Appalachian State University

Athletic Training Program

Policies & Procedures Manual

Revised August 20, 2019
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Vision Statement

The vision of the Athletic Training Professional Program at Appalachian State University is to become a prominent, comprehensive program that utilizes innovative and transformative experiences to prepare Athletic Trainers who optimize the health and quality of life of their patients across evolving healthcare settings.

Mission Statement

The mission of the Athletic Training Professional Program at Appalachian State University is to develop evidence-based healthcare professionals with the ability to think critically and reflectively and communicate effectively while exhibiting the highest standards of ethical behavior in a changing healthcare landscape. Through collaborative and dynamic educational experiences, students will develop the skills to optimize healthcare for life and sport through the prevention, assessment, and treatment of injuries and illnesses. Students will become competent Athletic Trainers who facilitate and advocate for their patients’ well-being as engaged members of the healthcare team and community.

Purpose

The purpose of the Athletic Training Program at Appalachian State University is to prepare professionals for careers in athletic training. We will do this in the following ways:

1. By providing open and challenging learning environments in both the classroom and clinical settings;
2. By providing the student with the incentive and skills necessary to remain current in the profession of athletic training;
3. By equipping the student with the tools to advance the knowledge base of athletic training;
4. By developing the student’s interpersonal communication skills;
5. By integrating classroom knowledge and clinical practice; and
6. By providing an academic program that incorporates the six domains of 7th edition of the Board of Certification (BOC) Practice Analysis and the 8 content areas of 5th edition of the Athletic Training Educational Competencies.
Athletic Training Program Admissions Policy

Application Procedures

- Application
- Minimum of 30 hours of an evaluated active observation in Appalachian State University’s athletic training facility
- Insight statement
- Journal Selected Topics
- Goal statement
- Three letters of recommendation
- Physical screen (completed once admitted into the Program)
- Signed Technical Standards
- Personal interview

Admissions Policy

1. The top students are admitted to the program regardless of race, color, creed, national origin, gender, sexual orientation or handicapping condition.
2. The above listed materials are compiled by the Program Director and reviewed by the certified staff athletic trainers.
3. Weighted items include GPA, observation evaluations, and professional goals.
4. Priority is given to those students who have athletic training as their professional goal.
5. Interviews are granted to those students who submit a completed application.
6. Interviews are conducted at the end of the Fall semester. Notification of acceptance will be prior to January 1.
7. Once admitted, students must adhere to the academic and clinical policies (see attached)
8. Athletic training is a very physically demanding profession. It is important that the student understand the need to be physically able to handle these demands.

Program Objectives

1. To provide comprehensive academic preparation in the content areas as outlined in the 5th edition of the Athletic Training Education Competencies and the 7th edition of the BOC Practice Analysis.
2. To provide quality clinical experiences allowing the student to develop the athletic training skills as outlined in the 5th edition of the Athletic Training Education Competencies and the 7th edition of the BOC Practice Analysis.
Athletic Training Program Application

NAME _________________________________________ DATE _______________________

PERMANENT ADDRESS _______________________________________________________
_____________________________________________________________________________

PERMANENT TELEPHONE _______________________________________________________

LOCAL ADDRESS ____________________________________________________________

LOCAL TELEPHONE ___________________________ ASU BOX ________________________

E-MAIL ___________________ STUDENT ID NUMBER _____________________________

Please list the high school(s) and any post-secondary school(s) you have attended.

School/College City/State Dates Attended Degree
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please list/describe your background in athletic training (clinics/workshops, practical experience, certifications, related experience, etc.)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please submit 3 letters of recommendations to the Program Director. List the names of those persons who will provide references below.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Submit all application materials to: Ashley Goodman, PhD, LAT, ATC
Athletic Training Program Director
Department of Health & Exercise Science
Appalachian State University
ASU Box 32071
Boone, NC 28608
Athletic Training Program Technical Standards for Admission

The Athletic Training Program at Appalachian State University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this Program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the Program’s accrediting agency the Commission on Accreditation of Athletic Training Education (CAATE). The following abilities and expectations must be met by all students admitted to the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the Program’s technical standards does not guarantee a student’s eligibility for the BOC Examination. Candidates for selection to the Athletic Training Program a student must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with the patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection into the Athletic Training Program will be required to verify they understand and meet these technical standards or that they believe that, with reasonable accommodations, they can meet the standards.
Consistent with Section 504 of the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act of 1990 (ADA), it is the policy of Appalachian State University that no qualified individual with a disability shall be excluded from, denied the benefits of, or be subjected to discrimination in any university program, service or activity. The Office of Disability Services (ODS) is the designated office to determine and coordinate reasonable accommodations and should be contacted if reasonable accommodations will be needed. If a request for reasonable accommodations is made, ODS will determine eligibility and consult with the Athletic Training Program to determine the reasonableness of the requested accommodations. If reasonable accommodations are approved, ODS will create an Accommodation Plan to identify the approved reasonable accommodations. In accordance with Section 504 and the ADA, all applicants for the Athletic Training Educational Program must be qualified individuals who are able to meet the essential competency requirements of the program, with or without reasonable accommodations. The Athletic Training Program is committed to providing access to its programs to qualified individuals with disabilities. However, it is unable to provide accommodations that impose an undue burden, present a threat to the health or safety of the individual or others, or fundamentally alter the nature of the curriculum, laboratory/clinical sessions, or clinical affiliations. It is the student’s responsibility to notify the Program Director in the event of any change in the student’s health status during the program or the need for reasonable accommodations, if any.

Applicant

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards. I understand that if I am unable to meet these standards, with or without reasonable accommodations, I will not be admitted into the program. I understand that if reasonable accommodations are needed that I must contact the Office of Disability Services (http://ods.appstate.edu/).

__________________________________________  ________________
Signature of Applicant                                                                 Date
Athletic Training Program Retention Policies

Academic Policy

1. A grade of “C” or better must be earned in each of the AT prefix courses (excluding clinical labs).
2. All students will be evaluated each semester for adequate academic progress. All students must maintain a 2.5 cumulative GPA during their tenure in the Program. Failure to do so will result in Athletic Training Program academic probation.
   a. If a student earns below a 2.5 GPA in any given term, the student is required to meet with their Athletic Training Advisor to evaluate their situation and develop a plan for the upcoming semester. This plan will then be submitted to the Program Director and recorded in the student’s file.
   b. Earning a GPA below a 2.5 for two consecutive terms will result in Athletic Training Program academic probation.
4. Athletic Training Program (ATP) academic probation:
   a. A student placed on ATP academic probation will be given one term to bring their cumulative GPA up to the required standard (2.5) and meet the requirements of the agreed upon plan. If the student meets the requirements they will be removed from ATP academic probation. If the student fails to meet the required standard and requirements they will be dismissed from the Athletic Training Program.
   b. An effort will be made to reduce the clinical workload for students on ATP academic probation. Following a consultation between the Coordinator of Clinical Education, Program Director, and student, clinical assignments may be restricted or reduced.
   c. The program director will not approve any student who is on probation to take the BOC exam.
   d. If a student is placed on ATP academic probation for a second time during their tenure in the Program, they will be dismissed from the Athletic Training Program.

Clinical Policy

1. Upon admittance into the Program, the student must have a current influenza and tetanus vaccination, and current certification in CPR and first aid for the professional rescuer.
2. Each student is evaluated on their clinical performance at mid- and end-of-semester by the certified athletic trainer clinical instructors. If deficiencies are noted at mid-semnester, a progress evaluation will be conducted within four weeks. To maintain good clinical standing, a 2.0 must be obtained on the Clinical Professional Standards segment and a rating of Satisfactory on the Prevention of Athletic Injuries, Recognition, Evaluation, and Immediate Care of Athletic Injuries, Rehabilitation and Reconditioning, Health Care Administration, and Professional Development segments of the End-of-Semester Athletic Training Student Clinical Evaluation instrument. Failure to do so will result in one semester of clinical probation.
3. Clinical probation:
a. A student placed on clinical probation will be permitted one semester to correct all noted deficiencies. Failure to do so will result in dismissal without privilege of reapplication.

b. During the probationary period, sport assignments may be restricted. Gross deficiencies in clinical performance (i.e. chronic tardiness, disrespect toward coaches, athletes, and fellow athletic trainers, abuse of equipment or facilities, violation of the drug policy, etc.) will not be tolerated and are grounds for immediate dismissal from the program.

**Academic Appeals Procedures**

Academic infractions are referred to the Office of Student Conduct. If the student alleges a violation of the student’s rights in an academic matter, he/she may redress through the provisions of the University grade appeal process. The academic appeals process is described in the University’s *Student Handbook*. 
Athletic Training Student Clinical Evaluation

Student: _________________________________  Semester/Year: _________
Supervising Preceptor:________________________  Intern:____________________________

- Level 1 students should be engaged in clinical activities and inquisitive.
- Level 2 students should respond to guidance and initiate involvement with little prompting.
- Level 3 students should have the capacity to function with minimal guidance and should self-initiate involvement in all clinical activities.
- Level 4 students should have the capacity to function independently (with appropriate supervision) at entry-level or near entry-level proficiency and professionalism.

