Athletic Training Education Program

AZUSA PACIFIC UNIVERSITY

ATEP HANDBOOK 2013-2014

The mission of the Athletic Training Education Program at Azusa Pacific University is to fully equip students with a quality education incorporating a Christian perspective to become life-long learners. The educational program incorporates current research and scholarly instruction, in both the clinical and didactic portions of the program, to prepare students to enter the profession as entry-level athletic trainers upon successfully passing the BOC certification examination.

TABLE OF CONTENTS

INTRODUCTION 5
ATHLETIC TRAINING EDUCATION PROGRAM 6
Program Description 6
Overview 6
Mission Statement 6
Values and Beliefs 6
Goals 6
Objectives 7
Student Outcomes (rev. 10.9.08) 7
Academic and Clinical Foundations of the ATEP 8
Admissions Requirements 11
Transfer and Student-Athlete Admissions Policy 12
Didactic Requirements 14
Required Courses 14
ATEP Course Sequencing/4-Year Academic Plan (Revised 9/30/13) 15
Assessment of the Educational Competencies 17
Assessment of the Clinical Integration Proficiencies 19
Becoming an Entry-Level Clinician 20
ATEP CLINICAL EDUCATION 21
Roles and Responsibilities 22
Preceptor 22
Athletic Training Student 23
Communicable Disease Policy 25
Technical Standards 26
Privacy of Medical Information &Oath of Confidentiality 27
Clinical Experiences 36
Selection of Clinical Experiences 37
Clinical Credits 38
CODE OF CONDUCT FOR THE ATHLETIC TRAINING STUDENT 42
SOCIAL NETWORK WEBSITE POLICY 43
PROGRAM RETENTION STANDARDS AND POLICIES 44
GRADUATION REQUIREMENTS 47
STUDENT SCHOLARSHIPS 48
PROGRAM EVALUATION 49
MEDICAL TERMINOLOGY 51
MEDICAL ABBREVIATIONS 60
ALLIED HEALTH ORGANIZATIONS 65
ATHLETIC TRAINING WEBSITES 66
NATA CODE OF ETHICS 67
BOC Standards of Professional Practice 69
CLINICAL EDUCATION SITES AND PRECEPTORS 73

NOTICE

This handbook is designed for the athletic training students (ATSs) working towards acceptance into and completion of the Athletic Training Education Program (ATEP) at Azusa Pacific University (APU). This handbook contains policies, procedures, guidelines, and relevant professional information to direct and inform the ATS learning in the Athletic Training Education Program. These materials are specific to the Athletic Training Education Program at Azusa Pacific University. ATSs gaining clinical experience at affiliate clinical sites should adhere to the policies and procedures of those institutions/sites as stated by the supervising preceptor only when those policies and procedures do not conflict with the educational philosophy of the ATEP or accreditation standards established by the Commission on Accreditation of Athletic Training Education (CAATE).

All ATSs accepted to the Athletic Training Education Program, and those working to be accepted, are responsible to learn and understand all information contained in this handbook. Deviation from the stated policies and procedures could constitute placing the ATS on probation in the major, suspension from clinical field experiences, revocation of clinical field experience hours, or dismissal from the ATEP. If an ATS does not understand any of the material provided, the ATS should consult with the ATEP Program Director.

NOTE: The undergraduate Athletic Training Education Program (ATEP) will transition to an entry-level masters (ELM) graduate program by 2016. This transition is being made in response to changes within the athletic training profession, and in order to maintain a high quality educational experience for athletic training students. Applications to the undergraduate ATEP will continue to be accepted in fall 2012 and fall 2013 *(see Admission Requirements)*. The last cohort of students admitted to the undergraduate ATEP, during the fall 2013 application period, must complete the program by spring 2016 to be eligible to take the national Board of Certification, Inc. examination for athletic trainers. There will be no exceptions. If students do not complete the undergraduate ATEP by spring 2016, they have the following options to attain certification exam eligibility: transfer to an accredited program at a different university, or seek admission to the new ELM program at APU. For further information, please contact the program director of athletic training education.

The information in this handbook is intended to educate, guide, and protect the ATS while enrolled in the ATEP at Azusa Pacific University.

