Bachelor of Science in Athletic Training
Student Handbook
2017-2018 Academic Year

Policies in this handbook are for all Pre-Athletic Training, and Athletic Training Majors

In addition to this handbook, students are to refer to the College of Health and Human Services Student Handbook and the UNC Charlotte Undergraduate Catalog
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UNC CHARLOTTE’S ATHLETIC TRAINING EDUCATION PROGRAM

Vision Statement
The UNC Charlotte Athletic Training Education Program provides a stimulating and diverse learning environment for undergraduate athletic training students. UNC Charlotte is committed to becoming a leader in North Carolina for undergraduate athletic training education.

Mission Statement
The mission of the UNC Charlotte Athletic Training Education Program is to promote optimal health and well-being in the physically active population by providing educational opportunities to prepare qualified undergraduate students for a career as entry-level certified athletic trainers. The Education Program is structured according to competencies and proficiencies provided by the National Athletic Trainers’ Association’s Education Council. We are committed to providing quality classroom and clinical education as well as rewarding field experiences. We will use current technology and literature supported by clinical and educational research to provide these services.

The Athletic Training Education Program seeks to enhance student learning through a variety of interactive and problem solving experiences that mandates that students demonstrate cognitive understanding of the health sciences, work with diverse individuals and populations, and perform specific athletic training skills and techniques. The development of competent athletic trainers is based on a program of curricular experiences that require students to demonstrate and apply their knowledge, skills, and attributes in the clinical setting.

The purpose of this program is to prepare well-rounded students for eligibility to sit for the Board of Certification, Inc. certification examination and pursue careers as certified athletic trainers. In addition this program aims to produce students who are committed to academic and clinical excellence, are socially responsible, and have demonstrated cultural sensitivity.

We are committed to an ongoing evaluation of our Athletic Training Education Program to ensure our students are receiving the highest quality education possible. Furthermore, we are committed to staying abreast to the ongoing changes in our profession in order to keep our students current in our evolving field.

Finally, the UNC Charlotte Athletic Training Education Program aspires to be a program of recognized excellence. It is our intentions to establish this program as a leader in undergraduate athletic training education.

Date of Origin: 8/01
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Program Goals and Objectives

Goal I
Prepare the individual in the knowledge, skills, values, and decision making related to Evidence Based Practice (EBP).

Objectives
Upon completion of the athletic training education program the individual will be able to:
1. Define evidence-based practice as it relates to athletic training clinical practice.
2. Explain the role of evidence in the clinical decision making process.
3. Describe and differentiate the types of quantitative and qualitative research, research components, and levels of research evidence.
4. Describe a systematic approach (eg, five step approach) to create and answer a clinical question through review and application of existing research.
5. Develop a relevant clinical question using a pre-defined question format (eg, PICO= Patients, Intervention, Comparison, Outcomes; PIO = Patients, Intervention, Outcomes).
6. Describe and contrast research and literature resources including databases and online critical appraisal libraries that can be used for conducting clinically-relevant searches.
7. Conduct a literature search using a clinical question relevant to athletic training practice using search techniques (eg, Boolean search, Medical Subject Headings) and resources appropriate for a specific clinical question.
8. Describe the differences between narrative reviews, systematic reviews, and metaanalyses.
9. Use standard criteria or developed scales (eg, Physiotherapy Evidence Database Scale [PEDro], Oxford Centre for Evidence Based Medicine Scale) to critically appraise the structure, rigor, and overall quality of research studies.
10. Determine the effectiveness and efficacy of an athletic training intervention utilizing evidence-based practice concepts.
11. Explain the theoretical foundation of clinical outcomes assessment (eg, disablement, health-related quality of life) and describe common methods of outcomes assessment in athletic training clinical practice (generic, disease-specific, region-specific, and dimension-specific outcomes instruments).
12. Describe the types of outcomes measures for clinical practice (patient-based and clinician-based) as well as types of evidence that are gathered through outcomes assessment (patient-oriented evidence versus disease-oriented evidence).
13. Understand the methods of assessing patient status and progress (eg, global rating of change, minimal clinically important difference, minimal detectable difference) with clinical outcomes assessments.
14. Apply and interpret clinical outcomes to assess patient status, progress, and change using psychometrically sound outcome instruments.

Goal II
Prepare the individual in the knowledge and values related to prevention and health promotion (PHP).

Objectives
Upon completion of the athletic training education program the individual will be able to:

General Prevention Principles
1. Describe the concepts (eg, case definitions, incidence versus prevalence, exposure
assessment, rates) and uses of injury and illness surveillance relevant to athletic training.
2. Identify and describe measures used to monitor injury prevention strategies (eg, injury rates and risks, relative risks, odds ratios, risk differences, numbers needed to treat/harm).
3. Identify modifiable/non-modifiable risk factors and mechanisms for injury and illness.
4. Explain how the effectiveness of a prevention strategy can be assessed using clinical outcomes, surveillance, or evaluation data.
5. Explain the precautions and risk factors associated with physical activity in persons with common congenital and acquired abnormalities, disabilities, and diseases.
6. Summarize the epidemiology data related to the risk of injury and illness associated with participation in physical activity.

**Prevention Strategies and Procedures**
7. Implement disinfectant procedures to prevent the spread of infectious diseases and to comply with Occupational Safety and Health Administration (OSHA) and other federal regulations.
8. Identify the necessary components to include in a preparticipation physical examination as recommended by contemporary guidelines (eg, American Heart Association, American Academy of Pediatrics Council on Sports Medicine & Fitness).
9. Explain the role of the preparticipation physical exam in identifying conditions that might predispose the athlete to injury or illness.
10. Explain the principles of the body’s thermoregulatory mechanisms as they relate to heat gain and heat loss.
11. Explain the principles of environmental illness prevention programs to include acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, hydration status, and environmental assessment (eg, sling psychrometer, wet bulb globe temperatures [WBGT], heat index guidelines).
12. Summarize current practice guidelines related to physical activity during extreme weather conditions (eg, heat, cold, lightning, wind).
13. Obtain and interpret environmental data (web bulb globe temperature [WBGT], sling psychrometer, lightning detection devices) to make clinical decisions regarding the scheduling, type, and duration of physical activity.
14. Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual’s ability to participate in physical activity in a hot, humid environment.
15. Use a glucometer to monitor blood glucose levels, determine participation status, and make referral decisions.
16. Use a peak-flow meter to monitor a patient’s asthma symptoms, determine participation status, and make referral decisions.
17. Explain the etiology and prevention guidelines associated with the leading causes of sudden death during physical activity, including but not limited to:
   a. Cardiac arrhythmia or arrest
   b. Asthma
   c. Traumatic brain injury
   d. Exertional heat stroke
   e. Hyponatremia
   f. Exertional sickling
   g. Anaphylactic shock
   h. Cervical spine injury
   i. Lightning strike
18. Explain strategies for communicating with coaches, athletes, parents, administrators, and other relevant personnel regarding potentially dangerous conditions related to the environment, field, or playing surfaces.
19. Instruct clients/patients in the basic principles of ergodynamics and their relationship to the prevention of illness and injury.

**Protective Equipment and Prophylactic Procedures**
20. Summarize the basic principles associated with the design, construction, fit, maintenance, and reconditioning of protective equipment, including the rules and regulations established by the associations that govern its use.
21. Summarize the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints.
22. Fit standard protective equipment following manufacturers’ guidelines.
23. Apply preventive taping and wrapping procedures, splints, braces, and other special protective devices.

**Fitness/Wellness**
24. Summarize the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.
25. Describe the role of exercise in maintaining a healthy lifestyle and preventing chronic disease.
26. Identify and describe the standard tests, test equipment, and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility, and endurance.
27. Compare and contrast the various types of flexibility, strength training, and cardiovascular conditioning programs to include expected outcomes, safety precautions, hazards, and contraindications.
28. Administer and interpret fitness tests to assess a client’s/patient’s physical status and readiness for physical activity.
29. Explain the basic concepts and practice of fitness and wellness screening.
30. Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.
31. Instruct a client/patient regarding fitness exercises and the use of muscle strengthening equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.

**General Nutrition Concepts**
32. Describe the role of nutrition in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.
33. Educate clients/patients on the importance of healthy eating, regular exercise, and general preventative strategies for improving or maintaining health and quality of life.
34. Describe contemporary nutritional intake recommendations and explain how these recommendations can be used in performing a basic dietary analysis and providing appropriate general dietary recommendations.
35. Describe the proper intake, sources of, and effects of micro- and macronutrients on performance, health, and disease.
36. Describe current guidelines for proper hydration and explain the consequences of improper fluid/electrolyte replacement.
37. Identify, analyze, and utilize the essential components of food labels to determine the content, quality, and appropriateness of food products.
38. Describe nutritional principles that apply to tissue growth and repair.
39. Describe changes in dietary requirements that occur as a result of changes in an individual’s health, age, and activity level.
40. Explain the physiologic principles and time factors associated with the design and planning of pre-activity and recovery meals/snacks and hydration practices.
41. Identify the foods and fluids that are most appropriate for pre-activity, activity, and recovery meals/snacks.

**Weight Management and Body Composition**
42. Explain how changes in the type and intensity of physical activity influence the energy and nutritional demands placed on the client/patient.
43. Describe the principles and methods of body composition assessment to assess a client’s/patient’s health status and to monitor changes related to weight management, strength training, injury, disordered eating, menstrual status, and/or bone density status.
44. Assess body composition by validated techniques.
45. Describe contemporary weight management methods and strategies needed to support activities of daily life and physical activity.

**Disordered Eating and Eating Disorders**
46. Identify and describe the signs, symptoms, physiological, and psychological responses of clients/patients with disordered eating or eating disorders.
47. Describe the method of appropriate management and referral for clients/patients with disordered eating or eating disorders in a manner consistent with current practice guidelines.

**Performance Enhancing and Recreational Supplements and Drugs**
48. Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used dietary supplements, performance enhancing drugs, and recreational drugs.
49. Identify which therapeutic drugs, supplements, and performance-enhancing substances are banned by sport and/or workplace organizations in order to properly advise clients/patients about possible disqualification and other consequences.

**Goal III**
Prepare the individual in the knowledge, skills, values, and decision making related to clinical examination and diagnosis (CE).

**Systems and Regions**
a. Musculoskeletal
b. Integumentary
c. Neurological
d. Cardiovascular
e. Endocrine
f. Pulmonary
g. Gastrointestinal
h. Hepatobiliary
i. Immune
j. Renal and urogenital
k. The face, including maxillofacial region and mouth
l. Eye, ear, nose, and throat
Objectives
Upon completion of the athletic training education program the individual will be able to:

1. Describe the normal structures and interrelated functions of the body systems.
2. Describe the normal anatomical, systemic, and physiological changes associated with the lifespan.
3. Identify the common congenital and acquired risk factors and causes of musculoskeletal injuries and common illnesses that may influence physical activity in pediatric, adolescent, adult, and aging populations.
4. Describe the principles and concepts of body movement, including normal osteokinematics and arthrokinematics.
5. Describe the influence of pathomechanics on function.
6. Describe the basic principles of diagnostic imaging and testing and their role in the diagnostic process.
7. Identify the patient’s participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient’s life.
8. Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life.
10. Explain diagnostic accuracy concepts including reliability, sensitivity, specificity, likelihood ratios, prediction values, and pre-test and post-test probabilities in the selection and interpretation of physical examination and diagnostic procedures.
11. Explain the creation of clinical prediction rules in the diagnosis and prognosis of various clinical conditions.
12. Apply clinical prediction rules (eg, Ottawa Ankle Rules) during clinical examination procedures.
13. Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient’s perceived pain, and the history and course of the present condition.
14. Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient’s treatment/rehabilitation program, and make modifications to the patient’s program as needed.
15. Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.
16. Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions.
17. Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.
18. Incorporate the concept of differential diagnosis into the examination process.
19. Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient’s current status.
20. Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to:
   a. history taking
   b. inspection/observation
   c. palpation
   d. functional assessment
   e. selective tissue testing techniques / special tests
   f. neurological assessments (sensory, motor, reflexes, balance, cognitive function)
   g. respiratory assessments (auscultation, percussion, respirations, peak-flow)
   h. circulatory assessments (pulse, blood pressure, auscultation)
   i. abdominal assessments (percussion, palpation, auscultation)
j. other clinical assessments (otoscope, urinalysis, glucometer, temperature, ophthalmoscope)

21. Assess and interpret findings from a physical examination that is based on the patient’s clinical presentation. This exam can include:
   a. Assessment of posture, gait, and movement patterns
   b. Palpation
   c. Muscle function assessment
   d. Assessment of quantity and quality of osteokinematic joint motion
   e. Capsular and ligamentous stress testing
   f. Joint play (arthrokinematics)
   g. Selective tissue examination techniques / special tests
   h. Neurologic function (sensory, motor, reflexes, balance, cognition)
   i. Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate)
   j. Pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respirations, peak expiratory flow)
   k. Gastrointestinal function (including differentiation between normal and abnormal bowel sounds)
   l. Genitourinary function (urinalysis)
   m. Ocular function (vision, ophthalmoscope)
   n. Function of the ear, nose, and throat (including otoscopic evaluation)
   o. Dermatological assessment
   p. Other assessments (glucometer, temperature)

22. Determine when the findings of an examination warrant referral of the patient.

23. Describe current setting-specific (eg, high school, college) and activity-specific

**Goal IV**

Prepare the individual in the knowledge, skills, values, and decision making related to acute care of injuries and illnesses (AC).

**Objectives**

*Upon completion of the athletic training education program the individual will be able to:*

**Planning**

1. Explain the legal, moral, and ethical parameters that define the athletic trainer’s scope of acute and emergency care.
2. Differentiate the roles and responsibilities of the athletic trainer from other pre-hospital care and hospital-based providers, including emergency medical technicians/paramedics, nurses, physician assistants, and physicians.
3. Describe the hospital trauma level system and its role in the transportation decision-making process.

**Examination**

4. Demonstrate the ability to perform scene, primary, and secondary surveys.
5. Obtain a medical history appropriate for the patient’s ability to respond.
6. When appropriate, obtain and monitor signs of basic body functions including pulse, blood pressure, respiration, pulse oximetry, pain, and core temperature. Relate changes in vital signs to the patient’s status.
7. Differentiate between normal and abnormal physical findings (eg, pulse, blood pressure, heart and lung sounds, oxygen saturation, pain, core temperature) and the associated pathophysiology.
Immediate Emergent Management

8. Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete’s injured body part.

9. Differentiate the types of airway adjuncts (oropharyngeal airways [OPA], nasopharyngeal airways [NPA] and supraglottic airways [King LT-D or Combitube]) and their use in maintaining a patent airway in adult respiratory and/or cardiac arrest.

10. Establish and maintain an airway, including the use of oro- and nasopharyngeal airways, and neutral spine alignment in an athlete with a suspected spine injury who may be wearing shoulder pads, a helmet with and without a face guard, or other protective equipment.

11. Determine when suction for airway maintenance is indicated and use according to accepted practice protocols.

12. Identify cases when rescue breathing, CPR, and/or AED use is indicated according to current accepted practice protocols.

13. Utilize an automated external defibrillator (AED) according to current accepted practice protocols.


15. Utilize a bag valve and pocket mask on a child and adult using supplemental oxygen.

16. Explain the indications, application, and treatment parameters for supplemental oxygen administration for emergency situations.

17. Administer supplemental oxygen with adjuncts (eg, non-rebreather mask, nasal cannula).

18. Assess oxygen saturation using a pulse oximeter and interpret the results to guide decision making.

19. Explain the proper procedures for managing external hemorrhage (eg, direct pressure, pressure points, tourniquets) and the rationale for use of each.

20. Select and use the appropriate procedure for managing external hemorrhage.

21. Explain aseptic or sterile techniques, approved sanitation methods, and universal precautions used in the cleaning, closure, and dressing of wounds.

22. Select and use appropriate procedures for the cleaning, closure, and dressing of wounds, identifying when referral is necessary.

23. Use cervical stabilization devices and techniques that are appropriate to the circumstances of an injury.


25. Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques.

26. Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient’s injury.

27. Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.

28. Differentiate the different methods for assessing core body temperature.


30. Explain the role of rapid full body cooling in the emergency management of exertional heat stroke.

31. Assist the patient in the use of a nebulizer treatment for an asthmatic attack.

32. Determine when use of a metered-dose inhaler is warranted based on a patient’s condition.

33. Instruct a patient in the use of a metered-dosed inhaler in the presence of asthma-related bronchospasm.

34. Explain the importance of monitoring a patient following a head injury, including
the role of obtaining clearance from a physician before further patient participation.
35. Demonstrate the use of an auto-injectable epinephrine in the management of allergic anaphylaxis. Decide when auto-injectable epinephrine use is warranted based on a patient’s condition.
36. Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:
   a. sudden cardiac arrest
   b. brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture
   c. cervical, thoracic, and lumbar spine trauma
   d. heat illness including heat cramps, heat exhaustion, exertional heat stroke, and hyponatremia
   e. exertional sickling associated with sickle cell trait
   f. rhabdomyolysis
   g. internal hemorrhage
   h. diabetic emergencies including hypoglycemia and ketoacidosis
   i. asthma attacks
   j. systemic allergic reaction, including anaphylactic shock
   k. epileptic and non-epileptic seizures
   l. shock
   m. hypothermia, frostbite
   n. toxic drug overdoses
   o. local allergic reaction

**Immediate Musculoskeletal Management**
37. Select and apply appropriate splinting material to stabilize an injured body area.
38. Apply appropriate immediate treatment to protect the injured area and minimize the effects of hypoxic and enzymatic injury.
39. Select and implement the appropriate ambulatory aid based on the patient’s injury and activity and participation restrictions.

**Transportation**
40. Determine the proper transportation technique based on the patient’s condition and findings of the immediate examination.
41. Identify the criteria used in the decision-making process to transport the injured patient for further medical examination.
42. Select and use the appropriate short-distance transportation methods, such as the log roll or lift and slide, for an injured patient in different situations.

**Education**
36. Instruct the patient in home care and self-treatment plans for acute conditions.

**Goal V**
Prepare the individual in the knowledge, skills, values, and decision making related to Therapeutic Intervention (TI).

**Therapeutic interventions include:**
- Techniques to reduce pain
- Techniques to limit edema
- Techniques to restore joint mobility
- Techniques to restore muscle extensibility
• Techniques to restore neuromuscular function
• Exercises to improve strength, endurance, speed, and power
• Activities to improve balance, neuromuscular control, coordination, and agility
• Exercises to improve gait, posture, and body mechanics
• Exercises to improve cardiorespiratory fitness
• Functional exercises (eg, sports- or activity-specific)
• Exercises which comprise a home-based program
• Aquatic therapy
• Therapeutic modalities
  — superficial thermal agents (eg, hot pack, ice)
  — electrical stimulation
  — therapeutic ultrasound
  — diathermy
  — therapeutic low-level laser and light therapy
  — mechanical modalities
    – traction
    – intermittent compression
    – continuous passive motion
    – massage
    – biofeedback
• Therapeutic medications (as guided by applicable state and federal law)

Objectives

Upon completion of the athletic training education program the individual will be able to:

Physical Rehabilitation and Therapeutic Modalities
1. Describe and differentiate the physiological and pathophysiological responses to inflammatory and non-inflammatory conditions and the influence of these responses on the design, implementation, and progression of a therapeutic intervention.
2. Compare and contrast contemporary theories of pain perception and pain modulation.
3. Differentiate between palliative and primary pain-control interventions.
4. Analyze the impact of immobilization, inactivity, and mobilization on the body systems (eg, cardiovascular, pulmonary, musculoskeletal) and injury response.
5. Compare and contrast the variations in the physiological response to injury and healing across the lifespan.
6. Describe common surgical techniques, including interpretation of operative reports, and any resulting precautions, contraindications, and comorbidities that impact the selection and progression of a therapeutic intervention program.
7. Identify patient- and clinician-oriented outcomes measures commonly used to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.
8. Explain the theory and principles relating to expected physiological response(s) during and following therapeutic interventions.
9. Describe the laws of physics that (1) underlay the application of thermal, mechanical, electromagnetic, and acoustic energy to the body and (2) form the foundation for the development of therapeutic interventions (eg, stress-strain, leverage, thermodynamics, energy transmission and attenuation, electricity).
10. Integrate self-treatment into the intervention when appropriate, including instructing the patient regarding self-treatment plans.
11. Design therapeutic interventions to meet specified treatment goals.
   a. Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.
   b. Position and prepare the patient for various therapeutic interventions.
c. Describe the expected effects and potential adverse reactions to the patient.
d. Instruct the patient how to correctly perform rehabilitative exercises.
e. Apply the intervention, using parameters appropriate to the intended outcome.
f. Reassess the patient to determine the immediate impact of the intervention.

