

Southwest Baptist University
ATH 4023 Athletic Training Practicum III
Proficiencies – 4th Edition

Risk Management

- RM-P1 Instruct the patient how to properly perform fitness tests to assess his or her physical status and readiness for physical activity. Interpret the results of these tests according to requirements established by appropriate governing agencies and/or a physician. These tests should assess:
- RM-P1.5 Agility
RM-P1.7 Speed

Diagnosis

- DI-CP1 Demonstrate a musculoskeletal assessment of upper extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the student will diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.
- DI-CP1.1 Foot and Toes
DI-CP1.2 Ankle
DI-CP1.3 Lower Leg
DI-CP1.4 Knee (tibiofemoral and patellofemoral)
DI-CP1.5 Thigh
DI-CP1.6 Hip/Pelvis/Sacroiliac Joint
DI-CP1.7 Lumbar Spine
DI-CP1.8 Thoracic Spine

Medical Conditions

- MC-P1 Obtain a medical history of the patient that includes a previous history and a history of the present condition.
- MC-P2 Perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin abnormalities.
- MC-P3 Palpate the bones and soft tissues, including the abdomen, to determine normal or pathological characteristics.
- MC-P4 Apply commonly used special tests and instruments (e.g., otoscope, stethoscope, ophthalmoscope, peak flowmeter, chemical "dipsticks" [or similar devices]) and document the results for the assessment of:

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| MC-P4a | Vital signs including respiration (including asthma), pulse and circulation, and blood pressure |
| MC-P4b | Heart, lung, and bowel sounds |
| MC-P4c | Pupil response, size and shape, and ocular motor function |
| MC-P4d | Body temperature |
| MC-P4e | Ear, nose, throat and teeth |
| MC-P4f | Urinalysis |
| MC-CP1 | Demonstrate a general and specific (e.g., head, torso and abdomen) assessment for the purpose of (a) screening and referral of common medical conditions, (b) treating those conditions as appropriate, and (c) when appropriate, determining a patient's readiness for physical activity. Effective lines of communication should be established to elicit and convey information about the patient's status and the treatment program. While maintaining confidentiality, all aspects of the assessment, treatment, and determination for activity should be documented using standardized record-keeping methods. |
| MC-CP1.4 | Thorax, including the heart and lungs |
| MC-CP1.5 | Abdomen, including the abdominal organs, the renal and urogenital systems |
| MC-CP1.6 | Eyes |
| MC-CP1.7 | Ear, Nose, and Throat |

Acute Care

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| AC-CP1 | Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented. |
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Exercise

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| EX-CP | Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity, lower extremity, trunk, and spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods. |
| EX-CP1 | Program for injuries to the upper extremity |
| EX-CP1.3 | Exercises to Improve Muscular Endurance |

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| EX-CP1.5 | Exercises to Improve Muscular Power |
| EX-CP2 | Program for injuries to the lower extremity |
| EX-CP2.2 | Exercises to Improve Muscular Strength |
| EX-CP2.3 | Exercises to Improve Muscular Endurance |
| EX-CP2.4 | Exercises to Improve Muscular Speed |
| EX-CP2.5 | Exercises to Improve Muscular Power |
| EX-CP2.7 | Exercises to Improve Agility |
| EX-CP3 | Program for injuries to the trunk |
| EX-CP3.2 | Exercises to Improve Muscular Strength |
| EX-CP3.3 | Exercises to Improve Muscular Endurance |
| EX-CP3.4 | Exercises to Improve Muscular Speed |
| EX-CP3.5 | Exercises to Improve Muscular Power |
| EX-CP4 | Program for injuries to the spine |
| EX-CP4.2 | Exercises to Improve Muscular Strength |
| EX-CP4.3 | Exercises to Improve Muscular Endurance |
| EX-CP4.4 | Exercises to Improve Muscular Speed |
| EX-CP4.5 | Exercises to Improve Muscular Power |

Administration

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| AD-P5 | Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others). |
| AD-P6 | Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members. |