This information is also available online via the APU ATEP website located at: http://www.apu.edu/bas/exercisesport/atep/

Contributors to the APU ATEP Handbook:
Christopher Schmidt Ph.D., ATC – Program Director
Christy Hancock, MS, ATC –Clinical Education Coordinator
Jennifer Livingston, Ph.D., ATC – Assistant Professor
Cynthia McKnight Ph.D., ATC – Associate Professor

"Educating the Future Certified Athletic Trainer"

Rev. 11/18/13

INTRODUCTION

Athletic Training is an allied health care profession. Athletic Trainers are unique health care providers who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses that are encountered by all individuals, especially the physically active.

The athletic training student (ATS) is a person who is engaged in a program of study that may lead to national certification as an athletic trainer by the Board of Certification, Inc. (BOC). The Athletic Training Education Program (ATEP) is an intense, demanding, and rewarding program of study. The ATEP prepares students for successful completion of the BOC examination and for future careers in athletic training. Multiple clinical experiences provide the ATS with practical learning designed to strengthen both professional preparation and career placement. A Christian worldview is woven throughout both the academic and clinical portions of the program, which provides students a Christ-centered perspective of this service profession.

The ATEP is composed of two major sections: academic and clinical. Both areas are vital to the successful completion of the program. Once the student has been admitted to the university, students seek application to the ATEP in the fall of their sophomore year (or during the first fall semester as a transfer student). Prior to acceptance, students are considered pre-athletic training students (pre-ATS). Through the completion of academic coursework and clinical experiences, the ATS is learning to be a unique member of the sports medicine team. As a result of the knowledge gained in the classroom and through clinical education experiences, ATSs learn how to provide immediate and follow-up care to patients while under the direct supervision of a preceptor.

The ATS will observe, learn from, interact with, and be supervised by a variety of health care personnel associated with the ATEP and members of the public which may include: physicians, nurses, physical therapists, patients, athletes, coaches, and parents. Any decision related to patient care will be made by the preceptor. These decisions will be made in an objective manner with the patient's well-being as the primary motivator. Thus, preceptors must be notified when injuries occur or when patients need appropriate medical care. This communication establishes a rapport with the preceptor that is invaluable.

The time involved as an ATS can be overwhelming on occasion, but there is no greater teacher than experience. It is important for all ATSs to be involved and ask questions. The preceptors and other medical personnel are available to help the ATS learn, answer questions, and challenge them.

All ATSs preparing to enter this profession are strongly encouraged to become a student member of the National Athletic Trainers' Association, Inc. (NATA). Membership benefits include a subscription to the *Journal of Athletic Training* and the *NATA News*, reduced registration fees for national and district symposia, eligibility for scholarships, and other direct benefits. Information is available from the Program Director and membership applications are available via the NATA website http://www.nata.org.

ATHLETIC TRAINING EDUCATION PROGRAM

Program Description

Overview

"Azusa Pacific University is an evangelical Christian community of disciples and scholars who seek to advance the work of God in the world through academic excellence in liberal arts and professional programs of higher education that encourage students to develop a Christian perspective of truth and life." (*Statement of Mission and Purpose of Azusa Pacific University*) The Athletic Training Education Program (ATEP) prepares ATSs for careers in athletic training. Clinical field experiences provide the ATS with practical learning designed to strengthen both professional preparation and career placement.

The APU ATEP provides preparation for a career in the high school, college/university, professional, corporate, clinic, and/or variety of allied health settings. The ATEP is nationally accredited by the *Commission on Accreditation of Athletic Training Education (CAATE)*, 2201 Double Creek Drive, Suite 5006, Round Rock, TX 78664 (512) 733-9700, http://www.caate.net.

Mission Statement

The mission of the Athletic Training Education Program at Azusa Pacific University is to fully equip athletic training students with a quality education incorporating a Christian perspective to become life-long learners. The educational program incorporates current research and scholarly instruction, in both the clinical and didactic portions of the program, to prepare athletic training students to enter the profession as entry-level athletic trainers upon successfully passing the BOC certification examination.