12. Use the results of on-going clinical examinations to determine when a therapeutic intervention should be progressed, regressed or discontinued.
13. Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including therapeutic massage, myofascial techniques, and muscle energy techniques.
14. Describe the use of joint mobilization in pain reduction and restoration of joint mobility.
15. Perform joint mobilization techniques as indicated by examination findings.
16. Fabricate and apply taping, wrapping, supportive, and protective devices to facilitate return to function.
17. Analyze gait and select appropriate instruction and correction strategies to facilitate safe progression to functional gait pattern.
18. Explain the relationship between posture, biomechanics, and ergodynamics and the need to address these components in a therapeutic intervention.
19. Identify manufacturer, institutional, state, and/or federal standards that influence approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment.
20. Inspect therapeutic equipment and the treatment environment for potential safety hazards.

**Therapeutic Medications**

21. Explain the federal, state, and local laws, regulations and procedures for the proper storage, disposal, transportation, dispensing (administering where appropriate), and documentation associated with commonly used prescription and nonprescription medications.
22. Identify and use appropriate pharmaceutical terminology for management of medications, inventory control, and reporting of pharmacological agents commonly used in an athletic training facility.
23. Use an electronic drug resource to locate and identify indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications.
24. Explain the major concepts of pharmacokinetics and the influence that exercise might have on these processes.
25. Explain the concepts related to bioavailability, half-life, and bioequivalence (including the relationship between generic and brand name drugs) and their relevance to the patient, the choice of medication, and the dosing schedule.
26. Explain the pharmacodynamic principles of receptor theory, dose-response relationship, placebo effect, potency, and drug interactions as they relate to the mechanism of drug action and therapeutic effectiveness.
27. Describe the common routes used to administer medications and their advantages and disadvantages.
28. Properly assist and/or instruct the patient in the proper use, cleaning, and storage of drugs commonly delivered by metered dose inhalers, nebulizers, insulin pumps, or other parenteral routes as prescribed by the physician.
29. Describe how common pharmacological agents influence pain and healing and their influence on various therapeutic interventions.
30. Explain the general therapeutic strategy, including drug categories used for treatment, desired treatment outcomes, and typical duration of treatment, for the following common diseases and conditions: asthma, diabetes, hypertension,
infections, depression, GERD, allergies, pain, inflammation, and the common cold.

31. Optimize therapeutic outcomes by communicating with patients and/or appropriate healthcare professionals regarding compliance issues, drug interactions, adverse drug reactions, and sub-optimal therapy.

**Goal VI**
Prepare the individual in the knowledge, skills, values, and decision making related to psychosocial strategies and referral (PS).

**Objectives**
*Upon completion of the athletic training education program the individual will be able to:*

**Theoretical Background**
1. Describe the basic principles of personality traits, trait anxiety, locus of control, intrinsic and extrinsic motivation, and patient and social environment interactions as they affect patient interactions.
2. Explain the theoretical background of psychological and emotional responses to injury and forced inactivity (eg, cognitive appraisal model, stress response model).
3. Describe how psychosocial considerations affect clinical decision-making related to return to activity or participation (eg, motivation, confidence).
4. Summarize and demonstrate the basic processes of effective interpersonal and cross-cultural communication as it relates to interactions with patients and others involved in the healthcare of the patient.
5. Summarize contemporary theory regarding educating patients of all ages and cultural backgrounds to effect behavioral change.

**Psychosocial Strategies**
6. Explain the importance of educating patients, parents/guardians, and others regarding the condition in order to enhance the psychological and emotional well-being of the patient.
7. Describe the psychological techniques (eg, goal setting, imagery, positive self-talk, relaxation/anxiety reduction) that the athletic trainer can use to motivate the patient during injury rehabilitation and return to activity processes.
8. Describe psychological interventions (eg, goal setting, motivational techniques) that are used to facilitate a patient’s physical, psychological, and return to activity needs.
9. Describe the psychosocial factors that affect persistent pain sensation and perception (eg, emotional state, locus of control, psychodynamic issues, sociocultural factors, personal values and beliefs) and identify multidisciplinary approaches for assisting patients with persistent pain.
10. Explain the impact of sociocultural issues that influence the nature and quality of healthcare received (eg, cultural competence, access to appropriate healthcare providers, uninsured/underinsured patients, insurance) and formulate and implement strategies to maximize client/patient outcomes.

**Mental Health and Referral**
11. Describe the role of various mental healthcare providers (eg, psychiatrists, psychologists, counselors, social workers) that may comprise a mental health referral network.
12. Identify and refer clients/patients in need of mental healthcare.
13. Identify and describe the basic signs and symptoms of mental health disorders (eg, psychosis, neurosis; sub-clinical mood disturbances (eg, depression, anxiety); and personal/social conflict (eg, adjustment to injury, family problems, academic or
emotional stress, personal assault or abuse, sexual assault or harassment) that may indicate the need for referral to a mental healthcare professional.

14. Describe the psychological and sociocultural factors associated with common eating disorders.

15. Identify the symptoms and clinical signs of substance misuse/abuse, the psychological and sociocultural factors associated with such misuse/abuse, its impact on an individual’s health and physical performance, and the need for proper referral to a healthcare professional.

16. Formulate a referral for an individual with a suspected mental health or substance abuse problem.

17. Describe the psychological and emotional responses to a catastrophic event, the potential need for a psychological intervention and a referral plan for all parties affected by the event.

18. Provide appropriate education regarding the condition and plan of care to the patient and appropriately discuss with others as needed and as appropriate to protect patient privacy.

Goal VII
Prepare the individual in the knowledge, skills, values, and decision making related to health care administration.

Objectives
Upon completion of the athletic training education program the individual will be able to:

1. Describe the role of the athletic trainer and the delivery of athletic training services within the context of the broader healthcare system.

2. Describe the impact of organizational structure on the daily operations of a healthcare facility.

3. Describe the role of strategic planning as a means to assess and promote organizational improvement.

4. Describe the conceptual components of developing and implementing a basic business plan.

5. Describe basic healthcare facility design for a safe and efficient clinical practice setting.

6. Explain components of the budgeting process including: purchasing, requisition, bidding, request for proposal, inventory, profit and loss ratios, budget balancing, and return on investments.

7. Assess the value of the services provided by an athletic trainer (eg, return on investment).

8. Develop operational and capital budgets based on a supply inventory and needs assessment; including capital equipment, salaries and benefits, trending analysis, facility cost, and common expenses.

9. Identify the components that comprise a comprehensive medical record.

10. Identify and explain the statutes that regulate the privacy and security of medical records.

11. Use contemporary documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members.

12. Use a comprehensive patient-file management system for appropriate chart documentation, risk management, outcomes, and billing.

13. Define state and federal statutes that regulate employment practices.

14. Describe principles of recruiting, selecting, hiring, and evaluating employees.

15. Identify principles of recruiting, selecting, employing, and contracting with physicians and other medical and healthcare personnel in the deployment of healthcare services.
16. Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases, and discuss how they apply to the practicing of athletic training.

17. Identify key regulatory agencies that impact healthcare facilities, and describe their function in the regulation and overall delivery of healthcare.

18. Describe the basic legal principles that apply to an athletic trainer’s responsibilities.

19. Identify components of a risk management plan to include security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.

20. Create a risk management plan and develop associated policies and procedures to guide the operation of athletic training services within a healthcare facility to include issues related to security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.

21. Develop comprehensive, venue-specific emergency action plans for the care of acutely injured or ill individuals.

22. Develop specific plans of care for common potential emergent conditions (eg, asthma attack, diabetic emergency).

23. Identify and explain the recommended or required components of a pre-participation examination based on appropriate authorities’ rules, guidelines, and/or recommendations.

24. Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.

25. Describe common health insurance models, insurance contract negotiation, and the common benefits and exclusions identified within these models.

26. Describe the criteria for selection, common features, specifications, and required documentation needed for secondary, excess accident, and catastrophic health insurance.

27. Describe the concepts and procedures for revenue generation and reimbursement.

28. Understand the role of and use diagnostic and procedural codes when documenting patient care.

29. Explain typical administrative policies and procedures that govern first aid and emergency care.

30. Describe the role and functions of various healthcare providers and protocols that govern the referral of patients to these professionals.

Goal VIII
Prepare the individual in the knowledge, skills, values, and decision making related to professional development and responsibility (PD).

Objectives
Upon completion of the athletic training education program the individual will be able to:

1. Summarize the athletic training profession’s history and development and how current athletic training practice has been influenced by its past.

2. Describe the role and function of the National Athletic Trainers’ Association and its influence on the profession.

3. Describe the role and function of the Board of Certification, the Commission on Accreditation of Athletic Training Education, and state regulatory boards.

4. Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and

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5. Access, analyze, and differentiate between the essential documents of the national governing, credentialing, and regulatory bodies, including, but not limited to, the NATA Athletic Training Educational Competencies, the BOC Standards of Professional Practice, the NATA Code of Ethics, and the BOC Role Delineation Study/Practice Analysis.

6. Explain the process of obtaining and maintaining necessary local, state, and national credentials for the practice of athletic training.

7. Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote life-long learning strategies.

8. Differentiate among the preparation, scopes of practice, and roles and responsibilities of healthcare providers and other professionals with whom athletic trainers interact.

9. Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.

10. Develop healthcare educational programming specific to the target audience (e.g., clients/patients, healthcare personnel, administrators, parents, general public).

11. Identify strategies to educate colleagues, students, patients, the public, and other healthcare professionals about the roles, responsibilities, academic preparation, and scope of practice of athletic trainers.

12. Identify mechanisms by which athletic trainers influence state and federal healthcare regulation.

**Goal IX**

Prepare the individual in the knowledge, skills, values, and decision making related to the clinical integration proficiencies (CIP). This is the synthesis and integration of knowledge, skills, and clinical decision-making into actual patient care.

**Objectives**

*Upon completion of the athletic training education program the individual will be able to:*

**Prevention & Health Promotion**

1. Administer testing procedures to obtain baseline data regarding a client’s/patient’s level of general health (including nutritional habits, physical activity status, and body composition). Use this data to design, implement, evaluate, and modify a program specific to the performance and health goals of the patient. This will include instructing the patient in the proper performance of the activities, recognizing the warning signs and symptoms of potential injuries and illnesses that may occur, and explaining the role of exercise in maintaining overall health and the prevention of diseases. Incorporate contemporary behavioral change theory when educating clients/patients and associated individuals to effect health-related change. Refer to other medical and health professionals when appropriate.

2. Select, apply, evaluate, and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity.

3. Develop, implement, and monitor prevention strategies for at-risk individuals (e.g., persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions. This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (e.g., blood glucose, peak expiratory flow, hydration status), and making the
appropriate recommendations for individual safety and activity status.

Clinical Assessment & Diagnosis / Acute Care / Therapeutic Intervention
4. Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions. Based on the assessment data and consideration of the patient’s goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.

5. Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.

6. Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis, and provision of the appropriate emergency care (eg, CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding).

Psychosocial Strategies and Referral
7. Select and integrate appropriate psychosocial techniques into a patient’s treatment or rehabilitation program to enhance rehabilitation adherence, return to play, and overall outcomes. This includes, but is not limited to, verbal motivation, goal setting, imagery, pain management, self-talk, and/or relaxation.
8. Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies. As a member of the management team, develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the athletic trainer’s role of informed patient advocate in a manner consistent with current practice guidelines.

Healthcare Administration
9. Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statutes that regulate privacy of medical records. This includes using a comprehensive patient-file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes, and billing.

Date of Origin: 8/01 Reviewed: 8/02, 7/03
Revised: 8/02, 8/07, 05/12
Accreditation Status

The Athletic Training Education Program (ATEP) is fully accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

Date of Origin: 8/02
Revised: 7/03, 11/03, 08/06
Faculty Information

Program Administration

Tricia H. Turner, PhD, ATC, LAT (2005) Program Director, Associate Professor in Dept. of Kinesiology; B.S., University of Florida, M.S., University of Florida, PhD., Pennsylvania State University.

Bret A. Wood, ATC, LAT (2000) Clinical Coordinator, Lecturer in Dept. of Kinesiology; B.S., West Virginia University; M.Ed., University of North Carolina at Charlotte

Abby Thomas, PhD, ATC, LAT (2014) Assistant Professor in Dept. of Kinesiology; B.S., Pennsylvania State University, MEd, University of Virginia, PhD., University of Michigan

Luke Donovan, PhD, ATC, LAT (2016) Assistant Professor in Dept. of Kinesiology; B.S., Pennsylvania State University, MEd, University of Virginia, PhD., University of Virginia

Vivian Lord, PhD (2017) Interim Department Chair Kinesiology, Professor; B.S., University of Georgia, MA, Goddard College, PhD., North Carolina State

Robert L. Jones, MD (2001), Medical Director, Adjunct Assistant Professor in Dept. of Kinesiology; B.A., Creighton University; M.D., University of Cincinnati

Laurie Bumgarner, MD, CSCS, ATC (2012), Adjunct Lecturer in Dept. of Kinesiology;

Origin: 8/02
Reviewed: 7/03
Revised 2/05, 5/12, 8/14, 5/15, 8/17
INTRODUCTION TO ATHLETIC TRAINING

The Athletic Training Profession

In 1950, just over 100 athletic trainers met in Kansas City, MO and officially formed the National Athletic Trainers’ Association. The goal for this organization was to outline professional standards for the athletic trainer.

The National Athletic Trainers’ Association defines the certified athletic trainer (ATC) as a highly skilled professional, specializing in athletic health care. In cooperation with physicians and other allied health professionals, the certified athletic trainer is an integral member of athletic health care in a variety of settings. Those settings are, but not limited to, secondary schools, colleges and universities, clinics, industrial, and professional athletic teams.

Regulation of Athletic Training

The profession of athletic training is regulated by the National Athletic Trainers’ Association (NATA) and its Code of Ethics (www.nata.org). Certification as an athletic trainer is regulated by the Board of Certification, Inc. (BOC) (www.bocatc.org). Certification is obtained after an individual passes the BOC exam and is maintained through attaining a set amount of continuing education units every three years. An individual must remain in good standing with the BOC to assume the title of Certified Athletic Trainer or ATC.

There is no federal law that regulates the practice of athletic training. That responsibility is left up to state legislatures. The State of North Carolina regulates the practice of athletic training through the North Carolina Board of Athletic Trainer Examiners. One must be licensed by this board to assume the title of LAT and practice as a Certified Athletic Trainer (www.ncbate.org) Students graduating from UNC Charlotte who obtain the ATC credential are REQUIRED by state law to obtain their North Carolina State License in order to practice athletic training in this state. Failure to do so will result in legal action by the state.

Date of Origin: 8/02
Revised: 7/03, 6/12
Essential Functions of an Athletic Trainer

The Board of Certification for the athletic trainer has defined the profession of athletic training by breaking it down into five performance domains. This role delineation study was completed in 2010.

The five domains are as follows:

1. Injury/Illness Prevention and Wellness Protection
2. Clinical Evaluation and Diagnosis
3. Immediate and Emergency Care
4. Treatment and Rehabilitation
5. Organization and Professional Health and Well-being

According to the National Athletic Trainers’ Association, athletic trainers are health care professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities.

Typical patients and clients served by athletic trainers include:
- Recreational, amateur, and professional athletes
- Individuals who have suffered musculoskeletal injuries
- Those seeking strength, conditioning, fitness, and performance enhancement
- Others delegated by the physician


Date of Origin: 8/02
Revised: 7/03, 8/06, 6/12
UNC CHARLOTTE’S
ATHLETIC TRAINING EDUCATION PROGRAM CURRICULUM

Prerequisite Requirements

Students applying for admission to the Athletic Training Major must meet the following minimum academic requirements. *(Meeting minimum requirements DOES NOT guarantee admission).*

- Cumulative GPA of 2.5 or better in all college course work.
- Completion of 36 credit hours.
- Successful (grade of C or better) in all prerequisites for Athletic Training:
  - KNES 2168, KNES 2168L
  - CHEM 1200, CHEM 1251, CHEM 1251L
  - STAT 1222
  - MATH 1100
  - KNES 2150, KNES 2294
- Proof of current certification in CPR for the professional rescuer along with AED training
- Completion of physical examination for athletic training students, proof of immunizations required of all UNC Charlotte students, and HBV immunizations, TB tests or signed declination.
- Completion of criminal background check and drug screen.
- Completion of all Athletic Training Major prerequisites prior to the spring for which application is being made.
- Completion of observational experience during the fall semester you are applying for the program.

Date of origin: 8/02
Revised 3/03, 5/03, 7/03. 2/05, 8/06, 5/07, 7/09, 7/13
Course Sequence – Upper Division Athletic Training Major

**Sophomore**

Spring
- KNES 2290 Emergency Medical Response
- KNES 2295 Care and Prevention of Athletic Injuries Lab
- KNES 2296 Evidence Based Practice
- KNES 2298 Applied Kinesiology
- KNES 2169 Human Anatomy and Physiology II
- KNES 2169L Human Anatomy and Physiology II Lab

**Junior**

Fall
- KNES 3260 Nutrition for the Physically Active
- KNES 3280 Exercise Physiology: Foundation and Theory
- KNES 3291 Therapeutic Modalities
- KNES 3292 Therapeutic Modalities Lab
- KNES 3290 Lower Body Injury Evaluation
- KNES 3295 Lower Body Injury Evaluation Lab
- KNES 3400 Athletic Training Clinical I

Spring
- KNES 3286 Exercise Testing: Foundations and Theory
- KNES 3286L Exercise Testing Lab
- KNES 3288 Upper Body Injury Evaluation
- KNES 3289 Upper Body Injury Evaluation Lab
- KNES 3293 General Medical & Psychosocial Aspects
- KNES 3298 Therapeutic Exercise Foundations
- KNES 3401 Athletic Training Clinical II

**Senior**

Fall
- KNES 4290 Therapeutic Exercise Techniques
- KNES 4121 Pharmacology for the Physically Active
- KNES 4293 Biomechanics
- KNES 4400 Athletic Training Clinical III
- KNES 2101 Foundations of Physical Conditioning

Spring
- KNES 4292 Athletic Training Administration
- KNES 4401 Athletic Training Clinical IV

Date of origin: 8/02
Revised 3/03, 5/03, 7/03, 2/03, 8/06, 8/08, 7/09, 7/10, 5/12

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## Suggested 4-year Course Sequence

### Freshman-Fall Semester (16 hrs)
- **CHEM 1200** 3
- **MATH 1100** 3
- LBST 1100 Series 3
- Social Science Requirement 3
- UWRT 1101 3
- HAHA 1000 1

### Freshman-Spring Semester (16 hrs)
- **CHEM 1251** 3
- **CHEM 1251L** 1
- **KNES 2150** 3
- UWRT 1102 3
- LBST 2101 3
- LBST 2102 3

### Sophomore-Fall Semester (16)
- **KNES 2168** 3
- **KNES 2168L** 1
- **KNES 2294** 3
- LBST 2214 3
- **STAT 1222** 3
- Elective 3

### Sophomore-Spring Semester (14)
- **KNES 2169** 3
- **KNES 2169 L** 1
- **KNES 2295** 1
- **KNES 2296** 3
- **KNES 2298** 3
- **KNES 2290** 3

### Junior-Fall Semester (16)
- **KNES 3280** 3
- **KNES 3260** 3
- **KNES 3291** 3
- **KNES 3292** 1
- **KNES 3290** 3
- **KNES 3295** 1
- **KNES 3400** 2

### Junior-Spring Semester (16)
- **KNES 3288** 3
- **KNES 3289** 1
- **KNES 3286** 3
- **KNES 3286L** 1
- **KNES 3293** 3
- **KNES 3401** 2
- **KNES 3298** 3

### Senior-Fall Semester (13)
- **KNES 4290** 3
- **KNES 4121** 3
- **KNES 4293** 3
- **KNES 4400** 2
- **KNES 2101** 2
- Elective 2

### Senior-Spring Semester (11)
- **KNES 4292** 3
- **KNES 4401** 2
- Elective 3
- Elective 3

**Bolded courses indicate prerequisites for admission to the upper division**

Date of origin: 8/02
Revised 3/03, 5/03, 8/06, 5/07, 8/08, 7/09, 7/10, 5/12, 7/13, 8/14
Total Credit Hours for Athletic Training Major: 120 hours (includes prerequisites for admission and upper division)

Notes:
1. All prerequisites must be successfully completed with a grade of C or better before taking a course.
2. All requirements in Pre-Kinesiology must be completed before application into Athletic Training Major.
3. Students must submit an application (during the fall semester for spring admission) to be accepted into the Athletic Training Major and enrollment is limited.
4. Students must complete 50 hours observing an athletic trainer either before or during the fall semester they are applying to the program. The student must complete and set up the observation experience on their own.
5. All requirements in Pre-Kinesiology, including KNES 2294 must be completed for Athletic Training Major application.
6. Pre-Kinesiology Majors must complete 36 credit hours with a minimum of a 2.5 grade point average.
7. Courses required by the major must receive a grade of C or better to be accepted.
8. The following pre-requisite course CAN NOT be transferred in, and must be taken at UNC Charlotte:
   - KNES 2294
9. Students in the Athletic Training Major must have at least 120 credit hours to graduate
10. Upper division athletic training courses cannot be transferred in.