Clinical Professional Standards Rating Scale

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – Failure to Perform</td>
<td>Performance is unsatisfactory. The student fails to perform most responsibilities and skills acceptably. Meets few expectations.</td>
</tr>
<tr>
<td>1 – Not competent (incapable) without supervision</td>
<td>Requires excessive direction and inspection. Needs some improvement to meet program level requirements. Some performance standards are not met.</td>
</tr>
<tr>
<td>2 – Competent at program level (see above)</td>
<td>Self-reliant. Meets level requirements. Performance meets minimum standards and expectations. Assigned tasks are fully successfully executed.</td>
</tr>
<tr>
<td>3 – Proficient (performs with expert correctness)</td>
<td>Role model. Frequently exceeds program level requirements. Performance is generally above standards. The student generally exceeds in responsibilities and expectations.</td>
</tr>
<tr>
<td>4 – Expert Leadership (influential)</td>
<td>Teaches and leads in a manner that significantly improves the skills of others. Performance, knowledge and skills are exceptional and at the highest level. Program level standards and goals are continuously and substantially surpassed.</td>
</tr>
</tbody>
</table>

The Student’s…

1. dependability and enthusiasm about the work place is | 0 | 1 | 2 | 3 | 4 |
   Comments:

2. interest and initiative is | 0 | 1 | 2 | 3 | 4 |
   Comments:

3. resourcefulness and time management skills are | 0 | 1 | 2 | 3 | 4 |
   Comments:
<table>
<thead>
<tr>
<th></th>
<th>Ability</th>
<th>Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Ability to make sound decisions while working for and representing Appalachian State University is</td>
<td>0 1 2 3 4</td>
<td>Comments:</td>
</tr>
<tr>
<td>5</td>
<td>Ability to adhere to the ATP dress code is</td>
<td>0 1 2 3 4</td>
<td>Comments:</td>
</tr>
<tr>
<td>6</td>
<td>Ability to react positively to work-related criticism is</td>
<td>0 1 2 3 4</td>
<td>Comments:</td>
</tr>
<tr>
<td>7</td>
<td>Interacting appropriately with athletes in all situations is</td>
<td>0 1 2 3 4</td>
<td>Comments:</td>
</tr>
<tr>
<td>8</td>
<td>Interacting with athletic staff, health professionals, AT staff and other involved persons is</td>
<td>0 1 2 3 4</td>
<td>Comments:</td>
</tr>
<tr>
<td>9</td>
<td>Ability to recognize confidential communication and utilize proper legal and ethical conduct is</td>
<td>0 1 2 3 4</td>
<td>Comments:</td>
</tr>
<tr>
<td>10</td>
<td>Ability to demonstrate appropriate taping methods is</td>
<td>0 1 2 3 4</td>
<td>Comments:</td>
</tr>
<tr>
<td>11</td>
<td>Ability to demonstrate appropriate wrapping methods is</td>
<td>0 1 2 3 4</td>
<td>Comments:</td>
</tr>
<tr>
<td>12</td>
<td>Application of heat and cold modalities is</td>
<td>0 1 2 3 4</td>
<td>Comments:</td>
</tr>
<tr>
<td>13</td>
<td>Ability to take a history is</td>
<td>0 1 2 3 4</td>
<td>Comments:</td>
</tr>
</tbody>
</table>

Student Signature: _______________________________________ Date:___________________

Specific suggestions on ways in which the student can improve OR additional comments

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Domain I: Prevention
_____ Satisfactory  _____ Unsatisfactory
Comments/Suggestions for improvement:

Domain II: Clinical Evaluation and Diagnosis
_____ Satisfactory  _____ Unsatisfactory
Comments/Suggestions for improvement:

Domain III: Immediate and Emergency Care
_____ Satisfactory  _____ Unsatisfactory
Comments:

Domain IV: Treatment and Rehabilitation
_____ Satisfactory  _____ Unsatisfactory
Comments/Suggestions for improvement:

Domain V: Organization and Professional Health and Wellbeing
_____ Satisfactory  _____ Unsatisfactory
Comments/Suggestions for improvement:

Student:______________________________________________________ Date: _____________
Supervising Preceptor: _________________________________________ Date: _____________
Intern Preceptor: _____________________________________________ Date: _____________
## Plan of Study

### Freshman Fall
- RC 1000 3
- UCO 1200 3
- MATH 1020 4**
- AT 1600 3
- Gen Ed 3
- **Total:** 16

### Freshman Spring
- AT 1800 2
- CHE 1101 3
- CHE 1110 1
- PH 1105 2
- PH 3100 3
- Gen Ed 3
- **Total:** 14

### Sophomore Fall
- AT 2300 4
- AT 2600 2
- CHE 1102 3
- CHE 1120 1
- ES 2031 4
- RC 2001 3
- **Total:** 17

### Sophomore Spring
- AT 2100 2
- AT 2700 2
- AT 3610 3
- ES 2032 4
- Gen Ed 3
- Gen Ed 3
- **Total:** 17

### Junior Fall
- AT 2400 4
- AT 3000 3
- AT 3010 3
- AT 3600 3
- AT 3620 3
- **Total:** 16

### Junior Spring
- AT 3400 3
- AT 3215 2
- AT 3615 3
- AT 3625 3
- AT 4025 3
- Gen Ed 3
- **Total:** 17

### Senior Fall
- AT 4000 4
- AT 4030 3
- Gen Ed 3
- PHY 1103 4
- **Total:** 14

### Senior Spring
- AT 4000 4
- ES 3002 3
- Free Elective 2
- Gen Ed 3
- PHY 1104 4
- **Total:** 16

*Revised: 4/20/17

**If equivalent test scores achieved in math, take CHE 1101/1110 instead of MAT 1020**
Professional Behavior and Responsibilities Policy

One of the most significant components of professional development is the relationships that are fostered between athletic training students, referred to as “students”, and those with whom they regularly interact including, but not limited to, affiliate medical providers (eg, physicians, rehabilitation clinicians, etc.), athletic training faculty, clinical supervisors (eg, preceptors, interns, etc.), fellow students, coaching staff, and patients. This policy applies to all students affiliated with the Athletic Training Program, including admitted students and students applying to the Program. You, the student, are expected to progress from awareness and understanding to demonstrating, mastering and integrating the following Professional Behaviors and Responsibilities with these various groups, and abide by the National Athletic Trainers’ Association Code of Ethics, the BOC Standards of Practice, and Appalachian State University’s Code of Student Conduct and Academic Integrity Code. The following are required for successful progression through the Athletic Training Program:

1. **Professionalism**: The ability to maintain appropriate hygiene, dress, and demeanor and to follow departmental policies and procedures.
2. **Collaboration**: The willingness and ability to work together with students, faculty, staff and patients.
3. **Honesty/Integrity**: The ability to demonstrate moral excellence and trustworthiness. Also see University Policy 401.1 at [http://policy.appstate.edu/Code_of_Student_Conduct](http://policy.appstate.edu/Code_of_Student_Conduct).
4. **Respect**: The ability to demonstrate consideration and regard for self and others regardless of ethnicity, age, sexual orientation, gender, or religious affiliation. The University’s EEO statement specifies non-discrimination on the basis of “race, color, national origin, religion, sex, gender identity and expression, political affiliation, age, disability, veteran status, genetic information or sexual orientation.” Also see University Policy 602.1 at [http://policy.appstate.edu/Equal_Opportunity](http://policy.appstate.edu/Equal_Opportunity).
5. **Reverence for Learning**: Be able to demonstrate reverence for knowledge, experience, and being prepared for academic and clinical responsibilities.
6. **Emotional Maturity**: The ability to control emotions by exhibiting appropriate social behavior in the classroom and at clinical sites, and during other departmental activities and interactions.
7. **Flexibility**: The willingness to accept and adapt to change. The student is expected to have the flexibility to function effectively under stress; that is, the individual is expected to be able to learn to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients.
8. **Communication skills**: The ability to demonstrate social awareness and the communication skills (including written, verbal and nonverbal) necessary for establishing rapport with affiliate medical providers, athletic training faculty, clinical supervisors (ie, preceptors, interns, etc.), fellow students, coaching staff, and patients.

**Professional Relationships in the Athletic Training Program**

It is critical, as a member of the Athletic Training Program, that students act in a professional manner and treat various groups with respect at all times. Failure to do so may result in disciplinary action and potentially jeopardize confidence and trust that the offending student is entitled to be treated with, in current and future situations. The student's expected behavior and responsibilities regarding pertinent relationships are outlined below.
Important Note: Student(s) are required to disclose potential conflicting relationships described below to an Athletic Training faculty member. However, disclosing these situations will not necessarily result in a disciplinary action for the student(s).

Students and Affiliated Medical Providers

The supervising medical provider is the ultimate responsible party for the healthcare of patients. Decisions made regarding the diagnosis and treatment plan for a patient should be respected and followed at all times. Any discussion related to the healthcare of a patient should be limited to the supervising medical providers, the patient, and when appropriate, the coaching staff. All information must remain confidential. Any discussion of patient-related healthcare and outcomes outside the respective clinical rotation should only occur within relevant athletic training courses (ie, class time) and should not contain any identifying information (ie, names, sport, etc.).

Students and Athletic Training Faculty, Preceptors, Interns, Clinical Supervisors

As these professionals have earned their clinical credentials and been selected to provide instruction and/or clinical supervision, students are expected to treat and refer to these individuals with the respect they are entitled. Disagreements with a faculty member and/or clinical supervisor should be addressed in a professional and, when appropriate, private manner so as to not undermine the student-faculty/staff relationship.

Students and Athletics Personnel

As the responsible party for the function of a particular team, the coaching staff and other athletics personnel should be treated with respect and in a professional manner at all times. Students should focus their attention on the health and well being of student-athletes and patients, at the direction of the supervising athletic trainer, and should not concern themselves with other matters related to the team. The supervising athletic trainer is responsible for providing updates to athletics personnel related to the health-related status of a patient. Students should not volunteer such information unless directed to by the supervising athletic trainer.

Any conflicts or changes in the professional relationship that arise between students and athletics personnel should be brought to the attention of the supervising athletic trainer immediately. It will be the supervising athletic trainer’s responsibility to resolve such situations; however, the supervising athletic trainer will notify the coordinator of clinical education and/or program director of such issues. It is inappropriate for a member of the athletics department to approach a student about entering into a romantic, sexual or partying relationship. If approached, the student is should decline and refer to the Sexual Harassment Policy.

Important note about the above relationships:

Students should not engage in planned social relationships (e.g., “hanging out” outside of an athletic training-related environment or event, romantic, etc.) that extend beyond professional collegiality with faculty, preceptors, interns, clinical supervisors, affiliated medical providers, or athletics personnel. Certain healthcare professionals are evaluating your academic and/or clinical performance for a course grade, whether currently or potentially in the future, and relationships that
move beyond the professional realm are compromising. If one or more of these persons solicits a student to engage in an inappropriate social relationship, the student should respectfully decline and alert the Coordinator of Clinical Education immediately. If such a relationship does arise, the student is **required to disclose the situation to the Coordinator of Clinical Education immediately.** Future clinical placements may be affected.

**Students and Fellow Students**

The relationships between fellow students are **critical** for the effective and efficient functioning of the academic and clinical components of the Athletic Training Program. Every effort should be made to maximize the learning opportunities for all students. Senior level students should devote a portion of their time to mentoring junior and sophomore level students, and less experienced students should seek out opportunities to gain greater understanding from more experienced students and athletic training faculty and staff. Disagreements or differences in philosophy should be discussed in a responsible and professional manner. It is every student’s responsibility to take ownership of his or her academic and clinical education to enhance professional development.

Relationships that develop between students must remain professional at all times when engaged in athletic training related activities. Should a relationship beyond friendship (e.g., romantic/sexual, roommates, etc.), develop between students, it is incumbent upon both parties to alert the Coordinator of Clinical Education to this relationship in order to avoid potential conflicts of interest in the clinical setting. Any situation that causes a disruption of the normal functioning of the academic and/or clinical components of the program will be addressed immediately.

