return to play after being a symptomatic for 1 week.	Minimum of 1 month; may return to play then If a symptomatic for 1 wk. Consider termination	Terminate season; may return to play the Following season if a symptomatic.
Grade 3 (Severe)	Minimum 1 month; may then return to play if a symptomatic for 1 wk	Terminate Season; may return to play the following season if asym. Consider terminate career.	Career in contact sports is terminated.

VII. Protocol for Other non-head/neck injuries.

- A. Athletes general information
 - 1. Name, Grade, Sport, Injured site, Location of injury
- B. History
 - 1. Determine mechanism of injury and onset of the symptoms
 - 2. Location of injury
 - 3. Prior history
 - 4. Subjective reports of muscle weakness
- C. Observation
 - 1. Compare involved and uninvolved sides for signs of swelling
 - 2. Deformity
 - 3. Muscle tone
- D. Palpation
 - 1. Identify areas of point tenderness
 - 2. Crepitus
 - 3. Swelling
 - 4. Misalignment of a joint or bone
- E. Functional Tests
 - 1. Joints ability to move actively and passively through ROM
- F. Ligamentous Tests
 - 1. Apply a stress to a joint's ligament and/or capsule
- G. Special Tests
 - 1. Apply a stress to isolate a specific anatomical structure or function
- H. Neurological Tests
 - 1. Assess motor and sensory nerve function. Identify normal reflex loop. Not required for all evaluations.

VIII. Protocols for Transport of an Injured Athlete.

- A. EMS

Athletes are to be transported by EMS if suspected head and/or neck injury. The EMS may also be used if an injured athlete's parents and/or emergency contact cannot be contacted.
- B. Non-Emergency

ATC staff **will not** transport injured athletes in his/her vehicle to seek medical attention. Call athlete's parents or other emergency contact #'s to have athlete picked up and transported.

IX. Policy for Bloodborne Pathogens

Refer to SHH/SMH's employee orientation

X. Disposal of Biomedical Waste

It is the responsibility of SHH/SMH to provide OSHA bags in the athletic training room and also make sure of proper maintenance of OSHA equipment. All blood soaked/contaminated objects are to be placed in OSHA bags.

XI. Position Statements on Thunder and Lightening

SHH/SMH&MRS will use the flash-to-bang method as it's standard. When you see a flash start counting until you hear thunder. Divide by 5 and it tells you far away the lightening is in miles. Anything within 6 miles, (count of 30) you should have all personnel indoors. Return to play should not be considered until 30 minutes after the last flash of lightening or sound of thunder. Lightning has struck from as far away as 10 miles from the storm center. *"If you hear it, clear it; if you see it, flee it."*

XII. Position Statement on Over-the-Counter Medication

SHH/SMH&MRS ATC's will not distribute any supplements over the counter medication (aspirin, Tylenol, Advil, Tums, etc.) to any athlete.

XIII. Preseason ATC Checklist

- A. ATC Staff Meeting
 - Discuss changes/revisions in policies and procedures with staff.
- B. Meet with Team Physician