Date of origin: 8/02
Revised 3/03, 5/03, 8/06, 05/07, 5/12, 5/15
Course Descriptions

KNES 2168. Human Anatomy and Physiology for the Health Professions. (3) Prerequisites: a grade of C or above in CHEM 1251, 1251L, a grade of B or above in CHEM 1203, 1203L or CHEM 1251, 1251L for PNUF and PNUT majors. Fundamentals of the anatomy and physiology of the human body for the health professions. May not be attempted more than twice. (Fall, Summer)

KNES 2168L. Human Anatomy and Physiology Laboratory for the Health Professions. (1) Pre- or corequisite: KNES 2168. One laboratory period of three hours a week. May not be attempted more than twice. (Fall, Summer)

KNES 2169. Human Anatomy and Physiology for the Health Professions II. (3) Prerequisite: a grade of C or above in KNES 2168 and KNES2168L, a grade of B or above in KNES 2168 and KNES 2168L for PNUF and PNUT majors. Continuation of KNES 2168. May not be attempted more than twice. (Spring, Summer)

KNES 2169L. Human Anatomy and Physiology Laboratory for the Health Professions II. (1) Pre- or corequisite: KNES 2169. One laboratory period of three hours a week. May not be attempted more than twice. (Spring, Summer)

KNES 2290. Emergency Medical Response. (3) Prerequisite: Athletic Training or Exercise Science major; open to all students during Summer Session. The knowledge and skills necessary to work as an emergency medical responder (EMR) to help sustain life, reduce pain and minimize the consequences of injury or sudden illness until more advanced medical care arrives and takes over. Qualifying students may receive certifications in: Emergency Medical Response, CPR/AED for the Professional Rescuer and Health Care Provider, Preventing Disease Transmission (Bloodborne Pathogens Training). There is a $20 course fee. (Fall, Spring, Summer)

KNES 2294. Care and Prevention of Athletic Injuries. (3) Prerequisite: Pre-kinesiology major. Focus on the health care competencies necessary for the prevention, emergency management and acute care of athletic related injuries. Also provides an introduction to the allied health care role of the Certified Athletic Trainer. (Fall)

KNES 2295. Care and Prevention of Athletic Injuries Laboratory. (1) Prerequisite: Athletic Training major. Focus on the psychomotor competencies and clinical proficiencies necessary for the prevention, emergency management and acute care of athletic related injuries. There is a $30 course fee. (Spring)

KNES 2296. Evidence Based Practice. (2) Prerequisites: Athletic Training major. Gain knowledge of critical appraisal and experience in the practice of evidence based health care. (Spring)

KNES 2298. Applied Kinesiology. (3) Prerequisites: KNES 2168 and KNES 2168L; Athletic Training or Exercise Science major. Study of human musculoskeletal anatomy and how it relates to normal body function. (Spring)

KNES 3260. Nutrition for the Physically Active. (3) Prerequisite: Athletic Training or Exercise Science major. Introduction to principles and concepts of nutrition and how dietary practices affect health and disease. (Fall)

KNES 3280. Exercise Physiology: Foundation and Theory. (3) Prerequisite: must be an EXER or ATRN major. The physiological responses to exercise, adaptations to exercise training and the mechanisms responsible for them in relation to both health fitness and athletic performance. (Fall)

KNES 3286. Exercise Testing: Foundation and Theory. (3) Prerequisite Successful completion of KNES 3280 Corequisite: KNES 3286L. This course is designed to teach methods and protocols for collecting and interpreting information collected on individuals concerning various fitness parameters for the future development of individual and group conditioning programs. (Spring)

KNES 3286L. Exercise Testing Lab. (1) Prerequisite: Athletic Training major, Corequisite: KNES 3286. Practitioner lab in the use of appropriate data collection methods and protocols. (Spring)
KNES 3288. Upper Body Injury Evaluation. (3) Prerequisite: Acceptance into the Athletic Training Education Program. An upper division athletic training course focusing on orthopedic evaluation competencies for assessing athletic related injuries to the upper extremities, cervical and thoracic spine. *(Spring)*

KNES 3289. Upper Body Injury Evaluation Laboratory. (1) Corequisite: KNES 3288. Practitioner lab focusing on the psychomotor competencies and clinical proficiencies related to upper extremity, cervical and thoracic spine injury evaluations. *(Spring)*

KNES 3290. Lower Body Injury Evaluation. (3) Prerequisites: 2295 and 2298. An upper division athletic training course focusing on orthopedic evaluation competencies for assessing athletic related injuries to the lower extremities and lumbar spine. *(Fall)*

KNES 3291. Therapeutic Modalities (3). Prerequisites: KNES 2295, 2298 A study of the theories and techniques of therapeutic modalities within the scope of athletic training. *(Fall)*

KNES 3293. General Medical and Psychosocial Aspects of Athletic Training. (3) Prerequisites: KNES 3288, KNES 3289, KNES 3290, KNES 3295. Study of cognitive, psychomotor, and affective competencies and proficiencies that the entry-level certified athletic trainer must possess to recognize, treat, and refer, when appropriate, the general medical conditions, psychosocial situations, and disabilities of athletes and others involved in physical activity. *(Spring)*

KNES 3295. Lower Body Injury Evaluation Laboratory. (1) Corequisite: KNES 3290. Practitioner lab focusing on the psychomotor competencies and clinical proficiencies related to lower extremity. *(Fall)*

KNES 3298. Therapeutic Exercise Foundations. (3) Prerequisites: KNED 3290 and 3295. Study of the theory and principles that guide the application of therapeutic exercise. *(Spring)*

KNES 3400. Athletic Training Clinical I. (2) Prerequisites: Acceptance into the Athletic Training Education Program. Acquisition and application of clinical proficiencies and psychomotor competencies necessary for the entry-level athletic trainer. Students must complete 15-20 hours of clinical experience per week at an assigned athletic training clinical agency. *(Fall)*

KNES 3401. Athletic Training Clinical II. (2) Prerequisite: KNES 3400. Continuation of KNES 3400. Students must complete 15-20 hours of clinical experience per week at an assigned athletic training clinical agency. *(Spring)*

KNES 4121. Pharmacology for the Physically Active. (3) Prerequisite: KNES 3280. An examination of the historical aspects of use, abuse, and addiction within the realm of health and human performance. Exposes students to a wide variety of drug issues and the unique use and abuse patterns of individuals in the exercise science arena. *(Fall)*

KNES 4290. Therapeutic Exercise. (3) Prerequisites: KNES 3291 and KNES 3292. Study of the theories and techniques of therapeutic exercise within the scope of athletic training. *(Fall)*

KNES 4292. Administration of Athletic Training Programs (3). Prerequisites: KNES 3291, KNES 3294. Athletic training organization and administration. *(Spring)*

KNES 4293. Biomechanics. (3) Prerequisites: KNES 3280. Mechanical and anatomical kinesiology as it relates to human movement with emphasis on anatomical structures, mechanics, and common injuries involved with selected sport movements. Requires preparation of a paper on a biomechanical analysis of a sport movement or injury. *(Fall)*

KNES 4400. Athletic Training Clinical III. (2) Prerequisite: KNES 3401. Acquisition and application of advanced clinical proficiencies and psychomotor competencies necessary for the entry-level athletic trainer. Students must complete 15-20 hours of clinical experience per week at an assigned athletic training clinical agency. *(Fall)*

KNES 4401. Athletic Training Clinical IV. (2) Prerequisite: KNES 4400. Continuation of KNES 4400. Students must complete 15-20 hours of clinical experience per week at an assigned athletic training clinical agency. *(Spring)*

Date of Origin: 8/02, Revised 3/03, 5/03, 7/03, 8/06, 8/08, 7/10, 5/12, 7/13
Clinical Rotation Schedule

Each student will have eight (8) eight-week rotations in their clinical instruction beginning with full acceptance into the program. These rotations are a requirement of the athletic training clinical courses listed below. Each course is worth 2 academic credits. Each student is assigned to a clinical instructor and a clinical rotation in one of the following settings: intercollegiate (excluding football), interscholastic (excluding football), intercollegiate or interscholastic football, and clinic based. All students that are fully admitted into the athletic training program will qualify for clinical placement. Initial placements will be random. Subsequent placement will be based on student performance and proficiency master as well as clinical objectives of each corresponding clinical course. Additionally, all students will gain exposure to a variety of different populations including genders, varying levels of risk, protective equipment, and medical experiences. Students are required to gain a minimum average of 15-20 hours of experience a week in the clinical setting.

Clinical Courses Associated with Proficiency Evaluation (See course syllabi for objectives, evaluations, and objective course and clinical rotation completion criteria)

Clinical experiences are contained in the following individual courses which are taken over the junior and senior year:
KNES 3400- Athletic Training Clinical I
KNES 3401- Athletic Training Clinical II
KNES 4400- Athletic Training Clinical III
KNES 4401- Athletic Training Clinical IV

Direct Supervision

Each student must be directly supervised by their approved clinical instructor (ACI) or clinical instructor (CI) while in the clinical setting. Direct supervision is defined as constant visual and auditory interaction between the student and clinical instructor. The instructor shall be physically present for proficiency instruction and evaluation and to intervene on behalf of the athlete/patient. At no clinical site will there be more than 8 students assigned to an ACI or CI to ensure an effective education.

Instruction and Evaluation of Clinical Proficiencies and Psychomotor Competencies

Clinical proficiencies and psychomotor competencies are instructed and evaluated in the classroom, in lab settings, and at clinical sites. ACI’s evaluate students on previously instructed and evaluated skills from the previous semester at the 4 and 8-week marks in each clinical rotation. The student, clinical instructor, and Program Director and/or Clinical Coordinator review the evaluations and they are kept in the Clinical Coordinator’s office. Additionally, the clinical coordinator will have regular planned communication with the ACI and CI’s. **Students are not allowed to perform clinical skills for which they have not received formal instruction.**
Evaluation:
The final grade of the clinical courses will be based on evaluating the student’s progress and learning, as well as evaluating the effectiveness of the clinical instructor and site. To achieve this the following will be used:

Clinical Education Log
Each student is required to log their clinical experiences. Students must submit their log to the Clinical Coordinator every two weeks.

Clinical Education Forms
Students are required to submit the following forms ON TIME during each 8 week clinical rotation:
- Clinical Site Orientation Form
- Clinical calendar
- Clinical Instructor Evaluation
- Clinical Site Evaluation

Clinical Proficiency Evaluations
Students will be evaluated by their assigned ACI’s on proficiencies related to competencies previously instructed and evaluated during the previous semester using the evaluation instrument specific to the clinical course they are enrolled. Students must become proficient on all clinical proficiencies assigned to the course. Both a formative and summative evaluation will be submitted for each clinical course.

In-class Proficiency Evaluations
Students will be tested in the Athletic Training Laboratory on clinical proficiencies using case study, scenarios, and problem based learning exams.

Attendance
Students are required to complete a minimum of 250 hours per semester, with a maximum of 400 hours per semester in their assigned clinical setting. These hours occur during the normal academic semester. Clinical hours outside of the academic semester are not required. Additionally, when school is not in session (holidays, breaks, school cancelations) you are not required to attend your clinical rotation. Additionally, all students must have at minimum one day off per week. Three unexcused absences during a clinical rotation will result in the lowering of the final clinical course grade by one letter. Five unexcused absences will result in failure of the clinical course. It is the student’s responsibility to keep up with their scheduled clinical responsibilities and events. If an athletic training student cannot make a scheduled clinical responsibility or event, it is his or her responsibility to communicate directly with their supervising clinical instructor in a timely fashion. Athletic training students are to be prompt and on time for all clinical responsibilities and events. Three tardies for a clinical assignment will equal one unexcused absence.

Date of Origin: 6/02
Reviewed: 8/02, 7/03, 7/13
Revised: 8/02, 3/03, 8/06, 08/07, 05/12
**Athletic Training Education Program**  
**Clinical Education Faculty**

**Clinical Instructor Educators**

Bret Wood  
UNC Charlotte Dept. of Kinesiology

**Approved Clinical Instructors**

<table>
<thead>
<tr>
<th>Preceptor</th>
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<tr>
<td>A.J Lukjanczkuk</td>
<td>UNC Charlotte</td>
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<tr>
<td>(Jeffrey) Adam Jordan</td>
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<td>Jennifer Winningham</td>
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<td>Justin Walker</td>
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<td>Matt Hancock</td>
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<td>Renee Hirsbrunner</td>
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<td>Katrina Gallo</td>
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<td>Abby Waldo</td>
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<td>Robbie Eachus</td>
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<td>Beth Hayford</td>
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<td>Dathan Zabel</td>
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<td>Brian Wheeler</td>
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<td>Chris Hagemann</td>
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<td>Chase Landers</td>
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<td>Brandon Johnson</td>
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<td>Jasonn Miller</td>
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<td>Nashea Kiehl</td>
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<td>Joe Olivadoti</td>
<td>Johnson C Smith University</td>
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<td>Nathan Pickel</td>
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<td>Misty Tate</td>
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<td>Denette Thams-Carte</td>
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<td>Stephanie Miller</td>
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<td>Jason Farmer</td>
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<td>Kelby Hurlocker</td>
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<td>Tim Kelly</td>
<td>Charlotte Latin School</td>
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<td>Holly Stuart</td>
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<td>Ray Beltz</td>
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<td>Erika Schultz</td>
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<td>Elizabeth Nichols</td>
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<td>Elizabeth Hoop</td>
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<td>Greg Ott</td>
<td>Greg Ott Physical Therapy</td>
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<td>Yusuf Boyd</td>
<td>Biomechaniks</td>
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Date of Origin: 8/02  
Revised: 3/03, 8/06, 1/08, 8/08, 7/09, 7/10, 7/11, 05/12, 7/13, 8/14, 7/15, 8/17

**Athletic Training Education Program**  
**Affiliated Clinical Sites**

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<tr>
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<td>Johnson C Smith University</td>
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<td>Hickory Ridge High School</td>
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<td>Concord High School</td>
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<td>Jay M Robinson High School</td>
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<td>Northwest Cabarrus High School</td>
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<td>Charlotte Country Day School</td>
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Date of Origin: 8/02  
Reviewed: 7/03  
Revised: 3/03, 8/06, 1/08, 8/08, 7/10, 8/14, 7/15, 8/17
ATHLETIC TRAINING EDUCATION PROGRAM
STUDENT POLICIES AND PROCEDURES

Academic Advising

The Office of Student Services is responsible for equitably assigning undergraduate student advisees to advising faculty with each new admission cycle and for maintaining a current list of undergraduate advisees for each advising faculty member.

Faculty members are responsible for providing academic advice for assigned students and for maintaining current student records in accord with College, School and University forms.

*Each student is responsible for the proper completion of his or her academic program, for familiarity with the University Catalog, for maintaining the grade average required and for meeting all other degree requirements. The advisor will counsel, but the final responsibility remains that of the student. (University Catalog)*

Students are responsible for communicating with their advisor throughout their enrollment at the university.

Date of Origin: 8/02
Athletic Training Education Program  
General Admission Requirements

New students who meet the University’s admission requirements are admitted to Pre-Kinesiology. Pre-Kinesiology accounts for the first three semesters of the program. During that time, students complete prerequisite courses in chemistry, biology, math, and communications along with a number of courses that meet the University’s General Education Requirements. Upon the completion of all prerequisite courses students apply for the Athletic Training major each fall semester.

The athletic training program considers application for admission without regard to race, color, national origin, religion, sex, sexual orientation, age or disability.

Students who have completed all of the Athletic Training Major prerequisites may apply for the upper division of the program. Students are admitted to the major for the spring semester only and admission is competitive. Admission decisions are made by a committee within the Department of Kinesiology. This selection committee is comprised of the Program Director of Athletic Training Education, the Clinical Coordinator, and one additional faculty member. Approximately sixteen students are chosen to enter the program each year, in compliance with guidelines concerning clinical instructor-to-student ratios. Selection into the program is competitive and satisfaction of the minimum requirements does not guarantee admission. After evaluating the credentials of all applicants meeting the minimum academic requirements, the selection committee offers admission to students whose credentials demonstrate the highest level of academic achievement.

Admission to the Athletic Training Program is based on the following:

- Overall GPA
- GPA in KNES 2294, KNES 2168, KNES 2168L, CHEM 1200, 1251, 1251L
- Recommendations of observation clinical supervisor
- Recommendations of faculty members
- Interview

Date of Origin: 8/01  
Reviewed: 8/02  
Revised: 8/02, 5/03, 7/03, 8/06, 5/07, 5/12
Athletic Training Education Program
Application Requirements

___ Complete a formal letter of application addressed to Dr. Tricia Turner, Program Director. Applicants should indicate their reasons for applying to the Athletic Training Education Program. Please include a statement of your employment goals upon completion of the BS in Athletic Training degree.

___ Completion of the “Athletic Training Education Program Application.”

___ Successful completion of the following courses with a “C” or better at the time of application. Please note that applicants who are currently enrolled in required classes may still apply but formal admission will be contingent upon successful completion of those classes prior to the fall semester.
   ____ Anatomy and Physiology (KNES 2168, KNES 2168L)
   ____ Chemistry CHEM 1200, 1251, 1251L
   ____ College Algebra (MATH 1100)
   ____ Statistics (STAT 1222)
   ____ Introduction to Kinesiology (KNES 2150)
   ____ Care and Prevention of Athletic Injuries (KNES 2294)

___ A cumulative GPA of 2.5 or higher (note: GPA must remain at 2.5 or higher at the end of the semester you are applying).

___ Successfully completed 36 hours of coursework (note: successful completion means with at least a “C” in all prerequisite courses listed above).

___ Completion (50 hours) of an observational experience with a certified athletic trainer (This is set up by the student)
1. Submit all of the required information listed above in a sealed envelope to the Department of Kinesiology Secretary (Belk 226) by the date required, check with program director for date each fall semester. If an application is not received before the deadline it will be deferred to the next admission cycle in the following spring semester.

2. All applicants will be briefly interviewed by the Athletic Training Education Program Selection Committee during the two weeks following the application deadline. Applicants will be notified via e-mail of their interview time. Please do not call the Program Director or the Department secretary to find out your interview time.

3. Applicants will be notified at the end of the Fall semester of their status in the Athletic Training Education Program.

4. If you are formally accepted into the Athletic Training Education Program you will be required to submit the following information prior to beginning your first clinical education rotation in the fall semester: (this will be given to you in your acceptance packet).
   a. Certificate of liability insurance (purchased by the student)
   b. Completed physical exam form/meet Technical Standards (Appendix B)
   c. Proof of current CPR/AED certification
   d. Vaccination record and TB test results
   e. Criminal background check/drug screen may be required for certain clinical sites (see Appendix C)

5. All students admitted to the athletic training program must have a valid state of North Carolina driver’s license and access to a safe working vehicle so they can travel to their clinical assignments.

Date of Origin: 1/03
Revised: 5/03, 7/03, 8/06, 5/07, 8/08, 5/12
Athletic Training Education Program
Required Costs

As part of the athletic training program the following costs are required in addition to normal UNC Charlotte tuition and fees.

**Liability insurance**: Each student must purchase liability insurance. The cost for liability insurance is $29 the junior year, and $29 the senior year.

**Uniform Costs**: Each student must purchase athletic training education program t-shirts and collared shirts to wear to their clinical assignments. The cost is $80 for the junior year and then $60 for the senior year.

**CPR/AED Recertification**: Each student must maintain CPR/AED certification and blood borne pathogen training each year. Cost for recertification and training is approximately $50 and good for 2 years. Students will have to recertify either during the summer of their sophomore or junior year. For the year they do not need to recertify they will need to take the CPR/AED refresher course for approximately $10.00.

**NATA Study Guide**: Before students can be approved to sit for the board of certification examination (required to practice as an athletic trainer) students must take the NATA study guide course. The cost of the course is $29.00. ([http://www.nata.org/nata-study-guide-boc-exam](http://www.nata.org/nata-study-guide-boc-exam))

**Drug screen/criminal background check**: All students must obtain a drug screen and criminal background check before the start of clinicals (spring of sophomore year). Cost is approximately $30.00

**TB screen**: All students must be cleared with a two step TB screen

*Students cannot participate in clinical experiences without liability insurance, uniform, CPR/AED certification, TB screen, or a drug screen/criminal background check. If the student cannot participate in clinical experiences they will be removed from the program.