**Students and Patients**

Perhaps the most challenging of relationships to develop and maintain in a professional manner are with those from the same or similar age group, although it is critical that this be the case. **Student-athletes are first and foremost your patients and should not be considered as peers.** Students must earn the respect of patients in order to be effective care providers. Partying with or engaging in romantic or sexual relationships with patients will almost always result in a **lack of trust or respect** in you as the person responsible for their healthcare needs.

Although patients are typically of similar age and might be romantically attractive, they are not an appropriate pool from which to select romantic or sexual partners. It would be a clear conflict of interest to serve in a clinical experience providing care to a patient with whom a romantic, sexual, or significant social relationship has developed. Engaging in a romantic, dating, sexual, partying or other significant relationship with any patient is **highly unethical and is prohibited.** Engaging in certain types of relationships with a patient/athlete who is a **minor** may be a criminal offense, and is prohibited. If, however, such a situation arises, the relationship must be disclosed to the athletic training faculty and clinical supervisor immediately. Students who enter into such relationships with patients from any of our clinical education sites (including affiliated sites) will be immediately removed from that site for the duration of the experience. Furthermore, future placement in clinical rotations may be affected.

If a student is approached by a student-athlete and/or patient about entering into a romantic, sexual or partying relationship, the student is **required to decline.** In social settings, students are to avoid
any fraternizing with student-athletes/patients. If a student is already in a relationship, including roommate situations, with a potential student-athlete/patient prior to beginning a clinical experience, the student cannot be assigned to an experience with the same team where the student-athlete/patient is a member. The student is required to notify the coordinator of clinical education of any potential conflict of interest prior to a clinical education assignment.

**Students and the General Population**

Students are NOT yet certified and licensed athletic trainers; they are practicing skills in a learning environment under the direct supervision of an approved clinical supervisor. Students should not misrepresent, either directly or indirectly, their skills, training, professional credential, identity or services (refer to the NATA *Code of Ethics*). Friends, family and others may approach a student for their opinion concerning an injury. The student is required to respectfully decline and refer them to a licensed professional. Practicing without a license could result in severe consequences from governing bodies, and potentially the inability to sit for the Board of Certification exam and/or be granted state licensure to practice.

**Office of Student Conduct Violations**

Students in the Athletic Training Program are first and foremost Appalachian State University students. Therefore, they must adhere to the academic and performance standards set forth by the University for all students. Students must abide be the University’s *Code of Student Conduct* and *Academic Integrity Code*. Violations of these Codes will be referred to the Office of Student Conduct. Any criminal conviction or substantiated violation of these Codes may result in a review and disciplinary incident report by the Program Director. Students are required to immediately notify the Program Director of criminal charges, convictions, or substantiated Code violations. Failure to do so may result in dismissal from the Athletic Training Program.

**Organizational Chart and Chain of Command**

![Organizational Chart](chart.png)
The following outline clinical and academic chain of command for the Athletic Training Program. These chains are not exclusive, but serve as a guide for the student to resolve potential conflict:

- **Clinical Education Situations:** Student → Fellow Student (if applicable) → Preceptor/Supervising Clinician → Director of Athletic Training Services & Coordinator of Clinical Education → Program Director
- **Academic Situations:** Student → Fellow Student (if applicable) → Faculty Member → Program Director
- The Office of Student Conduct and the Office of Equity, Diversity and Compliance may be contacted as needed

**Procedural Guidelines for Infractions**

The following steps should be taken when it is deemed necessary for a faculty/staff member, preceptor, or supervising clinician to cite a student for violating any of the policies/procedures governing the Athletic Training Program.

1. Write up a “Disciplinary Incident Report” in entirety, and fully discuss the situation with the student in question. Be sure to sign the form, and to have the student sign and date it, acknowledging the reported infraction. At this point, the student may elect to challenge the report and go before the Athletic Training Program Infractions Hearing Committee to have the matter adjudicated. To do this, the student must indicate this desire on the “Disciplinary Incident Report”.
2. Give one copy of the completed report to the student for his/her records, and one copy to the Athletic Training Program Director. Keep a copy for your records also.
3. If deemed necessary, the Athletic Training Program Director will convene a meeting of the **ad hoc** Athletic Training Program Infractions Hearing Committee consisting of the Program Director, Coordinator of Clinical Education, and one additional member who is not directly involved with the matter at hand to review the report. The Program Director may recuse his/herself and appoint another faculty member if they are submitting the incident report. Discussion of any pertinent details with the submitting faculty/staff member, preceptor, or supervising clinician along with conferring with the offending student may also ensue. A formal hearing involving all parties may also be convened in front of the Athletic Training Program Infractions Hearing Committee. Committee meetings will be recorded. A final decision will be made after the committee deliberates on all facts in the case.
4. The final “Disciplinary Incident Report” will become part of the student’s athletic training file.

Consequences for violations of the required Professional Behaviors and Responsibilities Policy include, but are not limited to, one or more of the following. **Repeat infractions will result in greater consequences.**

- Referral to the Office of Student Conduct
- Temporary or permanent removal from the current clinical education assignment
- A lower course and/or clinical grade
- Repetition of a course activity or clinical activity
- Limitations on future clinical rotation assignment(s)
- Referral for a counseling assessment
• Other skill-building activities
• Interim suspension from the Athletic Training Program
  ▪ Students may not be allowed to take AT courses and/or obtain clinical hours
• Dismissal from the Athletic Training Program
• Other actions deemed appropriate by the athletic training faculty

Appeal Process

A student who is dissatisfied with the decision following a Disciplinary Incident Report may appeal as outlined below:

1. The student must submit any appeal by email to the Chair of the Department of Health and Exercise Science, with a copy to the Athletic Training Program Director, within 10 business days of the date on which the decision was emailed to the student.
2. The appeal should state the basis for the appeal (e.g., procedures required by this policy were not followed, fundamental unfairness of the decision).
3. The Chair may consider any information deemed appropriate to reaching a considered and fair decision on the appeal.
4. The Chair will communicate his/her decision via email to the student, with a copy to the Athletic Training Program Director.
5. A student who is dissatisfied with the Chair’s decision has the right to appeal the decision to the Dean of the Beaver College of Health Sciences in writing by email within 10 business days following the date of the Chair’s decision. The Dean may choose to involve the Office of Student Conduct (if not already involved) or the University’s Provost in the process. The Provost’s decision is final.

Distribution of Policy

1. The Professional Behaviors and Responsibilities Policy (“the Policy”) will be posted on the Athletic Training Program website, the ASULearn site, and in the Athletic Training Programs Policy and Procedures.
2. The Policy will be distributed to current students and all applicants (ie, observers) seeking admission to the Athletic Training Program. All students will be required to sign a form saying they have read, understand, and will abide by the Policy. Signed copies will be maintained in each student’s Athletic Training Program file.
3. The Policy will be provided to students, faculty/staff members, or others as necessary if concerns arise regarding a student’s compliance with the Policy.
**Professional Behaviors and Responsibilities Policy – Student Signature**

My signature indicates that I have read, understand, and will abide by: 1) the Professional Behaviors and Responsibilities Policy for the Appalachian State University Athletic Training Program, 2) the National Athletic Trainers’ Association’s *Code of Ethics*, 3) the BOC *Standards of Practice*, and 4) Appalachian State University’s *Code of Student Conduct* and *Academic Integrity Code*. If I feel I need reasonable accommodations in order to demonstrate these behaviors and responsibilities, I am aware that I can contact the Office of Disability Services to discuss this by phone, 828-262-3056 or email at ods@appstate.edu.

**Signatures from each student are collected annually via ATrack.**
Disciplinary Incident Report

Name_________________________________________________________ Banner ID__________________________

Incident Date_______________________  Incident Location________________________________________________

Witnesses_________________________________________________________________________________________

Reason for Report (check all that apply):

☐ Insubordination  ☐ Unprofessional behavior  ☐ Breach of duty
☐ Unexcused absences  ☐ Chronic tardiness  ☐ Theft/Vandalism
☐ Sexual harassment  ☐ Falsifying hours  ☐ Academic dishonesty
☐ Drug/alcohol abuse  ☐ Dress code violations  ☐ HIPAA/FERPA violations
☐ NATA Code of Ethics violation  ☐ Social Media Policy violation  ☐ Other_________________
☐ Conduct unbecoming an Athletic Trainer

Incident description (use reverse side if necessary)_________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

I, the undersigned, understand that my signature below IS NOT necessarily an admission of guilt, but rather an acknowledgement of the report. The Athletic Training Program (ATP) Infractions Hearing Committee will review each disciplinary report on a case-by-case basis. I also understand that any refusal to sign this document will be considered an admission of guilt and subsequent disciplinary action will be taken as outlined in the ATP’s Professional Behaviors and Responsibilities Policy.

Student Signature______________________________________________________ Date________________________

Faculty/Preceptor Signature______________________________________________ Date________________________

____ I accept the nature and content of this report, and accept the consequences associated with my behavior
____ I desire to have this case reviewed by the ATP Infractions Hearing Committee in order to adjudicate it on my behalf.

ATP Infractions Hearing Committee Comments and Decision:

ATP PD Signature_____________________________________  ATP CEC Signature ____________________________

ATP Infractions Hearing Committee Member Signature __________________________________Date_______________
Statement of Confidentiality

All athletic training students should adhere to Principle 1.3 of the NATA Code of Ethics as it pertains to confidentiality. This applies to all information that may be learned via classroom and clinical experience. Any communication to outside parties (parents, media, professional scouts, and public) should be made through a staff athletic trainer. Special attention should be paid to the provisions of the Buckley Amendment and the specific considerations of each student-athlete’s wishes per the NCAA Buckley Amendment form.

Appalachian State University Athletic Training Program Confidentiality Statement

As part of your interaction with those seeking coverage and care by the athletic training staff and students, you will be exposed to information regarding individual’s medical record and health status. All of this information is considered to be confidential and remains the private rights of the individual being treated. Any discussion of patient-related healthcare and outcomes outside the respective clinical rotation should only occur within relevant athletic training courses (ie, class time) and should not contain any identifying information (ie, names, sport, etc.). Any use of privileged information that includes potential identifiers requires the patient’s written consent.

By signing this document, you are agreeing to preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care unless the person consents, in writing, to such release or release is permitted or required by law. Furthermore, any interaction that you have with any medical provider or other entity that includes verbal, written or any other form of information sharing must be done in compliance with the Health Insurance Portability and Accountability Act of 1997.

Any breach of confidentiality and/or privacy will not be tolerated and will result in your immediate removal from any athletic training venue. Additional penalties may also be imposed, including, but not limited to, those administered by Appalachian State University, the National Athletic Trainers’ Association, and the United States Federal Government.