**Optional:**

**NATA Membership**: All students are strongly encouraged to join the NATA. This is the professional organization for athletic trainers. The cost for students is $53.00 for the first year and $73 for the second year. Benefits of joining the NATA are ability to apply for regional and national scholarships as well as access the internship/graduate assistantship/job placement listing, subscription to the Journal of Athletic Training, and a discount on the certification examination.
Progression

Students enrolled in the upper division of the Athletic Training Education Program should complete the required courses in the correct order. Courses specific only to the BS in Athletic Training degree must be completed in the identified sequence. A summary of that sequence is as follows:

**Sophomore year – Spring semester**
- KNES 2290  First Aid: Responding to Emergencies
- KNES 2295  Care and Prevention of Athletic Injuries Lab
- KNES 2296  Evidence Based Practice
- KNES 2298  Applied Kinesiology
- KNES 2169  Human Anatomy and Physiology for the Health Professions II
- KNES 2169L Human Anatomy and Physiology for the Health Professions II lab

**Junior Year – Fall Semester**
- KNES 3290  Lower Body Injury Evaluation
- KNES 3295  Lower Body Injury Evaluation Lab
- KNES 3291  Therapeutic Modalities
- KNES 3292  Therapeutic Modalities Lab
- KNES 3400  Athletic Training Clinical I

**Junior Year – Spring Semester**
- KNES 3288  Upper Body Injury Evaluation
- KNES 3289  Upper Body Injury Evaluation Lab
- KNES 3293  General Medical & Psychosocial Aspects of Athletic Training
- KNES 3401  Athletic Training Clinical II
- KNES 3298  Therapeutic Exercise Foundations

**Senior Year – Fall Semester**
- KNES 4290  Therapeutic Exercise
- KNES 4400  Athletic Training Clinical III

**Senior Year – Spring Semester**
- KNES 4292  Athletic Training Administration
- KNES 4401  Athletic Training Clinical IV

Students will not be permitted to progress to the next athletic training degree specific course if they do not receive at least a “C” in a course (this includes all upper division courses). Students are allowed to repeat a maximum of ONE course that is required for the BS in Athletic Training degree. That includes any course that is required in the upper division of the Athletic Training Education Program.
Retention

In order to meet retention standards for the Athletic Training Education Program students must meet the following requirements:

1. Maintain a minimum GPA of 2.5
   a. If a student’s GPA falls below 2.5 at any time during the upper division s/he will be placed on probation within the Athletic Training Education Program. The student must obtain an overall GPA of 2.5 within one semester of being on probation or they may be expelled from the degree program.
2. Pass all required courses with a minimum course grade of “C.”
3. Not violate anything listed in the Dismissal policy.
4. Be meeting the requirements to participate in the clinical experience portion of the program.

General Progression Policies:

In order to continue successful progression in the AT program and avoid removal from the AT program the following policies must be followed:

1. During the junior year of the AT curriculum students are not allowed to take coursework outside of the required AT coursework unless approved by the program coordinator.

2. If students are enrolled in one of the AT clinical courses (KNES 3400, 3401, 4400, 4401) they are not allowed to register for any courses that start after 1 pm unless approved by the program coordinator.

Date of Origin: 8/02
Reviewed: 7/03
Revised: 3/03, 5/03, 8/06, 5/15
Bachelor of Science in Athletic Training Degree
Graduation Requirements

1. Complete a minimum of 120 semester hours. See the Curriculum for the suggested course of study.
2. Complete all courses required by the university and the program.
3. Achieve a grade of "C" or better in all required courses.
4. Complete upper division courses successfully and in the sequence indicated.
5. Maintain at least a 2.5 grade point average.
6. Complete at least 4 semesters of clinical education under the supervision of Approved Clinical Instructors (designated under the Athletic Training Clinical courses). Students must achieve at least 1000 hours of clinical experience during this time to prepare for eligibility for licensure application in various states.
7. Possess English language proficiency. If the student uses English as a second language, they must meet the minimum University requirement of at least 180 on the computer-based TOEFL test.
8. No transfer credit for upper level athletic training courses will be accepted, or for KNES 2294,
Athletic Training Education Program
Dismissal Policy

I. The faculty members of the UNC Charlotte Athletic Training Education Program have an academic, legal, and ethical responsibility to protect members of the public and of the health care community from unsafe or unprofessional Athletic Training practices. This policy reflects that obligation.

II. A student may be dismissed from the program if he or she:

1. Has a GPA that falls below 2.5 and remains below 2.5 after one semester of probation within the Athletic Training Education Program.

2. Receives 2 or more D or F grades (in any upper division courses, beginning in the spring semester of the sophomore year)

3. Takes coursework outside of the required coursework during the junior year.

4. Takes course after 1 pm during the week when they are registered for an AT Clinical course (KNES 3400, 3401, 4400, 4401).

5. Does not meet the requirements to participate in clinical experiences.

6. Demonstrates behavior which conflicts with safety essential to Athletic Training practice

7. Presents physical or emotional problems which conflict with safety essential to Athletic Training practice and does not respond to appropriate treatment or counseling within a reasonable period of time

8. Engages in conduct which violates the North Carolina Athletic Training State Practice Act

9. Engages in conduct which violates the Code of Ethics for Athletic Trainers of the National Athletic Trainers’ Association which has been adopted by the Athletic Training Educational Program as its standard for ethical conduct by faculty and students

10. Engages in Athletic Training practice for which the student has not been authorized or for which the student has not been educated at the time of the incident

11. Engages in conduct which threatens or has the potential to threaten the physical, emotional, mental, or environmental health or safety of a client, a clients family member or substitute familial person, another student, a faculty member, another health care provider, or the student himself or herself
12. Substantially disrupts the programs of the Athletic Training Education Program or its affiliates

13. Fails to participate in or complete clinical work for any reason or fails to perform clinical work which is consistent with professional Athletic Training practice, including satisfactory performance of any critical behaviors specified on the evaluation tool for each course

14. Fails to adhere to College and clinical site policies and procedures.

15. Does not pass the criminal background check/drug screen, and we can not find a clinical site that will accept the student (See Appendix C).

All students are regularly evaluated against the above standards in relation to clinical practice and may be dismissed from any course or from the Athletic Training program upon violation of any of the stated standards, regardless of course grades.

III. Where the Director of the Athletic Training Education Program or her designee determines that a student may have violated one or more of the standards defined in Section II, that administrator will determine whether the violation warrants dismissal (Section IV), or should be addressed through warning and follow-up (Section V). The Director of the Athletic Training Education Program may temporarily suspend the student from further clinical activity pending the outcome of the procedure for dismissal (Section IV), or issuance of the written and oral warning (Section V).

IV. Where the Director of the Athletic Training Education Program or designee determines that the procedure for dismissal from the program should be invoked, she will provide the student a written statement of the facts upon which the proposal to dismiss is based. The student will have the opportunity to appear before the Director of the Athletic Training Education Program and a panel of Athletic Training Education Program faculty members to refute the facts, offer other information, or make any other statement concerning the proposed dismissal. The Director of the Athletic Training Education Program and panel will consider that information together with the information upon which the proposal to dismiss was based and determine whether adequate cause for dismissal has been established. The Director of the Athletic Training Education Program will notify the student of the decision.

V. Where the Director of the Athletic Training Education Program or designee determines that violation of any of the standards should be addressed through warning and follow-up, the faculty member or clinical instructor involved will provide the student with oral and written warnings outlining the exact nature of the behavior and possible consequences. The unsafe or unprofessional behavior shall be corroborated by a second person, a staff member at the athletic training clinical site, another faculty member, or by documentation of unsafe or
unprofessional behavior in a prior course evaluation. In appropriate circumstances the student may be afforded opportunities to correct the behavior, as agreed upon by the faculty member or clinical supervisor in consultation with the Program Director and the Department Chair. Written evaluation of each clinical days work by the student shall be carried out by the faculty member or clinical instructor involved and shared with and signed by the student. Should the student subsequently fail to meet any of the academic standards stated, dismissal from the course with a failing grade and/or from the College may be invoked. The review of students’ behaviors related to the above shall be carried out in a course team meeting.

Date of Origin: 8/01
Reviewed: 8/02, 7/03
Revised: 5/03, 5/07

VI. POST-DISMISSAL PROCEDURE

Upon dismissal from a course or from the Athletic Training Education Program, the student may invoke the "Academic Grievance Policy of the College of Health and Human Services." The written grievance must be submitted within seven (7) working days of receipt of the written dismissal and be sent to of the Director of the Athletic Training Education Program, following steps 1 and 2 of the "Academic Grievance Policy."

Date of Origin for Nursing: 12/85
Reviewed: 4/94, 2/96, 7/02
Revised: 5/00, 8/02
Adapted for Athletic Training: 6/02
Revised: 5/03
Reviewed: 7/03
Athletic Training Education Program
Appeal Procedures

Policy Appeals
A student who wishes to appeal a policy of the Department of Kinesiology or the Athletic Training Education Program may do so by submitting a written appeal to the Department Chairperson. This appeal will be reviewed and judgment made by the faculty of the department. Students should refer to the grievance and appeals policy in the College of Health and Human Services Student Handbook.

Final Grade Appeals
Final grades must follow the UNC Charlotte final grade appeal procedure described at http://www.uncc.edu/unccatty/policystate/GradeAppeal.html

Date of Origin: 8/01
Reviewed: 8/02, 7/03
Revised: 8/02

Athletic Training Education Program
Readmission Policy

Intent to Re-enroll following a Non-academic Absence
Permission to re-enroll is contingent on reapplying to the program. Any undergraduate athletic training student who plans to enroll in an athletic training course after a non-academic absence of one or more semesters (or one 8 week course period) from any athletic training course must reapply to the program during the normal fall semester application period.

Date of Origin: 4/88
Revised: 2/91, 5/00, 8/13
Adapted for Athletic Training: 6/02
Reviewed: 8/02, 7/03
In order to practice and call yourself an Athletic Trainer, students need to sit and pass the national Board of Certification Examination (BOC). Students are eligible to sit for the exam in April of their senior year as long as they are approved by their program director. Approval for the examination is based on the student:

- Successfully completing (70% or higher on 4 out of 5 content areas) the NATA Study Guide (http://www.nata.org/nata-study-guide-boc-exam)
- Meet the professional practice and discipline guidelines (www.bocatc.org)
- Successful progression through required didactic courses and clinical rotations

If you do not meet these requirements you will not be approved and therefore cannot sit for the BOC examination.

The NATA study guide is two mock exams which mimic the actual certification examination. It helps students identify their strong and weak knowledge areas so they can better prepare for the certification examination.
Athletic Training Education Program
Attendance Policy

The University of North Carolina at Charlotte does not have a mandatory attendance policy. Attendance policy is set at the discretion of each individual professor for his or her classes. Class attendance is highly recommended.

Attendance is required and mandatory for all scheduled clinical assignments. Students are required to complete an average minimum of 15-20 hours per week in the clinical setting. Three unexcused absences during a clinical rotation will result in the lowering of the final clinical course grade by one letter. Five unexcused absences will result in failure of the clinical course. It is the student’s responsibility to keep up with their scheduled clinical responsibilities and events. If an athletic training student cannot make a scheduled clinical responsibility or event, it is his or her responsibility to communicate directly with their supervising Clinical Instructor in a timely fashion. Athletic training students are to be prompt and on time for all clinical responsibilities and events. Three tardies for a clinical assignment will equal one unexcused absence.

Date of Origin: 8/01
Reviewed: 8/02, 7/03
Revised: 5/03
Athletic Training Education Program
Dress Code

All athletic training students are expected to present themselves in a professional manner. Your appearance reflects you as a person as well as determining how you are perceived by the public. While attending your clinical site and representing the University of North Carolina at Charlotte each student is expected to adhere appropriate dress code. The dress code is as follows:

1. Only UNC Charlotte Athletic Training T-shirts, golf shirts, or sweat shirts are permitted for on campus clinical assignments. Students assigned to an off-campus clinical site are permitted to wear official athletic training attire provided by that clinical site. Students assigned to clinic-based settings should follow the dress code established by that site.

2. All students are required to purchase UNC Charlotte athletic training t-shirts and 2 polo shirts as part of their clinical site uniform each year. Additional clothing is available for purchase if the students are interested.

3. All shirts advertising alcohol, tobacco, or the like are absolutely prohibited.

4. Charlotte Athletic Training Polo Shirt, Khaki shorts/pants, and athletic shoes are required attire for all games and official functions unless otherwise approved or instructed by supervising Certified Athletic Trainer.

5. Shirts shall be worn tucked in at all times.

6. Sweatshirts, Sweatpants, and Warm-ups fall under the same restrictions as listed above.

7. No Jeans or cut-offs will be allowed at any time in the clinical setting.

8. Overly short-shorts are prohibited.

9. Halter-tops, Tank-tops, etc. are not permitted.

10. Socks shall be worn with tennis shoes.

11. Sandals or Flip-flops are not allowed during clinical or field experience.

12. Hats are limited to UNC Charlotte advertising or one approved by your clinical instructor.

13. Hair is to be kept neat and clean and of appropriate length. Men should keep facial hair neatly trimmed and clean.

14. Travel attire is at the discretion of the Supervising Certified Athletic Trainer. Appearance must be professional.

15. Jewelry must be kept to a minimum and should not interfere with duties as an athletic training student.

Date of Origin: 8/01
Reviewed: 8/02
Revised: 8/02, 3/03, 5/07
Personal health insurance is not required for individuals attending the University of North Carolina at Charlotte. However it is highly recommended that students attending the university have some form of health insurance. Various low-cost policies can be purchased through the student health center found on campus.

All students who participate in clinical rotations are required to have personal liability insurance. (see appendix B) Proof of liability insurance must be presented prior to the start of clinical rotations. This insurance must provide coverage of not less than $1 million per incident and $3 million aggregate. The policy must be in effect for any course with a clinical component, including research activities. Information on obtaining personal liability insurance can be provided by Athletic Training Program Director. Liability insurance information can be accessed [www.hpso.com](http://www.hpso.com)

Date of Origin: 8/02
Reviewed: 7/03
When working in the clinical setting or labs, students may be exposed to latex and other allergens.

**Procedure:**
For students with known sensitivity/allergy to latex or any other element in the lab environment, it is recommended that you:

- obtain consultation from your health care provider about your sensitivity/allergy, risks and treatment.
- inform the lab or clinical faculty of your sensitivity.
  - Latex-free gloves may be provided. However, the lab environment is not latex free.
- inform the faculty member of your plan to handle a reaction.
- in case of a life-threatening reaction, an ambulance will be summoned.
  - Any faculty member or student may **dial 911 on the phone in the lab, state that you have a life threatening emergency and need an ambulance.**
  - Student/faculty member will be transferred to a hospital in the community.
  - Neither emergency transportation or care is provided at Brocker Health Center.

Faculty with known sensitivities are to inform the Director of the Athletic Training Education Program and their department chair as above.

Adapted from Nursing: 8/02
Reviewed: 7/03
Athletic Training Education Program
Student Folders

Academic and Health History Folder Policy
The College of Health and Human Services adheres to the requirement of the law regarding review of student folders (See university policy statement No. 69, “The Privacy of Educational Records”).

Students may review the contents of their academic folders only in the presence of a College faculty member or secretary. The student reviewing his/her folder must sign and date the College Student Folder Review Sheet.

Right of access to student academic folders is limited to College Health and Human Services faculty who require access to the information in the folder to make decisions about College business or for advising or evaluation purposes.

Any person outside the College of Nursing and Health Professions who wishes to review a student's folder must comply with university policy statement No. 69, “The Privacy of Educational Records.”

Athletic Training Majors: Health History information is maintained in a different folder then the Academic folder. Review of the Health History folder is subject to the same policy and procedures as the Academic Folder.

Results of Drug Testing and Criminal Background checks will be maintained in the Health History Folder. Refer to the Drug Testing and Criminal Background Check Policy for further information.

Date of origin: 4/84
Revised: 4/88, 2/96, 5/00, 7/02
Adapted for Athletic Training: 6/02
Reviewed: 8/02, 7/03, 5/07
Athletic Training Education Program
Student Health Screening

Prior to admission to the major, all students must submit evidence of a physical examination. Students must present documentation of a completed series of HBV immunizations * prior to any contact with patients/clients, or sign a declination form indicating a refusal of the vaccination. This information must be submitted and maintained in the office of the program director.

* Students may enter the program by showing proof of two HBV immunizations. The final immunization must be completed at the earliest possible date to continue their program.

Date of Origin: 8/01
Reviewed: 8/02
Revised 3/03, 7/03
Technical Standards define the attributes that are considered necessary for students to possess in order to complete their educational program. These Technical Standards are used to assist each prospective student in determining whether accommodations or modifications are necessary in accordance with the Americans with Disabilities Act. These Technical Standards are determined to be pre-requisite for entrances to, continuation in, and graduation from a student’s chosen discipline in the College of Health and Human Services.

Students must possess aptitude, ability and skills in the following four areas:

Psychomotor Ability (Coordination/Mobility): Physical ability sufficient to move within the client environment; gross and fine motor skills sufficient to provide safe and effective services.

Senses (Visual, hearing, tactile, olfactory): Sensory ability necessary to observe and perform skills essential in providing safe and effective services.

Communication (Verbal, Non-verbal, Written): Communication abilities sufficient for interaction with others in verbal and written form in classroom, lab, and service settings. Interpersonal verbal and nonverbal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

Behavioral/Social Attributes: Ability to fulfill professional behavioral and social responsibilities in the role of a student, with faculty, professional staff, clients, and peers.

Candidates for selection to the athletic training education program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The Department of Disability Services will evaluate a student who states he or she could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he or she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

Date of Origin: 8/01, Revised: 8/02, 7/03
Athletic Training Education Program
Infectious/Communicable Disease Control Policy

Athletic training students are required to contact their assigned clinical instructor for information regarding the infectious/communicable disease control policy at their clinical site. All students must receive annual blood borne pathogen training at the start of each academic year. The Program faculty provides formal instruction in Universal Precautions and records of such training is maintained in the students’ folders in the Program Director’s office. Students should ensure they are familiar and have access to appropriate blood-borne pathogen barriers, proper sanitary precautions, and biohazard disposal equipment and procedures at each clinical site.

The following information provides general guidelines for student protection should an exposure incident occur. STUDENTS MUST OBTAIN INFORMATION FOR EACH CLINICAL SITE REGARDING EXPOSURE CONTROL.

If an exposure is thought to occur, the athletic training student should report the incident to their assigned clinical instructor. This report should include information regarding how, when and where the exposure happened and whose blood or body fluid the student contacted. The student may get a blood test, (i.e., HIV, HBV) or may refuse. The blood should be stored for 90 days—blood testing can be completed at any time within this period. The source individual’s blood may also be tested, if known or available. Medical records will be kept confidential, except as required by law.

Date of Origin: 8/02
Reviewed: 7/03, 1/08
Athletic Training Education Program
Severe Weather Policy

Students should follow the UNC Charlotte severe weather guidelines for class attendance. In the case of severe weather that results in the cancellation of University classes, students are not required to report to their clinical assignments. Students are responsible for obtaining information about school closings and delays. The University provides a weather hotline for obtaining such information.

In the event of inclement weather, please call
704-687-2877
for information about closings or delays.

Additionally, the following television and radio stations also will broadcast closing or delay information:

- WBTV Channel 3 (CBS)
- WCNC-TV Channel 6 (NBC)
- WSOC-TV Channel 9 (ABC)
- WCCB-TV Fox 18
- WBT-AM (1110 AM)
- WBT-FM (99.3 FM)
- WDAV-FM (89.9 FM)
- WFAE-FM (90.7 FM)
- WCHH-FM (92.7 FM)
- WWMG-FM (96.1 FM)
- WKKT-FM (96.9 FM)
- WRFX-FM (99.7 FM)
- WLYT-FM (102.9 FM)
- WSOC-FM (103.7 FM)

If a student is assigned to an off-campus clinical site they should contact their clinical instructor in the event of inclement weather. Students should review the severe weather policy for their assigned clinical site with their clinical instructor and develop a plan of action should unsafe conditions arise.