I, ________________________________ (print name), have read the above statement regarding compliance with confidentiality and privacy of student athlete and patient records during my interaction and exposure with Appalachian State University’s Athletic Training Program. By signing below, I am acknowledging that I have read, understand, and will abide by all rules and regulations stated. I agree that if I have any questions regarding confidentiality and/or privacy issues I will seek advice from appropriate supervisors to ensure proper action.

_____________________________  ________________________________
Signature/Date                 Witness Signature/Date

22
Social Media Conduct Policy

The Athletic Training Program (ATP) recognizes and supports its athletic training students’ rights to freedom of speech, expression and association, including the use of online social networks. In this context, however, each athletic training student must remember that being a member of the ATP is a privilege, not a right. As an athletic training student you represent the University and you are expected to portray yourself, the ATP and the University in a positive manner at all times. Any online postings, must therefore be consistent with federal and state laws and University rules, regulations and policies, including the policy outlined below.

ATP athletic training students are prohibited from posting inappropriate content of any kind on social media or other internet sites (Facebook, Twitter, blogs, etc.). Inappropriate content includes, but is not limited to:

- Comments of a racist or sexist nature
- Profane comments (including racial, gender, sexual and/or homophobic slurs)
- Derogatory comments about athletic training students or programs from other institutions
- Derogatory comments about Appalachian students, faculty or staff
- Pictures, video or commentary depicting athletic training students engaged in illegal activities or activities that violate University policies
- Comments regarding confidential information related to the clinical settings

Violators are subject to ATP discipline up to and including suspension and/or dismissal from the program. Discipline will be at the discretion of the ATP program director and ATP faculty.

I, ________________________________ (print name), have read the above statement regarding social media conduct. By signing below, I am acknowledging that I have read, understand, and will abide by all rules and regulations stated.

_________________________________     ________________________________
Signature/Date     Witness Signature/Date
Sexual Harassment Policy

Sexual harassment is considered to be a form of discrimination based on sex and falls within the scope of institutional policies and procedures regarding discrimination. As with other forms of discrimination, the University is committed to maintaining a work and a study environment free of sexual harassment. Accordingly, in compliance with Section 703 of Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, the University will not tolerate any verbal, nonverbal, or physical behavior which constitutes sexual harassment. Personnel with supervisory responsibilities are required to take immediate and appropriate corrective action when incidents of alleged sexual harassment are brought to their attention by students, faculty and staff, and applicants for student admission or applicants for employment. Violation of the above policy proven through the established procedures outlined below will lead to disciplinary actions, including, but not limited to, reprimands, suspension, or discharge of offenders.

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or academic decisions; or
2. Submission to or rejection of such conduct may be reasonably construed by the recipient of such conduct as an implication that compliance or non-compliance will be used as a basis for an individual’s employment or academic decisions; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual’s work or academic performance or creating an intimidating, hostile, or offensive working, learning, or social environment; or
4. Such conduct has the purpose or effect of emphasizing the sexuality or sexual identity of a student or an employee so as to impair the full enjoyment of educational or vocational benefits, climate or opportunities.

If, at any time, an athletic training student feels they are subjected to harassment or witnessing a hostile environment, the student should notify their preceptor/supervising clinician and Coordinator of Clinical Education immediately. Faculty, staff, and students with complaints of sexual harassment may use the established general grievance procedures of their areas or departments, or may contact the Equity, Diversity, and Compliance Office at (828) 262-2144, for information concerning complaint resolution, as well as information on sexual harassment and other forms of discrimination.
Alcohol/Drug Policy

Students enrolled in the Athletic Training Program (ATP) are prohibited from consuming or being under the influence of alcoholic beverages and other illicit drugs while they are participating in Appalachian State University sponsored events as a member of the ATP. These events include, but are not limited to, clinical education rotations/assignments and travel to away events or field trips. Travel includes from the time you depart until the time you return. All ATP students, regardless of legal age (21 years or older for alcohol), are prohibited from consuming or being under the influence of alcohol and other illicit drugs at these ATP-related University sponsored events. Students who violate this policy will be addressed via the procedures in the ATP Professional Behavior and Responsibilities Policy.

Athletic Training Student Expectations

1. Be on time
2. Be ready and willing to work
3. Be professional
   a. Appropriate conversation
   b. Fair treatment of everyone
   c. Model appropriate athletic training behavior
4. Be mentally and physically prepared
   a. Focus on athletic training room activities
   b. Appropriate dress
   c. Scissors
   d. Black pen
5. Make athletic training your priority
6. Make the athletic training settings learning environments
7. When you are in the athletic training rooms you are here to work; do not use the facilities as hang-outs during operating hour
8. Accomplish assigned tasks on time.
9. Make record keeping a priority
10. Computers in the athletic training rooms are for athletic training/education purposes only
11. Athletic Training Facility (Practice and Game Venue) Etiquette
   a. No cell phones
   b. No food or drink
   c. No offensive language
   d. Show Respect for everyone
   e. Appropriate music and volume
   f. No gum chewing
   g. Be courteous
   h. Ensure confidentiality

Transfer Student Policy

Transfer students must complete the same application process for the Athletic Training Program as all other students. Applying to the Program only occurs during the Fall semester. In order to complete the Athletic Training Program and graduate in four years, students are encouraged to transfer to Appalachian State University for enrollment in the Fall semester of their sophomore
year. Students can sometimes be accommodated if they transfer for the spring semester of the sophomore year, but there are no guarantees. Transfers are treated on a case-by-case basis.

**Program Costs**

In addition to the normal University tuition and fees you will be responsible for the cost, liability insurance and purchasing clothing for your clinical rotations. When registered for an AT prefix course with a clinical lab component, you will be billed approximately $16.00 to cover the cost of liability insurance. Additionally, to meet the clinical dress code, you are responsible for purchasing shirts. Collared game-day polo will be provided; other shirts can be purchased through the Athletic Training Student Association. Cost for the additional shirts will range from $8.00-$15.00. The Athletic Training Program will pay for annual student subscriptions to ATrack, the program management software.

**Work Policy for Athletic Training Students**

Appalachian State University does not pay students for work in the athletic training rooms. These experiences are considered part of the students’ academic preparation. Students are permitted to hold jobs while in the Athletic Training Program either on- or off-campus. However, if the Program Director, Coordinator of Clinical Education and/or Preceptor feel that the work is interfering with the student’s academic preparation, the student will be asked to curtail the work activity.

**Phone Protocol**

**Answering the Phone:**
Identify the athletic training facility (eg, Varsity Gym, Owens Field House, etc.)
Identify yourself (e.g. “Owens Field House Training Room, this is …”)

**Message Taking; please include the following:**
Name of person calling
Time of call
Date of call
Any message they wish to leave
Phone number at which they can be reached
Your name

**Record Keeping**

Medical records frequently become legal documents in a variety of situations and must reflect an orderly process of Diagnosis and Treatment. The most common form of documenting medical encounters is in the form of “SOAP” Notes: “S” = Subjective……what your patient says is wrong with him or her; “O” = Objective……..what the medical examiner finds; “A” = Assessment…..working or definitive diagnosis; “P” = Plan…………….plan of evaluation or treatment. The ability to communicate to physicians through the use of SOAP Notes is important for trainers. You will frequently use them to communicate in writing with team physicians, supervisory physicians, physical therapists and outside consultants. ANYTIME an athlete comes to the training room, we MUST document their visit and how they are cared for.
Components of a Good SOAP Note:


**O = Objective:** Measurable or observable information. This is the exam and frequently includes important negative findings as well as positive findings.

**A = Assessment:** This may be a working diagnosis or a final diagnosis.

**P = Plan:** Expected outcomes. Anticipated goals. Intervention plan. Discharge criteria.

Personal Appearance

At all times, athletic training students are to present themselves in a manner that promotes a neat, professional appearance. Hair should be maintained and worn in a manner that prevents it from coming in contact with the athletes or modalities. The Dress Code specifies appropriate attire for the athletic training room and game/practice coverage. Any appearance codes set forth by coaches for specific teams are to be followed by the athletic training students.

Dress Code

Athletic Training is recognized as an allied health profession. You should present yourself professionally, by being neatly attired and well groomed. Your appearance can determine someone’s first impression and how you are treated. The following are guidelines for dress while engaged in educational opportunities including clinical hours and proficiency completion:

1. **Shirts**
   a. ASU Athletic Training T-shirt or collared shirt
   b. Shirts must be tucked in at all times! No parachute tucks.
2. **Sweatshirts**
   a. Same as above
3. **Shorts/Pants**
   a. Khaki or black preferred. No jeans.
   b. Gym shorts are not acceptable. All shorts must be professional length (mid-thigh) and no tights or underwear may be visible.
   c. No sweat pants allowed.
4. **Shoes**
   a. Clean tennis shoes preferred, hiking boots are acceptable.
   b. No open toe or heel shoes are allowed at any time.
5. **Hats**
   a. Must have ASU approved logo and may not be worn inside.
6. **Jewelry**
   a. Should not interfere with duties.
   b. Post earrings only.
   c. No nose rings, tongue rings, or other visible piercings.
7. Fingernails  
   a. Nails will be kept short at all times when enrolled in athletic training courses and participating in patient care.  
   b. When viewing the palm of the hand, nails should not be able to be seen past the finger pads.  
   c. Rationale:  
      i. Per Centers for Disease Control (CDC) guidelines:  
         1. Bacteria can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing  
         2. It is recommended that healthcare providers do not wear artificial fingernails or extensions when having direct contact with patients at high risk  
         3. Keep natural nail tips less than ¼ inch long  
      ii. Long and/or sharp nails can puncture gloves and leave you at risk for disease transmission.  
      iii. Long and/or sharp nails can compromise a patient’s skin.  
      iv. Long nails are not functional, nor professional looking in healthcare.  

8. Game Day  
   a. Collared ASU game shirt  
   b. Khaki or black shorts/pants.  

9. Other  
   a. No cut-offs, mini-skirts, tank tops or midriff tops.  
   b. No apparel with holes.  
   c. No restrictive or tight clothing.  
   d. Refrain from wearing official gear to social events.  
   e. Fingernails should be no longer than the end of the finger pad.  

10. Violations  
    a. At the discretion of the staff.  
    b. Violators will be sent home to change.  

11. Repeat violations will result in a meeting with the Coordinator of Clinical Education and possible suspension.

OSHA Requirements

After admission into the curriculum program and prior to commencing the clinical experience, the athletic training student must undergo OSHA training as mandated by the University Exposure Control Plan. This includes an accept/decline Hepatitis B vaccine form (see Appendix C) that will be paid for by the Department of Athletics. All athletic trainers (students and staff) must receive refresher training each year. Additional information regarding universal precautions and disease transmission are included in Appendix C.

Communicable Disease Policy

If you become sick and suspect that the disease may be communicable, you may not engage in patient care. Please contact your Preceptor or Instructor to discuss your situation.
North Carolina Licensure

The state of North Carolina adopted an Athletic Training Licensing Act in 1997. The provisions of the Licensure Act “do not apply to athletic training students under the supervision of a physician or licensed athletic trainer.” Any other information in regard to Athletic Training Licensure in the state of North Carolina can be accessed at: www.ncbate.org.

Athletic Training Students’ Association

The Athletic Training Students’ Association (ATSA) is a recognized organization at Appalachian State University. The organization’s purpose, goals, membership requirements, and responsibilities are delineated in the ATSA constitution. Meetings are held on a monthly basis. The Constitution is located in Appendix D.

Clinical Education Policy

The athletic training student must complete a variety of clinical experiences that incorporate different populations including gender, varying levels of risk, protective equipment, and medical experiences that address that continuum of care.

Clinical Education Requirements:

1. A Preceptor and/or Instructor must provide direct supervision at all times.
2. The experience will provide athletic training students with opportunities to practice and integrate cognitive learning and associated psychomotor skills to develop entry-level clinical proficiency and professional behavior.
3. Clinical education experiences are contained in individual courses that are completed over a minimum of two academic years.
4. Academic credit is awarded for each clinical lab course that is consistent credit awarded for with internship/practicum courses.
5. Successful completion of a clinical course is based upon objective course criteria listed on each syllabus.
6. Mid- and End-of-semester evaluations will be completed on each athletic training student by their supervising Preceptor. At the culmination of the clinical experience, athletic training students evaluate their Preceptor or Instructor.
7. The athletic training student will average 20 hours per week in clinical experiences over the course of an academic semester. This is consistent with student worker guidelines as defined in the Student Employment Handbook.
8. Clinical rotations that require a athletic training student to arrive on campus early or remain on campus during University scheduled breaks will be provided housing (if necessary) and compensated for meals consistent with members of the athletic team. During these times, athletic training students may accrue more than 20 hours per week.
9. When an athletic training student travels with a sports team as part of their rotation, the sports team will pay all travel expenses. Only time spent performing athletic training duties may count as clinical hours.
10. The Coordinator of Clinical Education on an annual and planned basis evaluates all clinical sites.
11. A minimum of 75% of the student’s clinical experience will occur under the direct supervision of a Preceptor who is an ATC®

**Clinical Education Plan:**
1. **Guidelines**
   a. Follows and reinforces the sequence of formal classroom and psychomotor skill learning.
   b. Follows a logical progression allowing for increasing amounts of clinically-supervised responsibility.
   c. Promotes the integration of theoretical and skills-based components of the curriculum.
   d. Promotes the application of knowledge to problem-solving and clinical decision-making.
2. Designed to be completed over a minimum of 2 academic years or 4 semesters.
3. **Clinical courses**
   a. AT 1800
   b. AT 2600
   c. AT 2700
   d. AT 3000
   e. AT 3400
   f. AT 4000

**Goals of Clinical Education:**
The clinical education program will help the student:
1. Develop an awareness of own attitudes, values and responses to injury and illness.
2. Develop the ability to cope effectively with the demands of athletic training.
3. Develop an understanding of the interrelated roles of the health care team.
4. Develop clinical competence in the following areas: clinical reasoning skills, psychomotor skills, and interpersonal and communication skills.
5. Provide a sound rationale for interventions/actions.
6. Become skilled in the education of relevant people (i.e. patients, coaches, parents, etc).
7. Develop self-management skills.
8. Become a reflective practitioner.
9. Understand professional accountability to patients, self, and employers.
10. Develop skills necessary for lifelong learning.

**Clinical Supervision Policy**
Athletic training students engaged in clinical education experiences will be under direct supervision by the Preceptor and/or Coordinator of Clinical Education at all times. Direct
supervision requires that the Preceptor and/or Coordinator of Clinical Education be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

Responsibilities of the supervising Preceptor and/or Coordinator of Clinical Education include:

1. Provide instruction and/or evaluation of the Athletic Training *Educational Competencies* (Preceptor only)
2. Provide assessment of athletic training students’ clinical proficiency (Preceptor only)
3. Have regular communication with the appropriate Athletic Training Program administrator
4. Demonstrate an understanding of and compliance with the policies and procedures of the Athletic Training Program
5. Provide regular and frequent feedback to the athletic training student
Appendix A

Methicillin-Resistant Staphylococcus Aureus (MRSA)

NATA’s official statement recommends the following precautions be taken:

1. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based hand sanitizer routinely.
2. Encourage immediate showering following activity.
3. Avoid whirlpools or common tubs. Individuals with open wounds, scrapes or scratches can easily infect others in this environment.
4. Avoid sharing towels, razors, and daily athletic gear.
5. Properly wash athletic gear and towels after each use.
6. Maintain clean facilities and equipment.
7. Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy.
8. Administer or seek proper first aid.
9. Encourage health care personnel to seek bacterial cultures to establish a diagnosis.
10. Care and cover skin lesions appropriately before participation.

Warning Signs to look for and ask about when providing wound care:

- longer than normal healing time
- any increase in size
- unexplained or unusual pain or sensitivity
- presence of pus or a pustule
- induration (hardness)
- sensation of heat
- abnormal swelling or redness
- red streaks around the lesion
- abnormal coloration

Keeping Facilities Safe:

- clean and disinfect treatment tables and other athletic training room apparatus frequently
- athletes should not share towels, toiletries, clothing, or athletic equipment
- encourage frequent hand washing among all staff

Keeping Sidelines Safe:

- use an alcohol-based hand sanitizer between athlete treatments
- if possible, use disposable towels; if not possible, never use the same towel on multiple athletes
- clean, disinfect, and cover wounds promptly
- use antibacterial wipes on sideline treatment areas
# Appendix B
## Medical Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>assessment</td>
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<tr>
<td>AAROM</td>
<td>active assistive range of motion</td>
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<tr>
<td>abd</td>
<td>abduction</td>
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<tr>
<td>ac</td>
<td>before meals</td>
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<tr>
<td>AC</td>
<td>acromioclavicular joints</td>
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<tr>
<td>add</td>
<td>adduction</td>
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<tr>
<td>ADL</td>
<td>activities of daily living</td>
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<td>ad lib</td>
<td>at discretion</td>
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<td>adm</td>
<td>admission</td>
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<td>ā</td>
<td>before</td>
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<tr>
<td>AE</td>
<td>above elbow</td>
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<tr>
<td>AFO</td>
<td>ankle foot orthosis</td>
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<tr>
<td>AIDS</td>
<td>autoimmune deficiency syndrome</td>
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<td>AIIS</td>
<td>anterior inferior iliac spine</td>
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<tr>
<td>AJ</td>
<td>ankle jerk</td>
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<tr>
<td>AK</td>
<td>above knee</td>
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<tr>
<td>AMA</td>
<td>against medical advice</td>
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<td>amb</td>
<td>ambulation</td>
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<tr>
<td>ant</td>
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<tr>
<td>AP</td>
<td>anterior-posterior</td>
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<td>APAP</td>
<td>acetaminophen</td>
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<td>~</td>
<td>approximately</td>
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<td>AROM</td>
<td>active range of motion</td>
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<tr>
<td>ASA</td>
<td>aspirin</td>
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<tr>
<td>ASAP</td>
<td>as soon as possible</td>
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<td>ASIS</td>
<td>anterior superior iliac spine</td>
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<tr>
<td>assist.</td>
<td>assistance, assistive</td>
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<td>BB</td>
<td>backward bend</td>
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<td>B/S</td>
<td>bedside</td>
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<td>BE</td>
<td>below elbow</td>
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<td>bid</td>
<td>twice a day</td>
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<td>bilat./ B</td>
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<td>below knee</td>
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<td>BM</td>
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<td>blood pressure</td>
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<td>beats per minute</td>
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<td>BRP</td>
<td>bathroom privileges</td>
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<td>p</td>
<td>after</td>
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<td>BUN</td>
<td>blood urea nitrogen</td>
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<tr>
<td>C1, C2</td>
<td>first cervical vertebrae, etc.</td>
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<td>C&amp;S</td>
<td>culture and sensitivity</td>
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<td>CA</td>
<td>cancer</td>
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<tr>
<td>CABG</td>
<td>coronary artery bypass graft</td>
</tr>
<tr>
<td>CAD</td>
<td>coronary artery disease</td>
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<td>CBC</td>
<td>complete blood count</td>
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<td>CBI</td>
<td>closed brain injury</td>
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<td>CC, C/C</td>
<td>chief complaint</td>
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<td>Δ</td>
<td>change</td>
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<td>CHF</td>
<td>congestive heart failure</td>
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<td>CMD</td>
<td>craniomandibular dysfunction</td>
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<tr>
<td>CNS</td>
<td>central nervous system</td>
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<td>c/o</td>
<td>complains of</td>
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<tr>
<td>cont.</td>
<td>continue</td>
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<td>COPD</td>
<td>chronic obstructive pulmonary disease</td>
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<td>CP</td>
<td>cerebral palsy</td>
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<td>CPR</td>
<td>cardiopulmonary resuscitation</td>
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<td>C-section</td>
<td>cesarean section</td>
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<tr>
<td>CSF</td>
<td>cerebrospinal fluid</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>CT scan</td>
<td>computerized axial tomography</td>
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<tr>
<td>CV</td>
<td>cardiovascular</td>
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<tr>
<td>CVA</td>
<td>cardiovascular accident</td>
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<tr>
<td>CWI</td>
<td>crutch walking instructions</td>
</tr>
<tr>
<td>↓</td>
<td>down, downward, decrease</td>
</tr>
<tr>
<td>DDD</td>
<td>degenerative disc disease</td>
</tr>
<tr>
<td>dept.</td>
<td>department</td>
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<tr>
<td>DIP</td>
<td>distal interphalangeal joint</td>
</tr>
<tr>
<td>DJD</td>
<td>degenerative joint disease</td>
</tr>
<tr>
<td>D/C</td>
<td>discontinue or discharged</td>
</tr>
<tr>
<td>DM</td>
<td>diabetes mellitus</td>
</tr>
<tr>
<td>DO</td>
<td>doctor of osteopathy</td>
</tr>
<tr>
<td>DVT</td>
<td>deep vein thrombosis</td>
</tr>
<tr>
<td>/d</td>
<td>per day</td>
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<td>DTR</td>
<td>deep tendon reflex</td>
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<td>Dx</td>
<td>diagnosis</td>
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<tr>
<td>ECG, EKG</td>
<td>electrocardiogram</td>
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<td>EEG</td>
<td>electroencephalogram</td>
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<tr>
<td>EENT</td>
<td>ear, eyes, nose, throat</td>
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<td>EMG</td>
<td>electromyography</td>
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<td>E.R.</td>
<td>emergency room</td>
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<td>e-stim</td>
<td>electrical stimulation</td>
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<td>evaluation</td>
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<tr>
<td>ext.</td>
<td>extension</td>
</tr>
<tr>
<td>F</td>
<td>fair (muscle strength)</td>
</tr>
<tr>
<td>FB</td>
<td>forward bend</td>
</tr>
<tr>
<td>FBS</td>
<td>fasting blood sugar</td>
</tr>
<tr>
<td>FH</td>
<td>family history</td>
</tr>
<tr>
<td>♀</td>
<td>female</td>
</tr>
<tr>
<td>flex</td>
<td>flexion</td>
</tr>
<tr>
<td>FUO</td>
<td>fever, unknown origin</td>
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<tr>
<td>FWB</td>
<td>full weight bearing</td>
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<td>fx</td>
<td>fracture</td>
</tr>
<tr>
<td>G</td>
<td>good (muscle strength)</td>
</tr>
<tr>
<td>GI</td>
<td>gastrointestinal</td>
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<td>GYN</td>
<td>gynecology</td>
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<td>h, hr.</td>
<td>hour</td>
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<td>H&amp;H, H/H</td>
<td>hematocrit and hemoglobin</td>
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<td>H/o</td>
<td>history of</td>
</tr>
<tr>
<td>HPI</td>
<td>history of present illness</td>
</tr>
<tr>
<td>H&amp;P</td>
<td>history and physical</td>
</tr>
<tr>
<td>HA, H/A</td>
<td>headache</td>
</tr>
<tr>
<td>Hb, Hgb</td>
<td>hemoglobin</td>
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<tr>
<td>HCVD</td>
<td>hypertensive cardiovascular disease</td>
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<tr>
<td>HEENT</td>
<td>head, ear, eyes, nose, throat</td>
</tr>
<tr>
<td>HEP</td>
<td>home exercise program</td>
</tr>
<tr>
<td>HI</td>
<td>head injury</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>HNP</td>
<td>herniated nucleus pulposus</td>
</tr>
<tr>
<td>Htn</td>
<td>hypertension</td>
</tr>
<tr>
<td>Hx</td>
<td>history</td>
</tr>
<tr>
<td>IADL</td>
<td>instrumental activities of daily living</td>
</tr>
<tr>
<td>IDDM</td>
<td>insulin dependent diabetes mellitus</td>
</tr>
<tr>
<td>I&amp;O</td>
<td>intake and output</td>
</tr>
<tr>
<td>ICU</td>
<td>intensive care unit</td>
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<tr>
<td>IM</td>
<td>intramuscular</td>
</tr>
<tr>
<td>imp.</td>
<td>impression</td>
</tr>
<tr>
<td>I /indep</td>
<td>independent</td>
</tr>
<tr>
<td>inf</td>
<td>inferior</td>
</tr>
<tr>
<td>IV</td>
<td>intravenous</td>
</tr>
<tr>
<td>jt. mob</td>
<td>joint mobilization</td>
</tr>
<tr>
<td>KJ</td>
<td>knee jerk</td>
</tr>
<tr>
<td>L1, L2, etc.</td>
<td>first lumbar vertebrae, etc.</td>
</tr>
<tr>
<td>L, l.</td>
<td>liter</td>
</tr>
<tr>
<td>L</td>
<td>left</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Definition</td>
</tr>
<tr>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td>lat</td>
<td>lateral</td>
</tr>
<tr>
<td>LBP</td>
<td>low back pain</td>
</tr>
<tr>
<td>LE</td>
<td>lower extremity</td>
</tr>
<tr>
<td>LOC</td>
<td>loss of consciousness</td>
</tr>
<tr>
<td>LP</td>
<td>lumbar puncture</td>
</tr>
<tr>
<td>🧙♂️</td>
<td>male</td>
</tr>
<tr>
<td>max</td>
<td>maximal</td>
</tr>
<tr>
<td>MCP</td>
<td>metacarpophalangeal</td>
</tr>
<tr>
<td>MD</td>
<td>medical doctor</td>
</tr>
<tr>
<td>Meds.</td>
<td>medications</td>
</tr>
<tr>
<td>MI</td>
<td>myocardial infarction</td>
</tr>
<tr>
<td>min</td>
<td>minimal</td>
</tr>
<tr>
<td>min.</td>
<td>minutes</td>
</tr>
<tr>
<td>MMT</td>
<td>manual muscle test</td>
</tr>
<tr>
<td>mo.</td>
<td>month</td>
</tr>
<tr>
<td>mod</td>
<td>moderate</td>
</tr>
<tr>
<td>MOI</td>
<td>mechanism of injury</td>
</tr>
<tr>
<td>MRI</td>
<td>magnetic resonance imaging</td>
</tr>
<tr>
<td>ms</td>
<td>muscles</td>
</tr>
<tr>
<td>MS</td>
<td>multiple sclerosis</td>
</tr>
<tr>
<td>N</td>
<td>normal (muscle strength)</td>
</tr>
<tr>
<td>N.H.</td>
<td>nursing home</td>
</tr>
<tr>
<td>NIDDM</td>
<td>non-insulin dependent diabetes mellitus</td>
</tr>
<tr>
<td>noc</td>
<td>night, at night</td>
</tr>
<tr>
<td>npo</td>
<td>nothing by mouth</td>
</tr>
<tr>
<td>NSAID</td>
<td>non-steroidal anti-inflammatory drug</td>
</tr>
<tr>
<td>NWB</td>
<td>non-weight-bearing</td>
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<tr>
<td>O:</td>
<td>objective</td>
</tr>
<tr>
<td>OA</td>
<td>oseoarthritis</td>
</tr>
<tr>
<td>OB</td>
<td>obstetrics</td>
</tr>
<tr>
<td>od</td>
<td>once daily</td>
</tr>
<tr>
<td>O.P.</td>
<td>outpatient</td>
</tr>
<tr>
<td>O.R.</td>
<td>operating room</td>
</tr>
<tr>
<td>ORIF</td>
<td>open reduction, internal fixation</td>
</tr>
<tr>
<td>OT</td>
<td>occupational therapist</td>
</tr>
<tr>
<td>P</td>
<td>poor (muscle strength)</td>
</tr>
<tr>
<td>P:</td>
<td>plan (treatment plan)</td>
</tr>
<tr>
<td>P.A.</td>
<td>physician's assistant</td>
</tr>
<tr>
<td>PA</td>
<td>posterior/anterior</td>
</tr>
<tr>
<td>para</td>
<td>paraplegia</td>
</tr>
<tr>
<td>pc</td>
<td>after meals</td>
</tr>
<tr>
<td>per</td>
<td>by/through</td>
</tr>
<tr>
<td>p.o.</td>
<td>by mouth</td>
</tr>
<tr>
<td>PERRLA</td>
<td>pupils, equal, round, reactive to light and accommodation</td>
</tr>
<tr>
<td>P.H.</td>
<td>past history</td>
</tr>
<tr>
<td>PMH</td>
<td>past medical history</td>
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<tr>
<td>PNF</td>
<td>proprioceptive neuromuscular facilitation</td>
</tr>
<tr>
<td>PNI</td>
<td>peripheral nerve injury</td>
</tr>
<tr>
<td>pos.</td>
<td>positive</td>
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<td>poss</td>
<td>possible</td>
</tr>
<tr>
<td>post</td>
<td>posterior</td>
</tr>
<tr>
<td>post-op</td>
<td>after surgery</td>
</tr>
<tr>
<td>#</td>
<td>pound</td>
</tr>
<tr>
<td>//</td>
<td>parallel</td>
</tr>
<tr>
<td>PRE</td>
<td>progressive resistive exercise</td>
</tr>
<tr>
<td>pre-op</td>
<td>before surgery</td>
</tr>
<tr>
<td>1°, 2°</td>
<td>primary, secondary</td>
</tr>
<tr>
<td>prn</td>
<td>whenever necessary</td>
</tr>
<tr>
<td>PROM</td>
<td>passive range of motion</td>
</tr>
<tr>
<td>PSIS</td>
<td>posterior superior iliac spine</td>
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<tr>
<td>PT</td>
<td>physical therapy</td>
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<tr>
<td>PT/PTT</td>
<td>protime/prothrombine time</td>
</tr>
<tr>
<td>Pt., pt.</td>
<td>patient</td>
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<td>PTA</td>
<td>physical therapy assistant</td>
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<tr>
<td>PTA</td>
<td>prior to admission</td>
</tr>
<tr>
<td>PVD</td>
<td>peripheral vascular disease</td>
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<td>PWB</td>
<td>partial weight bearing</td>
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<tr>
<td>px</td>
<td>practice</td>
</tr>
<tr>
<td>q</td>
<td>every</td>
</tr>
<tr>
<td>qd</td>
<td>every day</td>
</tr>
<tr>
<td>qh</td>
<td>every hour</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Definition</td>
</tr>
<tr>
<td>--------------</td>
<td>------------</td>
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<tr>
<td>qid</td>
<td>four times a day</td>
</tr>
<tr>
<td>qn</td>
<td>every night</td>
</tr>
<tr>
<td>R</td>
<td>right</td>
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<tr>
<td>RA</td>
<td>rheumatoid arthritis</td>
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<td>RBC</td>
<td>red blood cell count</td>
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<td>R.D.</td>
<td>registered dietician</td>
</tr>
<tr>
<td>re</td>
<td>regarding</td>
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<tr>
<td>re-ed</td>
<td>re-educate or re-education</td>
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<tr>
<td>rehab</td>
<td>rehabilitation</td>
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<td>reps</td>
<td>repetitions</td>
</tr>
<tr>
<td>resp</td>
<td>respiratory, respiration</td>
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<tr>
<td>RN</td>
<td>registered nurse</td>
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<tr>
<td>R/I</td>
<td>rule in</td>
</tr>
<tr>
<td>R/O</td>
<td>rule out</td>
</tr>
<tr>
<td>ROM</td>
<td>range of motion</td>
</tr>
<tr>
<td>ROT</td>
<td>rotation</td>
</tr>
<tr>
<td>RR</td>
<td>respiratory rate</td>
</tr>
<tr>
<td>RROM</td>
<td>resistive range of motion</td>
</tr>
<tr>
<td>RSD</td>
<td>reflex sympathetic dystrophy</td>
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<tr>
<td>R.T.</td>
<td>respiratory therapist</td>
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<tr>
<td>Rx</td>
<td>treatment, prescription, therapy</td>
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<tr>
<td>S1, S2, etc.</td>
<td>first sacral vertebrae, etc.</td>
</tr>
<tr>
<td>SB</td>
<td>side bend</td>
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<tr>
<td>SCI</td>
<td>spinal cord injury</td>
</tr>
<tr>
<td>SC joint</td>
<td>sternoclavicular joint</td>
</tr>
<tr>
<td>sig</td>
<td>directions for use, give as follows</td>
</tr>
<tr>
<td>SIJ</td>
<td>sacroiliac joint</td>
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<tr>
<td>SLR</td>
<td>straight leg raise</td>
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<tr>
<td>SNF</td>
<td>skilled nursing facility</td>
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<tr>
<td>SOAP</td>
<td>subjective, objective, assessment, plan</td>
</tr>
<tr>
<td>SOB</td>
<td>shortness of breath</td>
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<tr>
<td>S/P</td>
<td>status post</td>
</tr>
<tr>
<td>spec</td>
<td>specimen</td>
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<tr>
<td>stat.</td>
<td>immediately, at once</td>
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<tr>
<td>Sx</td>
<td>symptoms</td>
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<td>T1, T2, etc.</td>
<td>first thoracic vertebrae, etc.</td>
</tr>
<tr>
<td>T</td>
<td>trace (muscle strength)</td>
</tr>
<tr>
<td>tab</td>
<td>tablet</td>
</tr>
<tr>
<td>tid</td>
<td>three times daily</td>
</tr>
<tr>
<td>↔</td>
<td>to and from</td>
</tr>
<tr>
<td>→</td>
<td>to, progressing toward</td>
</tr>
<tr>
<td>THR</td>
<td>total hip replacement</td>
</tr>
<tr>
<td>TKR</td>
<td>total knee replacement</td>
</tr>
<tr>
<td>TENS</td>
<td>transcutaneous electrical nerve stimulator</td>
</tr>
<tr>
<td>TIA</td>
<td>transient ischemic attack</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
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<tr>
<td>TMJ</td>
<td>temporomandibular joint</td>
</tr>
<tr>
<td>t.o.</td>
<td>telephone order</td>
</tr>
<tr>
<td>TPR</td>
<td>temperature, pulse &amp; respiration</td>
</tr>
<tr>
<td>↑</td>
<td>up, upward, increase</td>
</tr>
<tr>
<td>UA</td>
<td>urine analysis</td>
</tr>
<tr>
<td>UE</td>
<td>upper extremity</td>
</tr>
<tr>
<td>UMN</td>
<td>upper motor neuron</td>
</tr>
<tr>
<td>UNK</td>
<td>unknown</td>
</tr>
<tr>
<td>URI</td>
<td>upper respiratory infection</td>
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<tr>
<td>US</td>
<td>ultrasound</td>
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<tr>
<td>UTI</td>
<td>urinary tract infection</td>
</tr>
<tr>
<td>VAS</td>
<td>visual analog scale</td>
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<td>VD</td>
<td>venereal disease</td>
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<td>v.o.</td>
<td>verbal orders</td>
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<td>v.s.</td>
<td>vital signs</td>
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<td>/wk</td>
<td>per week</td>
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<tr>
<td>w/c</td>
<td>wheelchair</td>
</tr>
<tr>
<td>WBC</td>
<td>white blood cell count</td>
</tr>
<tr>
<td>c</td>
<td>with</td>
</tr>
<tr>
<td>s</td>
<td>without</td>
</tr>
<tr>
<td>WNL</td>
<td>within normal limits</td>
</tr>
<tr>
<td>x</td>
<td>number of times performed</td>
</tr>
<tr>
<td>y/o or y.o.</td>
<td>years old</td>
</tr>
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</table>
Hepatitis B Virus (HBV)