Date of Origin: 3/03
Reviewed: 7/03
NATA Recommendations for 
Lightning Safety


Prevention
1. The most effective means of preventing lightning injury is to reduce the risk of casualties by remaining indoors during lightning activity. When thunder is heard or lightning seen, people should vacate to a previously identified safe location.
2. Establish an EAP or policy specific to lightning safety.
3. No place outdoors is completely safe from lightning, so alternative safe structures must be identified. Sites that are called “shelters” typically have at least one open side and therefore do not provide sufficient protection from lightning injury. These sites include dugouts; picnic, golf, or rain shelters; tents; and storage sheds. Safe places to be while lightning occurs are structures with 4 substantial walls, a solid roof, plumbing, and electric wiring structures in which people live or work.
4. Buses or cars that are fully enclosed and have windows that are completely rolled up and metal roofs can also be safe places during a lightning storm.
5. People should remain entirely inside a safe building or vehicle until at least 30 minutes have passed since the last lightning strike or the last sound of thunder.
6. People injured by lightning strikes while indoors were touching electric devices or using a landline telephone or plumbing (eg, showering). Garages with open doors and rooms with open windows do not protect from the effects of lightning strikes.

Treatment and Management
7. Victims are safe to touch and treat, but first responders must ensure their own safety by being certain the area is safe from imminent lightning strikes.
8. Triage first lightning victims who appear to be dead. Most deaths are due to cardiac arrest. Although those who sustain a cardiac arrest may not survive due to subsequent apnea, aggressive CPR and defibrillation (if indicated) may resuscitate these patients.
9. Apply an AED and perform CPR as warranted.
10. Treat for concussive injuries, fractures, dislocations, and shock.

Date of origin: 3/03
Date of Revision: 6/12
Athletic Training Education Program
Student Travel Policy

Students assigned to clinical instructors who work with athletic teams often have the opportunity to travel with those teams. This is a very valuable aspect of the clinical experience and students should work with their clinical instructors to establish a clinical schedule that allows for travel experience. **Under no circumstances are students permitted to travel with a team alone.**

Date of origin: 1/03
Reviewed: 7/03
Athletic Training Student Organizations

In the Fall of 2006 the Athletic Training Student Organization (ATSO) was formed to encourage socialization within the field of athletic training. ATSO works along with the Kinesiology Student Association (KSA). Potential students and students currently enrolled in the Athletic Training Education Program are encouraged to become a member of ATSO to develop leadership and collaboration skills.

Athletic Training Student Organization

CONSTITUTION

Article I: Name
This organization shall be known as the Athletic Training Student Organization or ATSO at the University of North Carolina at Charlotte (UNCC).

Article II: Club/Organization Purpose
Section I: The ATSO will involve Pre-Athletic Training majors, Athletic Training Majors, and other UNC Charlotte students interested in gaining knowledge and experience in the field of Athletic Training.

Section II: ATSO will encourage the application of knowledge, community interaction, and awareness of current sports medicine practices.

Section III: The ATSO will abide by all rules and regulations set forth by UNC Charlotte, as well as all Federal, State and Local laws at all times.

Article III: Club/Organization Membership
Section I: Any UNC Charlotte student can become a member of the ATSO. All members will be expected to attend meetings, pay dues and participate in committee-related activities.

Section II: The ATSO will hold at least three meetings each semester. Members will be required to attend scheduled meetings.

Section III: Dues shall be determined on a yearly basis by the executive board of the ATSO. Dues shall be payable at the first meeting in September. Failure to pay dues will result in the termination of membership.

Section IV: Each member is required to participate on at least one committee or in one committee-related event.
Section V: Any member can withdraw their membership by contacting the executive board at any time. However, dues will not be refunded.

Section VI: In keeping with the UNC Charlotte’s policy of nondiscrimination, ATSO does not discriminate on the basis of race, color, religion, gender, national origin, age, sexual orientation, and physical or mental ability or disability.

Article IV: Executive Board

Section I: The ATSO shall be governed by five officers. The ATSO does reserve the right to create other positions should the need arise. Officially, the five officers will be called President, Vice President, Secretary, Treasurer, and Fundraising Chair. The officers and faculty advisor will comprise the executive board of ATSO. Any other committee will be created as needed by the executive board and will be legislated by the authority of the executive board.

Section II: The President of ATSO shall be responsible for overseeing all other officers and committee chairs.

Section III: The Vice President of ATSO will assist the President. If the President is unable to perform his/her duties, the Vice President will assume all Presidential responsibilities.

Section IV: The Secretary of ATSO will be responsible for recording minutes at meetings and taking attendance.

Section V: The Treasurer of ATSO will handle all monetary issues (dues, fund-raisers, etc.). If a member fails to pay the semester dues, the Treasurer should take appropriate action (financial suspension from organization).

Section VI: The Fundraising Chair of ATSO shall be responsible for fundraising ideas and organization of fundraisers. They will also handle all advertisement and information updates on the reserved bulletin board and around the community.

Article V: ATSO Function/Operation

Section I: Officers are elected by majority by open floor nominations. Any current member of ATSO in good standing is eligible to be an executive officer.

Section II: Nominations are to be held during the April meeting at the end of the spring semester. Any current member in good standing is able to make nominations for executive board positions.
Section III: All ATSO members will participate in secret ballot vote. The votes will be counted by the Advisor and President.

Section IV: Officers will serve on term (Fall through spring semester). The elections will be held at the April meeting.

Section V: If office is vacated during the term, elections will be held for that office.

Section VI: Officers can be impeached by two-thirds vote of ATSO members.

Section VII: The role of ATSO advisor shall be to guide members through all activities and decisions made by ATSO members.

Article VI: Finances

Section I: ATSO plans to finance its activities through semester dues and fund-raisers contributed by present members.

Section II: ATSO is currently working on a budget to submit to SGA’s Ways and Means Committee (Financial Branch of SGA).

Article VII: Constitutional Amendments

Section I: Amendments (changes or additions to the current constitutional amendments) can be proposed by any executive board member and can be requested by any current member of ATSO.

Section II: Rules regarding the proposal of the amendments are:

1) Amendments may be requested by any current member of ATSO.
2) Amendments must be proposed by the executive board.
3) Amendments must be submitted in writing at the previous meeting to executive board.
4) The by-laws may be amended at any monthly meeting.

Section III: The amendment shall be voted on as follows: The amendment requires two-thirds majority of those present and voting.

Date of origin: 8/02
Revised: 7/03, 5/07
The National Athletic Trainers’ Association Code of Ethics

The National Athletic Trainers’ Association’s Code of Ethics were 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 of Ethics is to assure a high quality of health care. The standards set forth by the Code of Ethics 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 of Ethics as a whole. Whenever there is a conflict between the Code of Ethics and legality, the laws prevail. The guidelines set forth in this Code of Ethics 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 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.
The General Education Program

The General Education Program is central to UNC Charlotte’s basic mission of providing all of its undergraduates with a liberal arts education. The Program approaches the liberal arts in its traditional meaning of learning the arts appropriate for living the educated, responsible life of a free (liberalis) citizen. It provides all undergraduate students, regardless of their majors, with the foundations of the liberal education they will need to be informed people who have the ability to act thoughtfully in society, the ability to make critical judgments, and the ability to enjoy a life dedicated to learning and the pleasures of intellectual and artistic pursuits.

The Program is designed to address four areas of liberal education. First, it helps students develop the foundational skills necessary for obtaining the full benefits of a college education: basic college-level writing, basic use of information technology, and basic college-level mathematical and logical skills. Second, it helps provide students with an understanding of the methods of scientific inquiry and the ways that knowledge is acquired and accredited in the life sciences, physical sciences, and social sciences. Third, the General Education Program addresses major themes related to living as a liberally educated person in the twenty-first century. Students take four Liberal Studies courses designed especially for the General Education Program. These courses are organized around major themes of liberal education: the arts, literature, the western cultural tradition, global understanding, citizenship, ethics, issues of health, and issues of science, technology, and society. Fourth, it helps students develop more specialized skills for disciplinary writing and oral presentations.

I. Development of Fundamental Skills of Inquiry (9-12 semester hours)

Basic writing courses: Students take two courses, ENGL 1101 and ENGL 1102. Entering freshmen who qualify for the accelerated course in writing and rhetoric may meet this requirement by completing one course, ENGL 1103. After completing these courses students are expected to be able to write clearly and concisely in standard English and to be generally prepared to do college-level writing and editing.
Mathematical and logical reasoning: One course in mathematics (MATH) and a second course selected from mathematics (MATH), statistics (STAT), or deductive logic (PHIL 2105). Most undergraduates at UNC Charlotte major in programs that require mathematics or statistics as related work. For these students, the related mathematics requirements determine the courses taken to meet the general education requirement. Students in majors that do not require related work in mathematics normally take MATH 1100, followed by either MATH 1102 or PHIL 2105.

Basic skills of information technology: By the end of their first semester at UNC Charlotte, students are expected to have developed the basic skills necessary to access and create computer based information. These skills include the use of word processing, email, file management, internet searches, and library database searches. These skills are developed in English 1101 and 1103. Tutorial help is available at campus computer labs, and help with bibliographical search skills is available in the information commons of Atkins library. Students are expected to exhibit ethical behavior in the use of computers. More advanced information technology skills are required by individual departments and majors.

II. Inquiry in the Sciences
One course in the social sciences. These courses introduce students to the methods of the social sciences and to the applications of these methods for gaining a scientific understanding of the social world. Selected from:
- Anthropology (ANTH 1101)
- Geography (GEOG 1105)
- Economics (ECON 1101 or 2101)
- Political Science (POLS 1110)
- Sociology (SOCY 1101)
III. Themes of Liberal Education for Private and Public Life (12 semester hours)

The UNC Charlotte faculty has selected eight themes of a liberal arts education around which to offer a core of Liberal Studies courses dedicated exclusively to general education. All of these courses include the consideration of gender, race, and ethnic diversity, as appropriate for understanding the individual themes of these courses.

Each student must take four of these courses as follows:

One course in the arts and society. Art is indispensable to the structure and fabric of all societies, and each course examines this fundamental connection from the perspective a specific art form. Selected from:
LBST 1101 The Arts and Society: Dance
LBST 1102 The Arts and Society: Film
LBST 1103 The Arts and Society: Music
LBST 1104 The Arts and Society: Theater
LBST 1105 The Arts and Society: Visual Arts

One course in the Western tradition. Each section of this course examines a major aspect of western culture through the process of analyzing the present in terms of the past.
LBST 2101 Western Cultural and Historical Awareness

One course in global understanding. All liberally educated people need to have the ability to understand the world from the point of view of more than one culture and be able to analyze issues from a global perspective.
LBST 2102 Global and Intercultural Connections

One course dealing with ethical issues and cultural critique. Each of these courses deals with an important contemporary issue, and each one gives significant attention to ethical analysis and cultural critique in the liberal arts. Selected from:
LBST 2211 Ethical Issues in Personal, Professional, and Public Life
LBST 2212 Literature and Culture
Writing in the disciplines: Six semester hours, including at least three semester hours in the major. These courses are spread throughout the curriculum and are indicated with a (W) after the course title. These courses assume that students have already developed the basic grammatical and compositional skills needed to write college-level English, and they build on these skills to develop writing strategies appropriate to the discipline of the department offering the course. Athletic Training courses that meet this requirement are:

KNES 4290 (3)
KNES 4292 (3)
Appendix A: Athletic Training Admissions Materials

The University of North Carolina at Charlotte
Department of Kinesiology

ATHLETIC TRAINING EDUCATION PROGRAM
APPLICATION REQUIREMENTS AND PROCEDURES FOR ADMISSION

APPLICATION REQUIREMENTS

Turn in the following materials with your application packet!!

___ Submit a formal letter of application addressed to Dr. Tricia Turner, Program Director. Applicants should indicate their reasons for applying to the Athletic Training Education Program. Please include a statement of your career goals upon completion of the BS in Athletic Training degree.

___ Complete the “Athletic Training Education Program Application.”

___ Complete a conditional pre-registration form

___ Submit an unofficial transcript, with the courses listed below highlighted!!

___ Submit a change of major form (you need to get this)

___ Successful completion of the following courses with a “C” or better at the time of application. Please note that applicants who are currently enrolled in required classes may still apply but formal admission will be contingent upon successful completion of those classes prior to the fall semester.
   ____ Anatomy and Physiology (KNES 2168, 2168L)
   ____ Chemistry (CHEM 1200, 1251, 1251L)
   ____ College Algebra (MATH 1100)
   ____ Statistics (STAT 1222)
   ____ Introduction to Kinesiology (KNES 2150)
   ____ Care and Prevention of Athletic Injuries (KNES 2294)

___ Obtain a cumulative GPA of 2.5 or higher (note: GPA must remain at 2.5 or higher at the end of the semester you are applying).

___ Successfully complete 36 hours of coursework (note: successful completion means with at least a “C” in all prerequisite courses listed above).

___ Participated in 50 hours of observational experience.
PROCEDURES FOR APPLICATION

1. Submit all of the required information in a sealed envelope to the Department of Kinesiology Secretary (Belk 226) or to Dr. Turner (check for due date). If an application is not received before the deadline it will be deferred to the next admission cycle in the following spring semester.

2. All applicants will be briefly interviewed by the Athletic Training Education Program Selection Committee during the three weeks following the application deadline. Applicants will be notified via e-mail of their interview time. Please do not call the Program Director or the Department secretary to find out your interview time.

OVERVIEW OF SELECTION PROCESS

1. Selection for admission to the Athletic Training Education Program is an objective process that includes independent evaluation by at least three faculty members from the Department of Kinesiology. Candidates will be evaluated and scored on the following items:

   a. Letter of application
   b. AT observation evaluation
   c. Interview
   d. Overall GPA
   e. Science GPA
   f. Prerequisite course grades

2. Applicants will be notified at the end of fall semester of their status in the Athletic Training Education Program.
   a. Full admission: student is fully admitted into the AT major
   b. Denied: student is denied admission to the AT major

3. If you are formally accepted into the Athletic Training Education Program you will be required to submit the following information, prior to beginning your first clinical education rotation:

   a. Certificate of liability insurance (purchased by the student) www.hpsol.com
   b. Completed physical exam form
   c. Proof of current CPR certification
   d. Proof of vaccinations
   e. Drug screen/criminal background check
   f. AT clinical uniform payment
Applicant Name: _______________________Student ID # ____________________

Local Address: _______________________________________________________

Summer Address: _______________________________________________________ 

E-mail address: ____________________________

Local Phone#: ____________________ Summer Phone#: ____________________

Total credit hours completed at the time of application: ________ Current GPA__________

List any additional majors or minors you are pursuing:
  Majors: ________________________________
  Minors: ________________________________

Are you pursuing a NC Teaching Certificate? _____Yes _____ No

Please read the Athletic Training Student Handbook as well as the College of Health and Human Services Student Handbook located at the Student Services Link at the following web address www.health.uncc.edu

I verify that I am aware of and have read the Athletic Training Student Handbook as well as the College of Health and Human Services Student Handbook. I understand that I will be held accountable based on the policies and procedures presented in these handbooks.

Student Signature __________________________________________ Date: ___________

I verify that I have read and understand the technical standards and recognize that they must be satisfied in this educational program. I understand that I will be evaluated on my compliance with these technical standards as part of the Physical Examination required if I am admitted into the Athletic Training Education Program.

Student Signature: ____________________________ Date: ____________

************************************************************************

The University of North Carolina at Charlotte is an equal opportunity institution and subscribes to all requirements of federal law not to discriminate with respect to students, employees or applicants on the basis of sex, race, color, national origin, religion, handicapped status or age.
Application for Conditional Pre-registration for
ATHLETIC TRAINING Classes

Directions: Due to the final admissions decisions for the Athletic Training major being in the summer, students will be allowed to conditionally enroll in upper division athletic training courses. Fill this form out completely, attach a copy of your unofficial transcript to it, and attach a completed Application for Change from Pre-Kinesiology to Athletic Training. Turn this form into the Kinesiology Department as part of your Athletic Training Education Program Application Packet.

Applicant Name ______________________________________________

Mailing Address______________________________________________

Telephone _____________________ e-mail___________________

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<th>Completed</th>
<th>Number</th>
<th>Course name</th>
<th>Grade in Course</th>
<th>If you have not taken or will retake when?</th>
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<td>KNES 2168 Anatomy &amp; Physiology I</td>
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<td>MATH 1100 College Algebra</td>
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<td>KNES 2150 Introduction to Kinesiology</td>
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<td></td>
<td></td>
<td>KNES 2294 Care &amp; Prevention of Athletic Injuries</td>
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</table>

By filling out and signing this form, you are agreeing to the following: "My ability to remain enrolled in Athletic Training major courses is contingent upon formal admission into the Athletic Training Education Program. If I am not granted full admission to the Athletic Training Education Program by the end of Summer School, I will be withdrawn from any and all Athletic Training major classes without further notification. I understand that it is my responsibility to ensure that the requirements for advancing into the Athletic Training major have been attained before the start of classes for the upcoming fall semester.

Signature_____________________________________________ Date________________
# Appendix B: Athletic Training Immunization Requirements and Technical Standards

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Date of Birth (mo/day/yr)</th>
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**PHYSICAL EXAMINATION**

In order to ensure the safety of students and patients, a recent (within 6 months of beginning a clinical course) physical is required for Athletic Training students. The examination may be completed by a physician, nurse practitioner or physician’s assistant.

Based upon this examination, this individual has been examined and found to be: (check one)

- [ ] able to participate without restrictions
- [ ] unable to participate without restrictions

OR

- activities of an allied health professional in a clinical setting as outlined in the Technical Standards (attached).

Explain: (attach explanation)

This student has known allergies to: ________________________________________________________________

Signature of Physician/NP/PA

Printed Name

Date

Office Address

Area Code/Phone Number

## REQUIRED IMMUNIZATIONS

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<th>Immunization</th>
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<td>#1</td>
<td>#2</td>
<td>#3</td>
<td></td>
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<tr>
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<tr>
<td>Rubella only if born before 1957:</td>
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</tr>
<tr>
<td>Hepatitis B</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
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<td></td>
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<tr>
<td>Varicella (chicken pox)</td>
<td>#1</td>
<td>#2</td>
<td></td>
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<tr>
<td>TB Test</td>
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</tbody>
</table>

**OPTIONAL IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>mo/day/year</th>
<th>mo/day/year</th>
<th>mo/day/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemophilus Influenzae, b</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
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<tr>
<td>Meningococcal</td>
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<td></td>
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<tr>
<td>Hepatitis A Series</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
Technical Standards for Undergraduate Programs

Technical standards define the attributes that are considered necessary for students to possess in order to complete their education and training, and subsequently enter clinical practice. These technical standards are determined to be prerequisites for entrance to, continuation in, and graduation from a student's chosen program in the University of North Carolina at Charlotte College of Health and Human Services.

Students must possess aptitude, ability, and skills in four areas: Psychomotor (coordination/mobility); Senses (visual, auditory, tactile, olfactory); Communication (verbal, nonverbal, written); Behavioral/Social Attributes.

The technical standards described by a student's chosen program are critically important to the student and must be autonomously performed by the student. Contact specific programs for detailed technical standards. Reasonable accommodation of disability will be provided after the student notifies the department of the disability and appropriate professionals have documented the disability.

<table>
<thead>
<tr>
<th>Standard</th>
<th>College Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychomotor (Coordination/Mobility)</td>
<td>Physical ability sufficient to move within the client environment; gross and fine motor skills sufficient to provide safe &amp; effective services</td>
</tr>
<tr>
<td>Senses (Visual, auditory, tactile, olfactory)</td>
<td>Sensory ability necessary to observe and perform skills essential in providing safe &amp; effective services</td>
</tr>
<tr>
<td>Communication (verbal, non-verbal, written)</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form in classroom, lab and service settings.</td>
</tr>
<tr>
<td>Behavioral/Social Attributes</td>
<td>Ability to fulfill professional behavioral and social responsibilities in the role of a student, both with faculty and clients</td>
</tr>
</tbody>
</table>

Definitions adapted from:

Date of Origin: April 24, 2000
August 14, 2008
Appendix C: CHHS Drug Testing and Criminal Background Check Policy

Dear CHHS Student:

As a student in the College of Health and Human Services, you will complete clinical assignments, field placements, internships, or other applications of your health and human service disciplines in health care facilities, social service agencies, or school systems. Most of these agencies are requiring that our students in nursing, athletic training, exercise physiology, health fitness, public health, social work, and health administration complete criminal background checks and drug screening prior to entering the agency for any educational experience. Therefore, to complete your program requirements with an agency above, you must obtain a criminal background check and drug screen, the cost of which is your responsibility.

In response to this requirement by our education affiliation agencies (hospitals, schools, nursing homes, social service agencies, etc.), the College of Health and Human Services has revised our policy regarding criminal background checks and drug screening. (See the attached policy.) Complete and sign the Drug Screening and Criminal Background Check Acknowledgement and Agreement and return it to Dr. Turner in the College of Health and Human Services by the first day of classes. Obtain the results of your criminal background check and drug screening BEFORE you enter a class that requires a clinical rotation, internship, field placement, or practicum.