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV) which causes death in 1-2% of patients. Most people with Hepatitis B recover completely, but approximately 5-10% of these become chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. Some may develop chronic active Hepatitis and Cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B can prevent acute Hepatitis and also reduce sickness and death from Chronic Active Hepatitis, Cirrhosis, and liver cancer.

Hepatitis B Vaccine

The Hepatitis B Vaccine is a synthetic vaccine which, when administered, results in the seroconversion of approximately 95% of healthy adults. The vaccine is given by intramuscular injection into the deltoid muscle (upper arm). Following immunization, antibody levels decline, however protection against clinically significant HBV infection appears to continue even in persons with undetectable antibody levels. Pending further studies a booster shot may be recommended.

Possible Side Effects

No serious adverse reactions have been reported and the incidence of side effects is very low. There is no possibility of Hepatitis B infection from the synthetic vaccine.

Side effects include soreness at the injection site, fever, headache, dizziness, fatigue, or nausea. All symptoms are infrequent and are limited to the first few days following vaccination.

Precautions

Pregnant women or nursing mothers should consult with their health care provider prior to signing consent for the vaccination. Individuals with well documented allergic reactions to formalin (formaldehyde), thimerosal (mercury derivative), or yeast should consult with the Student Health Services physician prior to receiving the vaccine. It is not advised that you take the vaccine when you are sick, particularly with flu symptoms.

Schedule for Vaccinations

Vaccinations will be given by the Student Health Services at times designated by the Safety Office. You will be notified of these dates and times.
If you believe that you are already immune to Hepatitis B, you may request a lab test prior to receiving the vaccine.

The vaccine is given in three doses – the initial vaccination, one dose a month later, and the third dose six months after the first one. Lab work will be done after completion of the series to determine if immunity has been achieved. Failure to achieve immunity is infrequent, however, should this happen an additional injection will be given.
Appendix D

Athletic Training Students’ Association Constitution

Article I: Name
I.I THE NAME OF THIS ORGANIZATION SHALL BE THE APPALACHIAN STATE UNIVERSITY ATHLETIC TRAINING STUDENT ASSOCIATION (ATSA).

Article II: Mission Statement
II.I TO FURTHER THE EDUCATION AND PROVIDE A SOCIAL NETWORK FOR MEMBERS OF THE ATHLETIC TRAINING STUDENT ASSOCIATION

Article III: Objectives
III.I The objectives of this Association shall be stated in the Constitution of the National Athletic Training's Association:
   III.I.I The advancement, encouragement, and improvement of the athletic training profession in all its phases, and to promote a better working relationship among those persons interested in the problems of athletic training.
   III.I.II To develop further the ability of each of its members.
   III.I.III To better serve the common interests of its members by providing a means for the exchange of ideas within the profession.
   III.I.IV To enable members to gain a broader understanding of the profession outside the bounds of the University.
   III.I.V To enable members to become better acquainted personally through casual good fellowship.

Article IV: Membership Classes
IV.I There shall be four classes of memberships:
   IV.I.I Undergraduate student
   IV.I.II Graduate student
   IV.I.III Advisor
   IV.I.IV Affiliate

IV.II Each individual is eligible for only one class of membership at any given time.

Article V: Membership Dues
V.I Dues shall be $5.00 per semester
V.II Dues are to be paid by the second meeting of each academic semester.
   V.II.I Failure to pay by the deadline will result in member probation as stated in article VI.II.III

Article VI: Membership Responsibilities
VI.I The responsibilities of each member of the ATSA shall be to uphold the ideas put forth in the Code of Ethics as issued by the NATA:
   VI.I.I Athletic trainers should neither practice nor condone discrimination on the basis of race, color, sex, age, religion, or
Athletic trainers should not engage in or condone un-sportsmanlike conduct or practices.

Athletic trainers should provide care on the basis of needs of the individual athlete. They should not discriminate in providing care on the basis of athletic ability.

Athletic trainers should strive to achieve the highest level of competence. They should use only those techniques and preparations for which they are qualified and authorized to administer.

Athletic trainers should recognize the need for continuing education to remain proficient in their practice. They should be willing to consider new procedures within guidelines that assure safety.

Athletic trainers should recognize that personal problems and conflicts may occur which may interfere with professional effectiveness. Accordingly, they should refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to an athlete.

Athletic trainers should use care to be truthful and not mislead when stating their education, training, and experience.

Responsibilities of each member of the ATSA also include:

- fulfill financial obligations in a timely and professional manner
- be active as a member of the ATSA. Including attending meetings, participating in service projects, fundraising activities, and other activities sponsored by the ATSA.

Failure to fulfill the membership responsibilities put forth by this constitution shall result in probation from active membership which includes:

- unable to receive any benefits from the ATSA, monetary or otherwise
- not allowed to serve in an officer or committee chairperson position
- not allowed to register for activities as a member of the ATSA

REMOVAL FROM ATSA

Article VII: Officers

President

The President shall be classified as a junior or senior undergraduate student elected by a majority vote of the members.

Duties:

- Provide leadership and guidance for the members of the ATSA
- Provide an ethical and dependable representative of the members for the Appalachian State
University community VII.I.III Oversee educational or fundraising programs initiated by ATSA
regular meetings of the Association to
confer with the other officers and members about current and future projects and ideas.

VII.I.IV Conduct

VII.I.IV.V Confer with the advisor about the advancement of the objectives of the Association.

VII.I.IV.VI Be responsible for co-signing any checks drawn from the Association's account along with the treasurer and/or the advisor.

VII.I.IV.VII Be responsible for appointing committees for the development of ideas upon approval by the officers.

VII.II Vice President

VII.II.I The Vice President shall be classified as a junior or senior undergraduate student elected by a majority vote of the members.

VII.II.II Duties:

VII.II.II.I To uphold the standards of the ATSA.

VII.II.II.II To assist the President in project and idea development

VII.II.II.III Oversee various committees and their actions in development of programs.

VII.II.II.IV Act as an intermediary between the membership and the President.

VII.II.II.V To assume the duties of the President in their absence

VII.III Secretary

VII.III.I The Secretary shall be classified as a sophomore or junior undergraduate student elected by majority vote of the members.

VII.III.II Duties:

VII.III.II.I To maintain the records of membership and the minutes of all meetings.

VII.III.II.II Oversee the publication and distribution of any newsletters or announcements.

VII.III.II.III Be responsible for communication with other organizations and individuals.

VII.III.II.IV To assume the duties of the Vice President in their absence

VII.IV Treasurer

VII.IV.I The Treasurer shall be classified as a sophomore or junior undergraduate student elected by a majority vote of the members.

VII.IV.II Duties:

VII.IV.II.I Maintain an accurate account of club finances.