Criminal background checks must be done by Castle Branch. Please refer to the college’s website at http://www.health.uncc.edu/. Click on Student Services and then Clinical Agency Compliance for specific directions on obtaining a criminal background check by Castle Branch. No other agency’s criminal background check will be accepted. Drug screening information is on the same website under Clinical Agency Compliance. You, as a student, will be responsible for keeping the results of the criminal background check and the drug screen to demonstrate compliance to each affiliation agency. UNC Charlotte, College of Health and Human Services will not keep records of student results and therefore cannot verify for you or the agency if you are in compliance with the agency’s policy. If you do not have these tests, you will receive an unsatisfactory daily grade for your clinical rotation, practicum, internship, or field agency performance until you can demonstrate that you have completed these tests. If an agency rejects a student based on the results of the criminal background check or drug screen, CHHS will make one attempt to find a replacement clinical site, field placement, internship or practicum. A student may be dismissed from a program because education affiliation agencies will not accept the results from the criminal background check and/or drug screen.

Sincerely,

Dr. Tricia H. Turner, PhD, ATC, LAT, FACSM
Associate Professor, Athletic Training Program Director
UNC Charlotte
UNC CHARLOTTE COLLEGE OF HEALTH AND HUMAN SERVICES

CRIMINAL BACKGROUND CHECK AND DRUG SCREENING POLICY

STUDENT

1. Introduction

It is a condition of initial enrollment in the College of Health and Human Services (CHHS) Programs, and a condition of eligibility to continue enrollment, that CHHS students meet all academic and other requirements imposed by CHHS, as well as all requirements of each external health and human service facility where CHHS attempts to place the student in a given semester.

CHHS must secure the cooperation of independent external health and human service facilities (“Facilities”) to provide appropriate educational, internship, clinical, or field experiences for its students. Increasingly, those Facilities will not accept students who do not meet requirements that apply to employees at the Facility, including drug tests and criminal background checks. Because criminal background checks are now required by the North Carolina Board of Nursing for all licensure applicants, and because of recommendations from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), many Facilities now require that CHHS students who will intern at their sites successfully complete criminal background checks and drug screening.

Many public and private schools and social services facilities also require criminal background and drug screening of CHHS students who interact with elementary/high school students and social service clients. Thus, in addition to meeting all CHHS academic and other requirements, students have the additional responsibility to meet requirements imposed by each Facility where they will receive clinical or field education, including internships.

A student who is rejected by one or more Facilities because of failure to meet that Facility’s criminal background and/or drug testing requirements may be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

2. Facility Criminal Background Check Requirements

   a. Comply with the criminal background check requirements at each Facility to which students are assigned.

      In some cases, the Facility will undertake criminal background checks. Students will usually bear all expense associated with meeting these requirements. CHHS will receive notice only that the student has been accepted or rejected by the Facility. If a student is rejected, CHHS will attempt to assign the student to another Facility. If no Facility accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

   b. Undergo a criminal background check by a CHHS-approved agency.

      Some Facilities require that students obtain criminal background checks on their own. In these cases, CHHS will help facilitate students’ obtaining their criminal background checks through a CHHS-approved criminal investigation agency. The criminal background check will be conducted at the student’s expense. The criminal investigation agency will provide the background check results to a CHHS employee, who will share the results with the student. If the Facility has provided CHHS with specific directives regarding appropriate background check results for acceptance to Facility’s field
experience, then CHHS will document whether or not the student’s background complies with those standards and communicate to the Facility whether the student’s background complies with those standards. If the Facility has not provided explicit standards to CHHS, then CHHS will share all positive results of a student’s criminal background check with the Facility. CHHS will document its communications with the Facility, the Facility’s directives concerning any positive results, and CHHS’s actions in response to the Facility’s directives. If a student is rejected from a Facility, CHHS will attempt to assign the student to another Facility. If no Facility accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

3. Facility Drug Screening Requirements

a. Comply with the drug screening requirements at each Facility to which students are assigned.

In some cases, the Facility will undertake drug screening. Students will usually bear all expense associated with meeting these requirements. CHHS will receive notice only that a student has been accepted or rejected by the Facility. If a student is rejected from a Facility, CHHS will attempt to assign the student to another Facility. If no Facility accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

b. Undergo drug testing by a CHHS-approved drug screening laboratory.

Some Facilities require that students obtain a drug screening on their own. In these cases, CHHS will help facilitate students’ obtaining their drug screenings through a CHHS-approved independent drug screening laboratory. The drug screening will be conducted at the student’s expense. The independent drug screening laboratory will provide the drug test results to the student, who will provide those results to the specified CHHS employee. If the Facility has provided CHHS with specific directives regarding appropriate drug test results for acceptance to Facility’s field experience, then CHHS will document whether or not the student’s results comply with those standards and communicate to the Facility whether the student’s results comply with those standards. If the Facility has not provided explicit standards to CHHS, then CHHS will share all positive results of a student’s drug screening with the Facility. CHHS will document its communications with the Facility, the Facility’s directives concerning any positive results, and CHHS’s actions in response to the Facility’s directives. If the result is positive, and the Facility rejects the student, CHHS will attempt to place the student at another Facility. If no Facility accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

4. General Principles for CHHS Process

a. CHHS makes no judgments about what is relevant with respect to criminal background checks and drug screenings. Every positive result is communicated to the Facility unless the Facility has provided a list of specific results that should be reported.

b. CHHS carefully documents communication transmitted to the Facility (exactly what is sent/said, to whom, how, when, etc.). CHHS also documents what the Facility tells CHHS to do in response to the positive result as well as what actions CHHS takes.

c. CHHS keeps information regarding the communication of positive criminal background or drug screening results separate from and inaccessible to the faculty who may play a role in evaluating CHHS students, unless CHHS must take action based on the positive results in accordance with the CHHS Academic Dismissal Policy.
DRUG SCREENING AND CRIMINAL BACKGROUND CHECK
ACKNOWLEDGEMENT AND AGREEMENT

UNC CHARLOTTE COLLEGE OF HEALTH AND HUMAN SERVICES
EDUCATION PROGRAMS REQUIRING EXTERNAL HEALTH OR HUMAN SERVICE FACILITIES

Student’s Printed Name

CHHS Program

1. I understand and acknowledge that the UNC Charlotte College of Health and Human Services (CHHS) has affiliated with several health care and human services facilities (hereinafter “Facilities”) to provide internships, field placements or clinical experiences for students in the CHHS (hereinafter “Students”). I further understand and acknowledge that the Facilities have a compelling interest in the integrity of their services and the health and safety of their patients, others who may come into contact with Students, and the Students themselves.

2. I understand and acknowledge that in order to protect their interests, many Facilities require Students to comply with their drug testing and/or criminal background check policies and to undergo drug testing and/or criminal background checks as conditions of participating in their education programs. In addition, such Facilities often require that Students submit to the required drug testing and/or criminal background checks at the Students’ own expense. I understand that the CHHS will provide Students with information to obtain the drug testing and/or criminal background checks required by the Facilities.

3. I understand and acknowledge that a Facility may, in accordance with its policies, reject or expel a Student from its Facility based on the results of the drug testing and/or criminal background checks.

4. I am or will be enrolled as a Student in the CHHS, and I plan to participate as a Student in an educational experience at a Facility.

5. Because participation in facility-related educational programs is a degree requirement for Students in the CHHS program indicated above, I understand that I may be required to undergo a criminal background check and/or drug screening as a condition of my participation in an internship, field placement or clinical experience at an external health and human service facility.

6. As a condition of participating as a Student in an education program, I hereby agree to comply with the criminal background check requirements at each Facility to which I am assigned. If the Facility facilitates criminal background checks, I agree to comply with such requirements and follow the procedures set forth by the Facility. If the Facility requires that I undergo a criminal background check prior to my placement, I agree to undergo a criminal background check by a CHHS-approved agency at my own expense. I further agree that, if required by the Facility, CHHS may share my criminal background check results with the Facility.

7. I hereby agree to comply with the drug screening test requirements at each Facility to which I am assigned. If the Facility facilitates drug screening, I agree to comply with such requirements and follow the procedures set forth by the Facility. If the Facility requires that I undergo drug screening prior to my placement, I agree to undergo drug screening by a CHHS-approved testing laboratory at my own expense. I further agree that, if required by the Facility, CHHS may share my drug test results with the Facility.

8. I have read both the CHHS Criminal Background Check and Drug Screening Policy and this Acknowledgement and Agreement, and I understand its contents. I have had the opportunity to ask questions of and discuss the Policy and this Acknowledgement and Agreement with appropriate administrators in the College of Health and Human Services. I understand that I am responsible for meeting the requirements set forth in the Policy and this Acknowledgement and Agreement.
College of Health and Human Services, UNC Charlotte
Memorandum of Understanding re: Admission to Health and Human Services Programs

Student name: _________________________________________ ID # ______________________

The purpose of this document, and the conference in which it is provided, is to help you become fully
aware of certain state and health care and human service policies pertaining to criminal convictions so
that you can make an informed decision about proceeding with program admission and coursework within
the College of Health and Human Services.

The State of North Carolina and its health care and human services agencies are now scrutinizing the
backgrounds of our students who participate in external educational activities (internships, clinical
rotations, field placements, practica, etc.) in relationship to criminal convictions for drugs, alcohol, and
other illegal activities. Some individuals are denied admission to health care or human services programs
at the College of Health and Human Services because of their serious crimes. Others with convictions
such as yours may be fully admissible to the health and human services programs by College of Health
and Human Services standards, but may encounter two kinds of barriers beyond the authority of the
College of Health and Human Services.

1. Placement in school systems: School systems have different standards for accepting student
interns who have any kind of criminal record. Most school systems require drug and alcohol
screening before initiating an internship (field placement, practica, rotation, etc.) as well as a
criminal background check. Additionally, the College of Health and Human Services may be
asked to provide any criminal background check records on file as a result of contractual
agreements with the schools. School systems vary in their decisions after examining criminal
records; the College of Health and Human Services cannot overrule a school system’s negative
decision.

2. Placement in health care and human service agencies: Similar to the school systems, health care
agencies and human services facilities have different standards for accepting students who have
any kind of criminal record. Most health care and human services agencies require a drug
screening before entering the facility as well as a criminal background check. Additionally, the
College of Health and Human Services may be asked to provide any criminal background check
records on file as a result of contractual agreements with that agency. Health care and human
services agencies vary in their decisions after examining criminal records; the College of Health
and Human Services cannot overrule an agency’s negative decision to allow you to progress in
your internship, field placement, clinical rotation, practica, etc.

My signature below indicates I have been informed about the possible barriers to internship, field
placement, clinical rotation, practica, etc. because of my criminal record. I understand that my progress
toward a degree may be negatively impacted by my background history. I acknowledge these barriers and choose to
enroll in the College of Health and Human Services’ educational program despite the possibility that they may
impact my ability to progress through the designated curriculum and graduate.

Student signature: _________________________________________ Date: ______________________

Student’s Signature Date
Appendix D: Student Verification

I, ____________________________, verify that I have read and understand the policies and procedures in the UNC Charlotte Athletic Training Student Handbook.

______________________________
Student’s Signature

________________
Date
### KNES 2290 First Aid Responding to Emergencies

<p>| AC-1 | Explain the legal, moral, and ethical parameters that define the athletic trainer's scope of acute and emergency care. |
| AC-3 | Describe the hospital trauma level system and its role in the transportation decision-making process. |
| AC-4 | Demonstrate the ability to perform scene, primary, and secondary surveys. |
| AC-5 | Obtain a medical history appropriate for the patient's ability to respond. |
| AC-6 | When appropriate, obtain and monitor signs of basic body functions including pulse, blood pressure, respiration, pulse oximetry, pain, and core temperature. Relate changes in vital signs to the patient's status. |
| AC-7 | Differentiate between normal and abnormal physical findings (e.g., pulse, blood pressure, heart and lung sounds, oxygen saturation, pain, core temperature) and the associated pathophysiology. |
| AC-8 | Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete's injured body part. |
| AC-9 | Differentiate the types of airway adjuncts (oropharyngeal airways [OPA], nasopharyngeal airways [NPA] and supraglottic airways [King LT-D or Combitube]) and their use in maintaining a patent airway in adult respiratory and/or cardiac arrest. |
| AC-10 | Establish and maintain an airway, including the use of oro- and nasopharyngeal airways, and neutral spine alignment in an athlete with a suspected spine injury who may be wearing shoulder pads, a helmet with and without a face guard, or other protective equipment. |
| AC-10a | oropharyngeal airway |
| AC-10b | nasopharyngeal airway |
| AC-11 | Determine when suction for airway maintenance is indicated and use according to accepted practice protocols. |
| AC-12 | Identify cases when rescue breathing, CPR, and/or AED use is indicated according to current accepted practice protocols. |
| AC-13 | Utilize an automated external defibrillator (AED) according to current accepted practice protocols. |
| AC-14 | Perform one- and two- person CPR on an infant, child and adult. |
| AC-15 | Utilize a bag valve and pocket mask on a child and adult using supplemental oxygen. |
| AC-16 | Explain the indications, application, and treatment parameters for supplemental oxygen administration for emergency situations. |
| AC-17 | Administer supplemental oxygen with adjuncts (e.g., non-rebreather mask, nasal cannula). |
| AC-18 | Assess oxygen saturation using a pulse oximeter and interpret the results to guide decision making. |
| AC-19 | Explain the proper procedures for managing external hemorrhage (e.g., direct pressure, pressure points, tourniquets) and the rationale for use of each. |
| AC-20 | Select and use the appropriate procedure for managing external hemorrhage. |
| AC-21 | Explain aseptic or sterile techniques, approved sanitation methods, and universal... |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>precautions used in the cleaning, closure, and dressing of wounds.</td>
</tr>
<tr>
<td>AC-22</td>
<td>Select and use appropriate procedures for the cleaning, closure, and dressing of wounds, identifying when referral is necessary.</td>
</tr>
<tr>
<td>AC-31</td>
<td>Assist the patient in the use of a nebulizer treatment for an asthmatic attack.</td>
</tr>
<tr>
<td>AC-32</td>
<td>Determine when use of a meter-dosed inhaler is warranted based on a patient’s condition.</td>
</tr>
<tr>
<td>AC-33</td>
<td>Instruct a patient in the use of a meter-dosed inhaler in the presence of asthma-related bronchospasm.</td>
</tr>
<tr>
<td>AC-35</td>
<td>Demonstrate the use of an auto-injectable epinephrine in the management of allergic anaphylaxis. Decide when auto-injectable epinephrine use is warranted based on a patient’s condition.</td>
</tr>
<tr>
<td>AC-36a</td>
<td>sudden cardiac arrest</td>
</tr>
<tr>
<td>AC-36g</td>
<td>internal hemorrhage</td>
</tr>
<tr>
<td>AC-36h</td>
<td>diabetic emergencies including hypoglycemia and ketoacidosis</td>
</tr>
<tr>
<td>AC-36i</td>
<td>asthma attacks</td>
</tr>
<tr>
<td>AC-36j</td>
<td>systemic allergic reaction, including anaphylactic shock</td>
</tr>
<tr>
<td>AC-36k</td>
<td>epileptic and non-epileptic seizures</td>
</tr>
<tr>
<td>AC-36l</td>
<td>shock</td>
</tr>
<tr>
<td>AC-36m</td>
<td>hypothermia, frostbite</td>
</tr>
<tr>
<td>AC-36n</td>
<td>toxic drug overdoses</td>
</tr>
<tr>
<td>AC-36o</td>
<td>local allergic reaction</td>
</tr>
<tr>
<td>AC-37</td>
<td>Select and apply appropriate splinting material to stabilize an injured body area.</td>
</tr>
<tr>
<td>AC-38</td>
<td>Apply appropriate immediate treatment to protect the injured area and minimize the effects of hypoxic and enzymatic injury.</td>
</tr>
<tr>
<td>AC-39</td>
<td>Select and implement the appropriate ambulatory aid based on the patient’s injury and activity and participation restrictions.</td>
</tr>
<tr>
<td>AC-40</td>
<td>Determine the proper transportation technique based on the patient’s condition and findings of the immediate examination.</td>
</tr>
<tr>
<td>AC-41</td>
<td>Identify the criteria used in the decision-making process to transport the injured patient for further medical examination.</td>
</tr>
<tr>
<td>AC-42</td>
<td>Select and use the appropriate short-distance transportation methods, such as the log roll or lift and slide, for an injured patient in different situations.</td>
</tr>
<tr>
<td>AC-43</td>
<td>Instruct the patient in home care and self-treatment plans for acute conditions.</td>
</tr>
<tr>
<td>CE-16</td>
<td>Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions.</td>
</tr>
<tr>
<td>CE-22</td>
<td>Determine when the findings of an examination warrant referral of the patient.</td>
</tr>
<tr>
<td>HA-16</td>
<td>Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the practicing of athletic training.</td>
</tr>
<tr>
<td>HA-22</td>
<td>Develop specific plans of care for common potential emergent conditions (eg, asthma attack, diabetic emergency).</td>
</tr>
<tr>
<td>HA-29</td>
<td>Explain typical administrative policies and procedures that govern first aid and emergency care.</td>
</tr>
</tbody>
</table>
Describe the role and functions of various healthcare providers and protocols that govern the referral of patients to these professionals.

Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.

Implement disinfectant procedures to prevent the spread of infectious diseases and to comply with Occupational Safety and Health Administration (OSHA) and other federal regulations.

Asthma

Anaphylactic shock

metered dose inhalers

nebulizers

insulin pumps

**KNES 2295 Care and Prevention of Athletic Injuries Laboratory**

<table>
<thead>
<tr>
<th>AC-1</th>
<th>Explain the legal, moral, and ethical parameters that define the athletic trainer's scope of acute and emergency care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC-2</td>
<td>Differentiate the roles and responsibilities of the athletic trainer from other pre-hospital care and hospital-based providers, including emergency medical technicians/paramedics, nurses, physician assistants, and physicians.</td>
</tr>
<tr>
<td>AC-27</td>
<td>Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.</td>
</tr>
<tr>
<td>AC-28</td>
<td>Differentiate the different methods for assessing core body temperature.</td>
</tr>
<tr>
<td>AC-36d</td>
<td>heat illness including heat cramps, heat exhaustion, exertional heat stroke, and hyponatremia</td>
</tr>
<tr>
<td>AC-36e</td>
<td>exertional sickling associated with sickle cell trait</td>
</tr>
<tr>
<td>AC-36f</td>
<td>rhabdomyolysis</td>
</tr>
<tr>
<td>CE-3</td>
<td>Identify the common congenital and acquired risk factors and causes of musculoskeletal injuries and common illnesses that may influence physical activity in pediatric, adolescent, adult, and aging populations.</td>
</tr>
<tr>
<td>CE-6</td>
<td>Describe the basic principles of diagnostic imaging and testing and their role in the diagnostic process.</td>
</tr>
<tr>
<td>HA-1</td>
<td>Describe the role of the athletic trainer and the delivery of athletic training services within the context of the broader healthcare system.</td>
</tr>
<tr>
<td>HA-2</td>
<td>Describe the impact of organizational structure on the daily operations of a healthcare facility.</td>
</tr>
<tr>
<td>HA-21</td>
<td>Develop comprehensive, venue-specific emergency action plans for the care of acutely injured or ill individuals.</td>
</tr>
<tr>
<td>HA-23</td>
<td>Identify and explain the recommended or required components of a pre-participation examination based on appropriate authorities' rules, guidelines, and/or recommendations.</td>
</tr>
<tr>
<td>HA-24</td>
<td>Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.</td>
</tr>
<tr>
<td>HA-30</td>
<td>Describe the role and functions of various healthcare providers and protocols that govern the referral of patients to these professionals.</td>
</tr>
<tr>
<td>PD-1</td>
<td>Summarize the athletic training profession's history and development and how current athletic training practice has been influenced by its past.</td>
</tr>
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</tr>
<tr>
<td>PD-2</td>
<td>Describe the role and function of the National Athletic Trainers' Association and its influence on the profession.</td>
</tr>
<tr>
<td>PD-3</td>
<td>Describe the role and function of the Board of Certification, the Commission on Accreditation of Athletic Training Education, and state regulatory boards.</td>
</tr>
<tr>
<td>PD-4</td>
<td>Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.</td>
</tr>
<tr>
<td>PD-5</td>
<td>Access, analyze, and differentiate between the essential documents of the national governing, credentialing and regulatory bodies, including, but not limited to, the NATA Athletic Training Educational Competencies, the BOC Standards of Professional Practice, the NATA Code of Ethics, and the BOC Role Delineation Study/Practice Analysis.</td>
</tr>
<tr>
<td>PD-6</td>
<td>Explain the process of obtaining and maintaining necessary local, state, and national credentials for the practice of athletic training.</td>
</tr>
<tr>
<td>PD-8</td>
<td>Differentiate among the preparation, scopes of practice, and roles and responsibilities of healthcare providers and other professionals with whom athletic trainers interact.</td>
</tr>
<tr>
<td>PD-9</td>
<td>Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.</td>
</tr>
<tr>
<td>PD-10</td>
<td>Develop healthcare educational programming specific to the target audience (eg, clients/patients, healthcare personnel, administrators, parents, general public).</td>
</tr>
<tr>
<td>PD-11</td>
<td>Identify strategies to educate colleagues, students, patients, the public, and other healthcare professionals about the roles, responsibilities, academic preparation, and scope of practice of athletic trainers.</td>
</tr>
<tr>
<td>PHP-8</td>
<td>Identify the necessary components to include in a preparticipation physical examination as recommended by contemporary guidelines (eg, American Heart Association, American Academy of Pediatrics Council on Sports Medicine &amp; Fitness).</td>
</tr>
<tr>
<td>PHP-9</td>
<td>Explain the role of the preparticipation physical exam in identifying conditions that might predispose the athlete to injury or illness.</td>
</tr>
<tr>
<td>PHP-10</td>
<td>Explain the principles of the body's thermoregulatory mechanisms as they relate to heat gain and heat loss.</td>
</tr>
<tr>
<td>PHP-11</td>
<td>Explain the principles of environmental illness prevention programs to include acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, hydration status, and environmental assessment (eg, sling psychrometer, wet bulb globe temperatures [WBGT], heat index guidelines).</td>
</tr>
<tr>
<td>PHP-12</td>
<td>Summarize current practice guidelines related to physical activity during extreme weather conditions (eg, heat, cold, lightning, wind).</td>
</tr>
<tr>
<td>PHP-14</td>
<td>Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual's ability to participate in physical activity in a hot, humid environment.</td>
</tr>
<tr>
<td>PHP-14a</td>
<td>weight charts</td>
</tr>
<tr>
<td>PHP-17</td>
<td>Explain the etiology and prevention guidelines associated with the ...</td>
</tr>
</tbody>
</table>
### KNES 2294 Care and Prevention of Athletic Injuries

<table>
<thead>
<tr>
<th>AC-19</th>
<th>Explain the proper procedures for managing external hemorrhage (e.g., direct pressure, pressure points, tourniquets) and the rationale for use of each.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC-20</td>
<td>Select and use the appropriate procedure for managing external hemorrhage.</td>
</tr>
<tr>
<td>AC-21</td>
<td>Explain aseptic or sterile techniques, approved sanitation methods, and universal precautions used in the cleaning, closure, and dressing of wounds.</td>
</tr>
<tr>
<td>AC-22</td>
<td>Select and use appropriate procedures for the cleaning, closure, and dressing of wounds, identifying when referral is necessary.</td>
</tr>
<tr>
<td>AC-23</td>
<td>Use cervical stabilization devices and techniques that are appropriate to the circumstances of an injury.</td>
</tr>
<tr>
<td>AC-24</td>
<td>Demonstrate proper positioning and immobilization of a patient with a suspected spinal cord injury.</td>
</tr>
<tr>
<td>AC-25</td>
<td>Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques.</td>
</tr>
<tr>
<td>AC-25a</td>
<td>supine log roll</td>
</tr>
<tr>
<td>--------</td>
<td>----------------</td>
</tr>
<tr>
<td>AC-25b</td>
<td>prone log roll with push</td>
</tr>
<tr>
<td>AC-25c</td>
<td>prone log roll with pull</td>
</tr>
<tr>
<td>AC-25d</td>
<td>lift-and-slide</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AC-26</th>
<th>Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient's injury.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC-27</td>
<td>Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.</td>
</tr>
<tr>
<td>AC-28</td>
<td>Differentiate the different methods for assessing core body temperature.</td>
</tr>
<tr>
<td>AC-29</td>
<td>Assess core body temperature using a rectal probe.</td>
</tr>
<tr>
<td>AC-30</td>
<td>Explain the role of rapid full body cooling in the emergency management of exertional heat stroke.</td>
</tr>
<tr>
<td>AC-37</td>
<td>Select and apply appropriate splinting material to stabilize an injured body area.</td>
</tr>
<tr>
<td>AC-38</td>
<td>Apply appropriate immediate treatment to protect the injured area and minimize the effects of hypoxic and enzymatic injury.</td>
</tr>
<tr>
<td>AC-39</td>
<td>Select and implement the appropriate ambulatory aid based on the patient's injury and activity and participation restrictions.</td>
</tr>
<tr>
<td>AC-42</td>
<td>Select and use the appropriate short-distance transportation methods, such as the log roll or lift and slide, for an injured patient in different situations.</td>
</tr>
<tr>
<td>HA-21</td>
<td>Develop comprehensive, venue-specific emergency action plans for the care of acutely injured or ill individuals.</td>
</tr>
<tr>
<td>HA-23</td>
<td>Identify and explain the recommended or required components of a pre-participation examination based on appropriate authorities' rules, guidelines, and/or recommendations.</td>
</tr>
<tr>
<td>HA-24</td>
<td>Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.</td>
</tr>
</tbody>
</table>

| PHP-11 | Explain the principles of environmental illness prevention programs to include acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, hydration status, and environmental assessment (eg, sling psychrometer, wet bulb globe temperatures [WBGT], heat index guidelines). |
| PHP-12 | Summarize current practice guidelines related to physical activity during extreme weather conditions (eg, heat, cold, lightning, wind). |
| PHP-13 | Obtain and interpret environmental data (web bulb globe temperature [WBGT], sling psychrometer, lightning detection devices) to make clinical decisions regarding the scheduling, type, and duration of physical activity. |
| PHP-13a | WBGT |
| PHP-13b | sling psychrometer |
| PHP-13c | lightning detection devices |
| PHP-14 | Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual's ability to participate in physical activity in a hot, humid environment. |
### PHP-14a
weight charts

### PHP-14b
urine color charts

### PHP-14c
specific gravity measurements

### PHP-15
Use a glucometer to monitor blood glucose levels, determine participation status, and make referral decisions.

### PHP-18
Explain strategies for communicating with coaches, athletes, parents, administrators, and other relevant personnel regarding potentially dangerous conditions related to the environment, field, or playing surfaces.

### PHP-20
Summarize the basic principles associated with the design, construction, fit, maintenance, and reconditioning of protective equipment, including the rules and regulations established by the associations that govern its use.

### PHP-22
Fit standard protective equipment following manufacturers' guidelines.

### PHP-23
Apply preventive taping and wrapping procedures, splints, braces, and other special protective devices.

### TI-16
Fabricate and apply taping, wrapping, supportive, and protective devices to facilitate return to function.

---

### KNES 2296 Evidence Based Practice

<table>
<thead>
<tr>
<th>EBP-1</th>
<th>Define evidence-based practice as it relates to athletic training clinical practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBP-2</td>
<td>Explain the role of evidence in the clinical decision making process.</td>
</tr>
<tr>
<td>EBP-3</td>
<td>Describe and differentiate the types of quantitative and qualitative research, research components, and levels of research evidence.</td>
</tr>
<tr>
<td>EBP-4</td>
<td>Describe a systematic approach (eg, five step approach) to create and ... answer a clinical question through review and application of existing research.</td>
</tr>
<tr>
<td>EBP-5</td>
<td>Develop a relevant clinical question using a pre-defined question format ... (eg, PICO= Patients, Intervention, Comparison, Outcomes; PIO = Patients, Intervention, Outcomes)</td>
</tr>
<tr>
<td>EBP-6</td>
<td>Describe and contrast research and literature resources including databases and online critical appraisal libraries that can be used for conducting clinically-relevant searches.</td>
</tr>
<tr>
<td>EBP-7</td>
<td>Conduct a literature search using a clinical question relevant to athletic training practice using search techniques (eg, Boolean search, Medical Subject Headings) and resources appropriate for a specific clinical question.</td>
</tr>
<tr>
<td>EBP-8</td>
<td>Describe the differences between narrative reviews, systematic reviews, and meta-analyses.</td>
</tr>
<tr>
<td>EBP-9</td>
<td>Use standard criteria or developed scales (eg, Physiotherapy Evidence ... Database Scale [PEDro], Oxford Centre for Evidence Based Medicine Scale) to critically appraise the structure, rigor, and overall quality of research studies.</td>
</tr>
<tr>
<td>EBP-10</td>
<td>Determine the effectiveness and efficacy of an athletic training intervention utilizing evidence-based practice concepts.</td>
</tr>
<tr>
<td>EBP-11</td>
<td>Explain the theoretical foundation of clinical outcomes assessment (eg, disablement, health-related quality of life) and describe common methods of outcomes assessment in athletic training clinical practice (generic, disease-specific, region-specific, and dimension-specific outcomes instruments).</td>
</tr>
<tr>
<td>EBP-12</td>
<td>Describe the types of outcomes measures for clinical practice (patient-based and clinician-based) as well as types of evidence that are</td>
</tr>
</tbody>
</table>
gathered through outcomes assessment patient-oriented evidence versus disease-oriented evidence).

| EBP-13 | Understand the methods of assessing patient status and progress (e.g., global rating of change, minimal clinically important difference, minimal detectable difference) with clinical outcomes assessments. |
| EBP-14 | Apply and interpret clinical outcomes to assess patient status, progress, and change using psychometrically sound outcome instruments |

### KNES 2298 Applied Kinesiology

| CE-1 | Describe the normal structures and interrelated functions of the body systems. |
| CE-2 | Describe the normal anatomical, systemic, and physiological changes associated with the lifespan. |
| CE-4 | Describe the principles and concepts of body movement, including normal osteokinematics and arthrokinematics. |
| CE-5 | Describe the influence of pathomechanics on function. |

### KNES 3260 Nutrition for the Physically Active

| PHP-32 | Describe the role of nutrition in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle. |
| PHP-33 | Educate clients/patients on the importance of healthy eating, regular exercise, and general preventative strategies for improving or maintaining health and quality of life. |
| PHP-34 | Describe contemporary nutritional intake recommendations and explain how these recommendations can be used in performing a basic dietary analysis and providing appropriate general dietary recommendations. |
| PHP-35 | Describe the proper intake, sources of, and effects of micro- and macronutrients on performance, health, and disease. |
| PHP-36 | Describe current guidelines for proper hydration and explain the consequences of improper fluid/electrolyte replacement. |
| PHP-37 | Identify, analyze, and utilize the essential components of food labels to determine the content, quality, and appropriateness of food products. |
| PHP-38 | Describe nutritional principles that apply to tissue growth and repair. |
| PHP-39 | Describe changes in dietary requirements that occur as a result of changes in an individual’s health, age, and activity level. |
| PHP-40 | Explain the physiologic principles and time factors associated with the design and planning of pre-activity and recovery meals/snacks and hydration practices. |
| PHP-41 | Identify the foods and fluids that are most appropriate for pre-activity, activity, and recovery meals/snacks. |
| PHP-42 | Explain how changes in the type and intensity of physical activity influence the energy and nutritional demands placed on the client/patient. |
| PHP-45 | Describe contemporary weight management methods and strategies needed to support activities of daily life and physical activity. |
| PHP-46 | Identify and describe the signs, symptoms, physiological, and |

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psychological responses of clients/patients with disordered eating or eating disorders.

PHP-47 Describe the method of appropriate management and referral for clients/patients with

### KNES 3280 Exercise Physiology: Foundation and Theory

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CE-2</td>
<td>Describe the normal anatomical, systemic, and physiological changes associated with the lifespan.</td>
</tr>
<tr>
<td>PHP-25</td>
<td>Describe the role of exercise in maintaining a healthy lifestyle and preventing chronic disease</td>
</tr>
</tbody>
</table>

### KNES 3285 Exercise Testing

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHP-25</td>
<td>Describe the role of exercise in maintaining a healthy lifestyle and preventing chronic disease.</td>
</tr>
<tr>
<td>PHP-26</td>
<td>Identify and describe the standard tests, test equipment, and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility, and endurance.</td>
</tr>
<tr>
<td>PHP-27</td>
<td>Compare and contrast the various types of flexibility, strength training, and cardiovascular conditioning programs to include expected outcomes, safety precautions, hazards, and contraindications.</td>
</tr>
<tr>
<td>PHP-29</td>
<td>Explain the basic concepts and practice of fitness and wellness screening.</td>
</tr>
<tr>
<td>PHP-30</td>
<td>Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.</td>
</tr>
<tr>
<td>PHP-42</td>
<td>Explain how changes in the type and intensity of physical activity influence the energy and nutritional demands placed on the client/patient.</td>
</tr>
<tr>
<td>PHP-43</td>
<td>Describe the principles and methods of body composition assessment to assess a client's/patient's health</td>
</tr>
</tbody>
</table>

### KNES 3286L Exercise Testing Lab

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHP-26</td>
<td>Identify and describe the standard tests, test equipment, and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility, and endurance.</td>
</tr>
<tr>
<td>PHP-27</td>
<td>Compare and contrast the various types of flexibility, strength training, and cardiovascular conditioning programs to include expected outcomes, safety precautions, hazards, and contraindications.</td>
</tr>
<tr>
<td>PHP-28</td>
<td>Administer and interpret fitness tests to assess a client's/patient's physical status and readiness for physical activity.</td>
</tr>
<tr>
<td>PHP-29</td>
<td>Explain the basic concepts and practice of fitness and wellness screening.</td>
</tr>
<tr>
<td>PHP-30</td>
<td>Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.</td>
</tr>
<tr>
<td>PHP-31</td>
<td>Instruct a client/patient regarding fitness exercises and the use of muscle strengthening equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.</td>
</tr>
</tbody>
</table>
| PHP-43      | Describe the principles and methods of body composition assessment to assess a client's/patient's health status and to monitor changes related to weight management, strength training, injury, disordered eating, menstrual status,
and/or bone density status.

PHP-44 Assess body composition by validated techniques.

### KNES 3288 Upper Body Injury Evaluation

<table>
<thead>
<tr>
<th>AC-34</th>
<th>Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC-36b</td>
<td>Brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture.</td>
</tr>
<tr>
<td>AC-36c</td>
<td>Cervical, thoracic, and lumbar spine trauma.</td>
</tr>
<tr>
<td>CE-7</td>
<td>Identify the patient's participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient's life.</td>
</tr>
<tr>
<td>CE-8</td>
<td>Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life.</td>
</tr>
<tr>
<td>CE-9</td>
<td>Identify functional and patient-centered quality of life outcome measures appropriate for use in athletic training practice.</td>
</tr>
<tr>
<td>CE-11</td>
<td>Explain the creation of clinical prediction rules in the diagnosis and prognosis of various clinical conditions.</td>
</tr>
<tr>
<td>CE-12</td>
<td>Apply clinical prediction rules (eg, Ottawa Ankle Rules) during clinical examination procedures.</td>
</tr>
<tr>
<td>CE-13</td>
<td>Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient's perceived pain, and the history and course of the present condition.</td>
</tr>
<tr>
<td>CE-14</td>
<td>Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient's treatment/rehabilitation program, and make modifications to the patient's program as needed.</td>
</tr>
<tr>
<td>CE-17</td>
<td>Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.</td>
</tr>
<tr>
<td>CE-18</td>
<td>Incorporate the concept of differential diagnosis into the examination process.</td>
</tr>
<tr>
<td>CE-19</td>
<td>Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient's current status.</td>
</tr>
<tr>
<td>PHP-3</td>
<td>Identify modifiable/non-modifiable risk factors and mechanisms for injury and illness.</td>
</tr>
<tr>
<td>PHP-17c</td>
<td>Traumatic brain injury</td>
</tr>
<tr>
<td>PHP-17h</td>
<td>Cervical spine injury</td>
</tr>
</tbody>
</table>

### KNES 3289 Upper Body Injury Evaluation Lab

| AC-8 | Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete's injured body part. |
| AC-23 | Use cervical stabilization devices and techniques that are appropriate to the circumstances of an injury. |
| AC-24 | Demonstrate proper positioning and immobilization of a patient with a suspected spinal cord injury. |
| AC-25 | Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques. |
| AC-25a | supine log roll |
| AC-25b | prone log roll with push |
| AC-25c | prone log roll with pull |
| AC-25d | lift-and-slide |
| AC-26 | Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient’s injury. |
| AC-34 | Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation. |
| AC-36b | brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture |
| AC-36c | cervical, thoracic, and lumbar spine trauma |
| CE-15 | Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses. |
| CE-20 | Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to: |
| CE-20a | history taking |
| CE-20b | inspection/observation |
| CE-20c | palpation |
| CE-20d | functional assessment |
| CE-20e | selective tissue testing techniques / special tests |
| CE-20f | neurological assessments (sensory, motor, reflexes, balance, cognitive function) |
| CE-20f.1 | sensory |
| CE-20f.2 | motor |
| CE-20f.3 | reflexes |
| CE-20f.4 | balance |
| CE-20f.5 | cognitive function |
| CE-21c | Muscle function assessment |
| CE-21d | Assessment of quantity and quality of osteokinematic joint motion |
| CE-21e | Capsular and ligamentous stress testing |
| CE-21f | Joint play (arthrokinematics) |
| CE-21g | Selective tissue examination techniques / special tests |
| CE-21h | Neurologic function (sensory, motor, reflexes, balance, cognition) |
| CE-21h.1 | sensory |
| CE-21h.2 | motor |
| CE-21h.3 | reflexes |
| CE-21h.4 | balance |
| CE-21h.5 | cognition |

**KNES 3290 Lower Body Injury Evaluation**

<p>| AC-5 | Obtain a medical history appropriate for the patient's ability to respond. |
| CE-7 | Identify the patient's participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient's life. |
| CE-8 | Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life. |
| CE-9 | Identify functional and patient-centered quality of life outcome measures appropriate for use in athletic training practice. |
| CE-11 | Explain the creation of clinical prediction rules in the diagnosis and prognosis of various clinical conditions. |
| CE-12 | Apply clinical prediction rules (eg, Ottawa Ankle Rules) during clinical examination procedures. |
| CE-13 | Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient's perceived pain, and the history and course of the present condition. |
| CE-14 | Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient's treatment/rehabilitation program, and make modifications to the patient's program as needed. |
| CE-17 | Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions. |</p>
<table>
<thead>
<tr>
<th>CE-18</th>
<th>Incorporate the concept of differential diagnosis into the examination process.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CE-19</td>
<td>Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient’s current status.</td>
</tr>
<tr>
<td>HA-11</td>
<td>Use contemporary documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members.</td>
</tr>
<tr>
<td>PHP-3</td>
<td>Identify modifiable/non-modifiable risk factors and mechanisms for injury and illness.</td>
</tr>
<tr>
<td>TI-19</td>
<td>Identify manufacturer, institutional, state, and/or federal standards that influence approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment.</td>
</tr>
<tr>
<td>TI-20</td>
<td>Inspect therapeutic equipment and the treatment environment for potential safety hazards.</td>
</tr>
</tbody>
</table>

**KNES 3291 Therapeutic Modalities**

<table>
<thead>
<tr>
<th>CE-10</th>
<th>Explain diagnostic accuracy concepts including reliability, sensitivity, specificity, likelihood ratios, prediction values, pre-test and post-test probabilities in the selection and interpretation of physical examination and diagnostic procedures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PS-9</td>
<td>Describe the psychosocial factors that affect persistent pain sensation and perception (eg, emotional state, locus of control, psychodynamic issues, sociocultural factors, personal values and beliefs) and identify multidisciplinary approaches for assisting patients with persistent pain.</td>
</tr>
<tr>
<td>TI-1</td>
<td>Describe and differentiate the physiological and pathophysiological responses to inflammatory and non-inflammatory conditions and the influence of these responses on the design, implementation, and progression of a therapeutic intervention.</td>
</tr>
<tr>
<td>TI-2</td>
<td>Compare and contrast contemporary theories of pain perception and pain modulation.</td>
</tr>
<tr>
<td>TI-3</td>
<td>Differentiate between palliative and primary pain-control interventions.</td>
</tr>
<tr>
<td>TI-5</td>
<td>Compare and contrast the variations in the physiological response to injury and healing across the lifespan.</td>
</tr>
<tr>
<td>TI-8</td>
<td>Explain the theory and principles relating to expected physiological response(s) during and following therapeutic interventions.</td>
</tr>
<tr>
<td>TI-9</td>
<td>Describe the laws of physics that (1) underlay the application of ... thermal, mechanical, electromagnetic, and acoustic energy to the body and (2) form the foundation for the development of therapeutic interventions (eg, stress-strain, leverage, thermodynamics, energy transmission and attenuation, electricity).</td>
</tr>
<tr>
<td>TI-11c</td>
<td>Describe the expected effects and potential adverse reactions to the patient.</td>
</tr>
<tr>
<td>TI-13</td>
<td>Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including, therapeutic massage, myofascial techniques, and muscle energy techniques.</td>
</tr>
<tr>
<td>TI-14</td>
<td>Describe the use of joint mobilization in pain reduction and restoration of joint mobility.</td>
</tr>
<tr>
<td>TI-</td>
<td>Inspect therapeutic equipment and the treatment environment for potential safety hazards.</td>
</tr>
</tbody>
</table>
### KNES 3292 Therapeutic Modalities Lab