VII.IV.II.II Provide adequate records and receipts for any funds gained or spent.

VII.IV.II.III To maintain a bank account for the club funds.

VII.IV.II.IV Be responsible for co-signing any checks drawn
from the Association's account along with either the
President and/or the advisor.

VII.IV.II.V Oversee any fundraising participated in by the Association
VII.IV.II.VI To assume the duties of the Secretary in their absence

Article VIII: Elections and Voting
VIII.I There shall be an annual election for all officers to be held in MARCH. Terms of those
officers shall run from May 1 of that year until April 30 of the following year.

VIII.II OFFICERS SHALL BE ELECTED BY A MAJORITY VOTE

VIII.II The officers shall be of the classifications as stated in Article VII and shall be eligible for
one re-election to the previous office held.

VIII.III Candidates must be self-nominated in the form of a goal/purpose statement. The
goal/purpose statement must be posted by one week before the election.

VIII.IV All active UNDERGRADUATE members shall be entitled to one vote on all elections
and on any motions submitted to the Association for decisions.

Article X: Constitution
X.I This constitution was ratified and put into effect by a vote of two-thirds of the active
UNDERGRADUATE members.

Article XI: Amendments
XI.I All proposed amendments to this constitution shall be submitted in writing to be
considered by the officers and then voted on by the UNDERGRADUATE members.

Article XII: Parliamentary Procedure
XII.I Meetings be held in a consistent order of business, with the President presiding.
XII.II At appointed hour, the President shall call the meeting to order and determine if a quorum
(a majority of members or a # specified by the Constitution) is present.

XII.III For regular meetings, the order of business is:

XII.III.I Roll call.
XII.III.II Reading of the minutes of the last meeting.
XII.III.III Reports of officers.
XII.III.IV Reports of committees.
XII.III.V Unfinished business from previous meetings.
XII.III.VI New business.
XII.III.VII Miscellaneous: Announcements, Requests, etc.
XII.III.VIII Adjournment

Article XIII: Meeting
XIII.I Meetings shall be held on the second Monday of each month during the academic year.

XIII.II If that Monday shall fall on a holiday, the meeting shall take place
the next possible Monday.

XIII.II In the event that an ad hoc meeting is called, announcements will
be posted regarding the time and place of the meeting at least two
days in advance.
Article XIV: Faculty Advisor
XIV.I The faculty advisor shall be a member of the Athletic staff or Health, Leisure, and Exercise Science Department staff who has chosen to serve as advisor upon invitation issued by the general membership. The duties shall be as follows:

XIV.I.I To provide leadership and guidance where necessary to the membership of the Association
XIV.I.II To provide input from a professional and faculty level concerning any ideas or problems.
XIV.I.III Act as a supervisor for any trips the Association shall decide to take.
XIV.I.IV Be responsible for co-signing any checks drawn from the Association's account along with the President and/or Treasurer

Article XV: Authority / Supremacy
XV.I The President shall be the student member with authority but is required to answer to and confer with the faculty advisor.
XV.II This Association is subject to the policies and procedures of Appalachian State University and all members are required and expected to act accordingly.

Article XVI: Financial Assistance for Educational Functions
XVI.I It is the mission of the Athletic Training Student Association to assist with the education of its members as well as to provide a social network. To assist in our mission, ATSA will provide financial assistance to undergraduate members which is to be used towards attendance at educational functions relevant to the athletic training profession upon request and evaluation.
XVI.II To be eligible to receive financial assistance from ATSA, each person must meet the following requirements:

XVI.II.I Be a current undergraduate ATSA member in good standing.
XVI.II.II Have filled out the Financial Assistance Request Form.
XVI.II.III Filed the Financial Assistance Request Form at least 1 week prior to the function in question.
XVI.II.IV Set up an appointment time with the officers of the club.

XVI.III After completion of the Financial Assistance Request Form, the ATSA undergraduate member or members’ case will be presented to the officers.

XVI.IV Granting of financial assistance for each undergraduate member shall be based upon meeting attendance, fundraiser participation, current member standing, club participation, and any other pertinent factors, which the officers deem prudent while remaining as objective as possible. The specific amount of financial assistance granted to each member should reflect relative cost of the functions, as well as the current financial status of the club. (One night at a moderately priced hotel, gas money, and food money are all legitimate examples of possible ATSA financial assistance.)

XVI.V A majority vote of the officers will decide whether financial assistance will be provided or not. A majority vote must also be taken to confirm the amount of financial assistance the club
will issue to the undergraduate member(s). In the event of a tie among the majority, the advisor will hold the tie-breaking vote.

XVI. VI Subsequent to the educational function, the member(s) are asked to provide receipts detailing the trip costs, and if necessary, return any unused funds to the club. This is to occur no later than 1 week prior to the function. Without receipts, the benefactors of the financial assistance will be asked to return all the funds appropriated to them.
Appendix E

NATA Mission and Code of Ethics

NATA Mission Statement
The mission of the National Athletic Trainers’ Association is to enhance the quality of health care for athletes and those engaged in physical activity, and to advance the profession of athletic training through education and research in the prevention, evaluation, management and rehabilitation of injuries.

NATA Code of Ethics

Preamble
The Code of Ethics of the National Athletic Trainers’ Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in the Code are subject to continual review and revision as the athletic training profession develops and changes.

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

1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care unless the person consents to such release or release is permitted or required by law.

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

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and adhere to all National Athletic Trainers’ Association guidelines and ethical standards.
2.3 Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.
2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.
Principle 3:
Members shall accept responsibility for the exercise of sound judgment.

3.1 Members shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.
3.2 Members shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

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

4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.
4.2 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.
4.3 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.
4.4 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.
4.5 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 the growth of athletic training as a profession.
4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

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

5.1 The private conduct of the member is a personal matter to the same degree as is any other person’s except when such conduct compromises the fulfillment of professional responsibilities.
5.2 Members of the National Athletic Trainers’ Association and others serving on the Association’s committees or acting as consultants shall not use, directly or by implication, the Association’s name or logo or their affiliation with the Association in the endorsement of products or services.
5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.
5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.
Appendix F

BOC Standards of Professional Practice
Implemented January 1, 2006

Introduction

The mission of the National Athletic Trainers' Association Board of Certification Inc. (BOC) is to certify athletic trainers and to identify for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs. The BOC has been responsible for the certification of athletic trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly the BOC provides a certification program for the entry-level athletic trainer that confers the ATC® credential and establishes requirements for maintaining status as a certified athletic trainer, ATC® (to be known as “athletic trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director. The BOC is the only accredited certification program for athletic trainers in the United States. Every five years the BOC must undergo review and re-accreditation by the National Commission for Certifying agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The BOC Standards of Professional Practice consists of two sections:
I. Practice Standards
II. Code of Professional Responsibility

I. Practice Standards

Preamble

The Practice Standards (Standards) establish essential practice expectations for all athletic trainers. Compliance with the Standards is mandatory.

The Standards are intended to:

- assist the public in understanding what to expect from an athletic trainer
- assist the athletic trainer in evaluating the quality of patient care
- assist the athletic trainer in understanding the duties and obligations imposed by virtue of holding the ATC® credential

The Standards are NOT intended to:

- prescribe services
The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every athletic trainer and applicant must agree to comply with the Standards at all times.

Standard 1: Direction

The athletic trainer renders service or treatment under the direction of a physician.

Standard 2: Prevention

The athletic trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

Standard 3: Immediate Care

The athletic trainer provides standard immediate care procedures used in emergency situations, independent of setting.

Standard 4: Clinical Evaluation and Diagnosis

Prior to treatment, the athletic trainer assesses the patient’s level of function. The patient’s input is considered an integral part of the initial assessment. The athletic trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

Standard 5: Treatment, Rehabilitation and Reconditioning

In development of a treatment program, the athletic trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

Standard 6: Program Discontinuation

The athletic trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The athletic trainer, at the time of discontinuation, notes the final assessment of the patient’s status.

Standard 7: Organization & Administration
All services are documented in writing by the athletic trainer and are part of the patient’s permanent records. The athletic trainer accepts responsibility for recording details of the patient’s health status.

II. Code of Professional Responsibility

Preamble

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all athletic trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The Professional Practice and Discipline Guidelines & Procedures may be accessed via the BOC website, www.bocatc.org.

Code 1: Patient Responsibility

The BOC certified athletic trainer or applicant:

1.1 Renders quality patient care regardless of the patient’s race, religion, age, sex, nationality, disability, social, economic status, or any other characteristic protected by law.

1.2 Protects the patient from harm, acts always in the patient’s best interests, and is an advocate for the patient’s welfare.

1.3 Takes appropriate action to protect patients from athletic trainers, other healthcare providers or athletic training students who are incompetent, impaired, or engaged in illegal or unethical practice.

1.4 Maintains the confidentiality of patient information in accordance with applicable law.

1.5 Communicates clearly and truthfully with patients and other persons involved in the patient’s program, including, but not limited to, appropriate discussion of assessment results, program plans and progress.

1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain.

1.7 Exercises reasonable care, skill and judgment in all professional work.

Code 2: Competency

The BOC certified athletic trainer or applicant:
2.1 Engages in lifelong, professional and continuing educational activities.

2.2 Participates in continuous quality improvement activities.

2.3 Complies with the most current BOC recertification policies and requirements.

**Code 3: Professional Responsibility**

The BOC certified athletic trainer or applicant:

3.1 Practices in accordance with the most current BOC Practice Standards.

3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.

3.3 Collaborates and cooperates with other healthcare providers involved in a patient’s care.

3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient’s care.

3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another athletic trainer that is related to the practice of athletic training, public health, patient care or education.

3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another athletic trainer that is related to athletic training, public health, patient care or education.

3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful.

3.8 Does not, without proper authority, possess, use, copy, access, distribute, or discuss certification examinations, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials.

3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public.

3.10 Complies with all confidentiality and disclosure requirements of the BOC.

3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony, or to a misdemeanor related to
public health, patient care, athletics or education. This includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an athletic trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity.

3.12 Cooperates with BOC investigations into alleged illegal or unethical activities. This includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion.

3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization.

Code 4: Research

The BOC certified athletic trainer or applicant who engages in research:

4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions.

4.2 Protects the rights and well being of research subjects.

4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

Code 5: Social Responsibility

The BOC certified athletic trainer or applicant:

5.1 Uses professional skills and knowledge to positively impact the community.

Code 6: Business Practices

The BOC certified athletic trainer or applicant:

6.1 Refrains from deceptive or fraudulent business practices.

6.2 Maintains adequate and customary professional liability insurance.