<table>
<thead>
<tr>
<th>TI-11b</th>
<th>Position and prepare the patient for various therapeutic interventions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TI-15</td>
<td>Perform joint mobilization techniques as indicated by examination ...</td>
</tr>
</tbody>
</table>

### KNES 3293 General Medical

| AC-6 | When appropriate, obtain and monitor signs of basic body functions including pulse, blood pressure, respiration, pulse oximetry, pain, and core temperature. Relate changes in vital signs to the patient's status. |
| AC-7 | Differentiate between normal and abnormal physical findings (eg, pulse, blood pressure, heart and lung sounds, oxygen saturation, pain, core temperature) and the associated pathophysiology. |
| CE-20g | Respiratory assessments (auscultation, percussion, respirations, ... peak-flow) |
| CE-20g.1 | Auscultation |
| CE-20g.2 | Percussion |
| CE-20g.3 | Respiration |
| CE-20g.4 | Peak-flow |
| CE-20h | Circulatory assessments (pulse, blood pressure, auscultation) |
| CE-20h.1 | Pulse |
| CE-20h.2 | Blood pressure |
| CE-20h.3 | Auscultation |
| CE-20i | Abdominal assessments (percussion, palpation, auscultation) |
| CE-20i.1 | Percussion |
| CE-20i.2 | Palpation |
| CE-20i.3 | Auscultation |
| CE-20j | Other clinical assessments (otoscope, urinalysis, glucometer, ... temperature, opthalmoscope) |
| CE-20j.1 | Otoscope |
| CE- | Urinalysis |
| CE-20j.2 |                  |
| CE-20j.3 | glucometer       |
| CE-20j.4 | temperature      |
| CE-20j.5 | ophthalmoscope  |
| CE-21i  | Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate) |
| CE-21i.1 | heart sounds     |
| CE-21i.2 | blood pressure   |
| CE-21i.3 | heart rate       |
| CE-21j  | Pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respirations, peak expiratory flow) |
| CE-21j.1 | breath sounds    |
| CE-21j.2 | percussion sounds|
| CE-21j.3 | respirations     |
| CE-21j.4 | peak expiratory flow |
| CE-21k  | Gastrointestinal function (including differentiation between normal and abnormal bowel sounds) |
| CE-21l  | Genitourinary function (urinalysis) |
| CE-21m  | Ocular function (vision, ophthalmoscope) |
| CE-21m.1 | vision           |
| CE-21m.2 | ophthalmoscope  |
| CE-21n  | Function of the ear, nose, and throat (including otoscopic evaluation) |
| CE-21n.1 | ear (otoscope)   |
| CE-21n.2 | nose             |
| CE-21n.3 | throat           |
| CE-21o  | Dermatological assessment |
| CE-     | Other assessments (glucometer, temperature) |
Use a peak-flow meter to monitor a patient's asthma symptoms, determine participation status, and make referral decisions.

Cardiac arrhythmia or arrest

Identify and describe the signs, symptoms, physiological, and psychological responses of clients/patients with disordered eating or eating disorders.

Describe the method of appropriate management and referral for clients/patients with disordered eating or eating disorders in a manner consistent with current practice guidelines.

Describe the role of various mental healthcare providers (eg, psychiatrists, psychologists, counselors, social workers) that may comprise a mental health referral network.

Identify and refer clients/patients in need of mental healthcare.

Identify and describe the basic signs and symptoms of mental health disorders (eg, psychosis, neurosis; sub-clinical mood disturbances (eg, depression, anxiety)); and personal/social conflict (eg, adjustment to injury, family problems, academic or emotional stress, personal assault or abuse, sexual assault or harassment) that may indicate the need for referral to a mental healthcare professional.

Describe the psychological and sociocultural factors associated with common eating disorders.

Identify the symptoms and clinical signs of substance misuse/abuse, the psychological and sociocultural factors associated with such misuse/abuse, its impact on an individual's health and physical performance, and the need for proper referral to a healthcare professional.

Formulate a referral for an individual with a suspected mental health or substance abuse problem.

Describe the psychological and emotional responses to a catastrophic event, the potential need for a psychological intervention and a referral plan for all parties affected by the event.

Provide appropriate education regarding the condition and plan of care to the patient.

Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.

Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to:

- History taking
- Inspection/observation
<table>
<thead>
<tr>
<th>CE-20c</th>
<th>palpation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CE-20d</td>
<td>functional assessment</td>
</tr>
<tr>
<td>CE-20e</td>
<td>selective tissue testing techniques / special tests</td>
</tr>
<tr>
<td>CE-20f</td>
<td>neurological assessments (sensory, motor, reflexes, balance, cognitive function)</td>
</tr>
<tr>
<td>CE-20f.1</td>
<td>sensory</td>
</tr>
<tr>
<td>CE-20f.2</td>
<td>motor</td>
</tr>
<tr>
<td>CE-20f.3</td>
<td>reflexes</td>
</tr>
<tr>
<td>CE-20f.4</td>
<td>balance</td>
</tr>
<tr>
<td>CE-20f.5</td>
<td>cognitive function</td>
</tr>
<tr>
<td>CE-21c</td>
<td>Muscle function assessment</td>
</tr>
<tr>
<td>CE-21d</td>
<td>Assessment of quantity and quality of osteokinematic joint motion</td>
</tr>
<tr>
<td>CE-21e</td>
<td>Capsular and ligamentous stress testing</td>
</tr>
<tr>
<td>CE-21f</td>
<td>Joint play (arthrokinematics)</td>
</tr>
<tr>
<td>CE-21g</td>
<td>Selective tissue examination techniques / special tests</td>
</tr>
<tr>
<td>CE-21h</td>
<td>Neurologic function (sensory, motor, reflexes, balance, cognition)</td>
</tr>
<tr>
<td>CE-21h.1</td>
<td>sensory</td>
</tr>
<tr>
<td>CE-21h.2</td>
<td>motor</td>
</tr>
<tr>
<td>CE-21h.3</td>
<td>reflexes</td>
</tr>
<tr>
<td>CE-21h.4</td>
<td>balance</td>
</tr>
<tr>
<td>CE-21h.5</td>
<td>cognition</td>
</tr>
<tr>
<td>CE-22</td>
<td>Determine when the findings of an examination warrant referral of the patient.</td>
</tr>
<tr>
<td>CE-21a</td>
<td>Assessment of posture, gait, and movement patterns</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>CE-21a.1</td>
<td>posture</td>
</tr>
<tr>
<td>CE-21a.2</td>
<td>gait</td>
</tr>
<tr>
<td>CE-21a.3</td>
<td>movement patterns</td>
</tr>
<tr>
<td>CE-21b</td>
<td>Palpation</td>
</tr>
<tr>
<td>CE-23</td>
<td>Describe current setting-specific (eg, high school, college) and ... activity-specific rules and guidelines for managing injuries and illnesses.</td>
</tr>
<tr>
<td>PHP-1</td>
<td>Describe the concepts (eg, case definitions, incidence versus prevalence, exposure assessment, rates) and uses of injury and illness surveillance relevant to athletic training.</td>
</tr>
<tr>
<td>PHP-2</td>
<td>Identify and describe measures used to monitor injury prevention ... strategies (eg, injury rates and risks, relative risks, odds ratios, risk differences, numbers needed to treat/harm).</td>
</tr>
<tr>
<td>PHP-4</td>
<td>Explain how the effectiveness of a prevention strategy can be assessed using clinical outcomes, surveillance, or evaluation data.</td>
</tr>
<tr>
<td>PHP-5</td>
<td>Explain the precautions and risk factors associated with physical ... activity in persons with common congenital and acquired abnormalities, disabilities, and diseases.</td>
</tr>
<tr>
<td>PHP-6</td>
<td>Summarize the epidemiology data related to the risk of injury and illness associated with participation in physical activity.</td>
</tr>
<tr>
<td>PHP-19</td>
<td>Instruct clients/patients in the basic principles of ergodynamics and ... their relationship to the prevention of illness and injury.</td>
</tr>
<tr>
<td>PHP-21</td>
<td>Summarize the principles and concepts related to the fabrication, ... modification, and appropriate application or use of orthotics and other dynamic and static splints.</td>
</tr>
<tr>
<td>PS-1</td>
<td>Describe the basic principles of personality traits, trait anxiety, locus ... of control, intrinsic and extrinsic motivation, and patient and social environment interactions as they affect patient interactions.</td>
</tr>
<tr>
<td>PS-2</td>
<td>Explain the theoretical background of psychological and emotional ... responses to injury and forced inactivity (eg, cognitive appraisal model, stress response model).</td>
</tr>
<tr>
<td>PS-3</td>
<td>Describe how psychosocial considerations affect clinical decision-making ... related to return to activity or participation (eg, motivation, confidence).</td>
</tr>
<tr>
<td>PS-5</td>
<td>Summarize contemporary theory regarding educating patients of all ages and cultural backgrounds to effect behavioral change.</td>
</tr>
<tr>
<td>PS-7</td>
<td>Describe the psychological techniques (eg, goal setting, imagery, ... positive self-talk, relaxation/anxiety reduction) that the athletic trainer can use to motivate the patient during injury rehabilitation and return to activity processes.</td>
</tr>
<tr>
<td>PS-8</td>
<td>Describe psychological interventions (eg, goal setting, motivational ... techniques) that are used to facilitate a patient's physical, psychological, and return to activity needs.</td>
</tr>
<tr>
<td>PS-10</td>
<td>Explain the impact of sociocultural issues that influence the nature and</td>
</tr>
</tbody>
</table>
quality of healthcare received (eg, cultural competence, access to appropriate healthcare providers, uninsured/underinsured patients, insurance) and formulate and implement strategies to maximize client/patient outcomes.

**TI-1** Describe and differentiate the physiological and pathophysiological responses to inflammatory and non-inflammatory conditions and the influence of these responses on the design, implementation, and progression of a therapeutic intervention.

**TI-4** Analyze the impact of immobilization, inactivity, and mobilization on the body systems (eg, cardiovascular, pulmonary, musculoskeletal) and injury response.

**TI-5** Compare and contrast the variations in the physiological response to injury and healing across the lifespan.

**TI-13** Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including, therapeutic massage, myofascial techniques, and muscle energy techniques.

**TI-14** Describe the use of joint mobilization in pain reduction and restoration of joint mobility.

**TI-17** Analyze gait and select appropriate instruction and correction strategies to facilitate safe progression to functional gait pattern.

**TI-18** Explain the relationship between posture, biomechanics, and ergodynamics and the need to address these components in

<table>
<thead>
<tr>
<th>KNES 3400 Athletic Training Clinical I</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CIP-2</strong> Select, apply, evaluate, and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity.</td>
</tr>
<tr>
<td><strong>CIP-3</strong> Develop, implement, and monitor prevention strategies for at-risk individuals (eg, persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions. This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (eg, blood glucose, peak expiratory flow, hydration status), and making the appropriate recommendations for individual safety and activity status.</td>
</tr>
<tr>
<td><strong>CIP-6</strong> Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KNES 3401 Athletic Training Clinical II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CIP-4</strong> Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions. Based on the assessment data and consideration of the patient’s goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these</td>
</tr>
</tbody>
</table>
treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.

| CIP-4b | lower extremity |

### KNES 4121 Pharmacology for the Physically Active

| PHP-48 | Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used dietary supplements, performance enhancing drugs, and recreational drugs. |
| PHP-49 | Identify which therapeutic drugs, supplements, and performance-enhancing substances are banned by sport and/or workplace organizations in order to properly advise clients/patients about possible disqualification and other consequences. |
| TI-21 | Explain the federal, state, and local laws, regulations and procedures for the proper storage, disposal, transportation, dispensing (administering where appropriate), and documentation associated with commonly used prescription and nonprescription medications. |
| TI-22 | Identify and use appropriate pharmaceutical terminology for management of medications, inventory control, and reporting of pharmacological agents commonly used in an athletic training facility. |
| TI-23 | Use an electronic drug resource to locate and identify indications, ... contraindications, precautions, and adverse reactions for common prescription and nonprescription medications. |
| TI-24 | Explain the major concepts of pharmacokinetcs and the influence that exercise might have on these processes. |
| TI-25 | Explain the concepts related to bioavailability, half-life, and ... bioequivalence (including the relationship between generic and brand name drugs) and their relevance to the patient, the choice of medication, and the dosing schedule. |
| TI-26 | Explain the pharmacodynamic principles of receptor theory, dose-response relationship, placebo effect, potency and drug interactions as they relate to the mechanism of drug action and therapeutic effectiveness. |
| TI-27 | Describe the common routes used to administer medications and their advantages and disadvantages. |
| TI-28 | Properly assist and/or instruct the patient in the proper use, cleaning, and storage of drugs commonly delivered by metered dose inhalers, nebulizers, insulin pumps, or other parenteral routes as prescribed by the physician. |
| TI-29 | Describe how common pharmacological agents influence pain and healing and their influence on various therapeutic interventions. |
| TI-30 | Explain the general therapeutic strategy, including drug categories used for treatment, desired treatment outcomes, and typical duration of treatment, for the following common diseases and conditions: asthma, diabetes, hypertension, infections, depression, GERD, allergies, pain, inflammation, and the common cold. |
| TI-31 | Optimize therapeutic outcomes by communicating with patients and/or appropriate healthcare providers. |
**KNES 4290 Therapeutic Exercise Techniques**

<table>
<thead>
<tr>
<th>PHP-21</th>
<th>Summarize the principles and concepts related to the fabrication, ... modification, and appropriate application or use of orthotics and other dynamic and static splints.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TI-6</td>
<td>Describe common surgical techniques, including interpretation of ... operative reports, and any resulting precautions, contraindications, and comorbidities that impact the selection and progression of a therapeutic intervention program.</td>
</tr>
<tr>
<td>TI-7</td>
<td>Identify patient- and clinician-oriented outcomes measures commonly used to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.</td>
</tr>
<tr>
<td>TI-10</td>
<td>Integrate self-treatment into the intervention when appropriate, ... including instructing the patient regarding self-treatment plans.</td>
</tr>
<tr>
<td>TI-11</td>
<td>Describe the expected effects and potential adverse reactions to the patient.</td>
</tr>
<tr>
<td>TI-11a</td>
<td>Assess the patient to identify indications, contraindications, and ... precautions applicable to the intended intervention.</td>
</tr>
<tr>
<td>TI-11b</td>
<td>Position and prepare the patient for various therapeutic interventions.</td>
</tr>
<tr>
<td>TI-11c</td>
<td>Design therapeutic interventions to meet specified treatment goals.</td>
</tr>
<tr>
<td>TI-11d</td>
<td>Instruct the patient how to correctly perform rehabilitative exercises.</td>
</tr>
<tr>
<td>TI-11e</td>
<td>Apply the intervention, using parameters appropriate to the intended outcome.</td>
</tr>
<tr>
<td>TI-11f</td>
<td>Reassess the patient to determine the immediate impact of the ... intervention.</td>
</tr>
<tr>
<td>TI-12</td>
<td>Use the results of on-going clinical examinations to determine when a therapeutic intervention is indicated by examination ...</td>
</tr>
<tr>
<td>TI-15</td>
<td>Perform joint mobilization techniques as indicated by examination results.</td>
</tr>
</tbody>
</table>

**KNES 4292 Athletic Training Administration**

<p>| HA-3  | Describe the role of strategic planning as a means to assess and promote organizational improvement. |
| HA-4  | Describe the conceptual components of developing and implementing a basic business plan. |
| HA-5  | Describe basic healthcare facility design for a safe and efficient ... clinical practice setting. |
| HA-6  | Explain components of the budgeting process including: purchasing, requisition, bidding, request for proposal, inventory, profit and loss ratios, budget balancing, and return on investments. |
| HA-7  | Assess the value of the services provided by an athletic trainer (eg, return on investment). |
| HA-8  | Develop operational and capital budgets based on a supply inventory and needs assessment; including capital equipment, salaries and benefits, trending analysis, facility cost, and common expenses. |
| HA-9  | Identify the components that comprise a comprehensive medical record. |
| HA-10 | Identify and explain the statutes that regulate the privacy and security of medical records. |</p>
<table>
<thead>
<tr>
<th>HA-11</th>
<th>Use contemporary documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HA-12</td>
<td>Use a comprehensive patient-file management system for appropriate chart documentation, risk management, outcomes, and billing.</td>
</tr>
<tr>
<td>HA-13</td>
<td>Define state and federal statutes that regulate employment practices.</td>
</tr>
<tr>
<td>HA-14</td>
<td>Describe principles of recruiting, selecting, hiring, and evaluating employees.</td>
</tr>
<tr>
<td>HA-15</td>
<td>Identify principles of recruiting, selecting, employing, and contracting with physicians and other medical and healthcare personnel in the deployment of healthcare services.</td>
</tr>
<tr>
<td>HA-17</td>
<td>Identify key regulatory agencies that impact healthcare facilities, and describe their function in the regulation and overall delivery of healthcare.</td>
</tr>
<tr>
<td>HA-18</td>
<td>Describe the basic legal principles that apply to an athletic trainer's responsibilities.</td>
</tr>
<tr>
<td>HA-19</td>
<td>Identify components of a risk management plan to include security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.</td>
</tr>
<tr>
<td>HA-20</td>
<td>Create a risk management plan and develop associated policies and procedures to guide the operation of athletic training services within a healthcare facility to include issues related to security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.</td>
</tr>
<tr>
<td>HA-25</td>
<td>Describe common health insurance models, insurance contract negotiation, and the common benefits and exclusions identified within these models.</td>
</tr>
<tr>
<td>HA-26</td>
<td>Describe the criteria for selection, common features, specifications, and required documentation needed for secondary, excess accident, and catastrophic health insurance.</td>
</tr>
<tr>
<td>HA-27</td>
<td>Describe the concepts and procedures for revenue generation and reimbursement.</td>
</tr>
<tr>
<td>HA-28</td>
<td>Understand the role of and use diagnostic and procedural codes when documenting patient care.</td>
</tr>
<tr>
<td>PD-3</td>
<td>Describe the role and function of the Board of Certification, the Commission on Accreditation of Athletic Training Education, and state regulatory boards.</td>
</tr>
<tr>
<td>PD-4</td>
<td>Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.</td>
</tr>
<tr>
<td>PD-5</td>
<td>Access, analyze, and differentiate between the essential documents of the national governing, credentialing and regulatory bodies, including, but not limited to, the NATA Athletic Training Educational Competencies, the BOC Standards of Professional Practice, the NATA Code of Ethics, and the BOC Role Delineation Study/Practice Analysis.</td>
</tr>
<tr>
<td>PD-6</td>
<td>Explain the process of obtaining and maintaining necessary local, state, and national credentials for the practice of athletic training.</td>
</tr>
<tr>
<td>PD-7</td>
<td>Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote life-long learning strategies.</td>
</tr>
<tr>
<td>PD-12</td>
<td>Identify mechanisms by which athletic trainers influence state and ...</td>
</tr>
</tbody>
</table>
KNES 4400 Athletic Training Clinical III

**CIP-1**
Administer testing procedures to obtain baseline data regarding a client's/patient's level of general health (including nutritional habits, physical activity status, and body composition). Use this data to design, implement, evaluate, and modify a program specific to the performance and health goals of the patient. This will include instructing the patient in the proper performance of the activities, recognizing the warning signs and symptoms of potential injuries and illnesses that may occur, and explaining the role of exercise in maintaining overall health and the prevention of diseases. Incorporate contemporary behavioral change theory when educating clients/patients and associated individuals to effect health-related change. Refer to other medical and health professionals when appropriate.

**CIP-4**
Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions. Based on the assessment data and consideration of the patient's goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.

**CIP-4a** upper extremity
**CIP-4c** head
**CIP-4d** neck
**CIP-4e** thorax
**CIP-4f** spine

**CIP-5**
Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.

**CIP-7**
Select and integrate appropriate psychosocial techniques into a patient's treatment or rehabilitation program to enhance rehabilitation adherence, return to play, and overall outcomes. This includes, but is not limited to, verbal motivation, goal setting, imagery, pain management, self-talk,
Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies. As a member of the management team, develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the athletic trainer's role of informed patient advocate in a manner consistent with current practice guidelines.

Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statues that regulate privacy of medical records. This includes using a comprehensive patient-file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes, and billing.