Values and Beliefs

We value:
1. The use of Christian principles in teaching and athletic training.
2. Student centered teaching and learning, and providing all the resources necessary to equip students to enter the athletic training profession.
3. Experiential and clinical learning with impact on the greater community.
4. Educating the "whole" student: spiritually, intellectually, and physically.

Goals

1. To provide an accredited Athletic Training Education Program in a Christian environment for ATSs seeking Board of Certification, Inc. certification.
2. To offer diverse clinical opportunities for ATSs to experience the variety of professional opportunities available in the field of athletic training.
3. To produce entry-level athletic training professionals who conduct themselves ethically and make decisions using a Christian worldview.

Objectives

1. To provide ATSs with the required knowledge and skills to become competent entry-level athletic trainers.
2. To assist ATSs in becoming true servants of God as they minister to injured persons.
3. To provide ATSs with the ability to critically analyze evaluative, treatment, and rehabilitation protocols to ensure efficient and quality care for every athlete/patient/client.
4. To help ATSs learn how to communicate and interact with others effectively.
5. To foster an understanding of multiple perspectives to facilitate learning, particularly within the clinical setting.
6. To impart the ability to make informed decisions regarding the prescribed standards of practice and ethics in the profession of athletic training.
7. To equip ATSs with the skills necessary to seek, assimilate, analyze, and interpret data and other information vital to continued growth and understanding of the ever-changing field of athletic training.

Student Outcomes (rev. 10.9.08)

1. Students will acquire and apply cognitive and psychomotor competencies and clinical proficiencies to become competent entry-level athletic trainers, as defined by the *Athletic Training Educational Competencies* established by the National Athletic Trainers' Association.
2. Students will describe, design, analyze, and assess evaluation, treatment, and rehabilitation protocols to ensure efficient and quality care for every patient.
3. Students will apply athletic training competencies and proficiencies in a variety of clinical settings with diverse patient populations.
4. Students will communicate (in written and verbal format) and interact effectively with peers, medical professionals, injured individuals, and others with whom they come into contact.
5. Students will utilize evidenced-based practice to make decisions in the application of athletic training competencies and proficiencies.
6. Students will operate modern technology in the practice of athletic training.
7. Students will describe and integrate relevant standards of professional practice and codes of ethics from the profession of athletic training to formulate clinical decisions.
8. Students will examine a Christian worldview as it relates to the care of injured persons.

Academic and Clinical Foundations of the ATEP

The knowledge and skills to be mastered by students in the entry-level ATEP have been identified by the National Athletic Trainers' Association Education Council in the *Athletic Training Educational Competencies, 5th Edition (NATA, 2011).* These Competencies represent the minimum requirements necessary for effective performance as an entry-level certified athletic trainer (AT). These Competencies provide the entry-level AT with the essential knowledge and skills needed to provide athletic training services to patients of differing ages, genders and work and lifestyle circumstances. These Competencies also serve as a guide for the development of educational programs and learning experiences leading to a student's eligibility to challenge the Board of Certification, Inc. examination.

The Competencies are categorized according to eight content areas comprising the knowledge and skill set of the entry-level athletic trainer. These content areas are:

1. Evidence-Based Practice
2. Prevention and Health Promotion
3. Clinical Examination and Diagnosis
4. Acute Care of Injury and Illness
5. Therapeutic Interventions
6. Psychosocial Strategies and Referral
7. Healthcare Administration
8. Professional Development and Responsibility

Further, the Competencies are classified and subcategorized according to the following behavioral classification:

1. Competencies (knowledge/ intellectual skills and manipulative/motor skills)
2. Clinical Integration Proficiencies (decision-making, skill integration and real-life application)

The Competencies will require the student to use basic recall and application skills. Specific Competencies are taught and evaluated in each didactic course in the ATEP. As students become competent at this level of knowledge and skill, students will be challenged to demonstrate analysis of the Competencies through the Clinical Integration Proficiencies. The Clinical Integration Proficiencies integrate decision-making and critical thinking requiring the student to demonstrate knowledge and skill at the analysis level (NATA, 2011). Clinical Integration Proficiencies are evaluated via the Clinical Proficiency Scenario Challenge (CPSC) which is part of the course requirements for each practicum course. The procedural steps for completing a CPSC is described later in this handbook.

In addition to the Competencies and Clinical Integration Proficiencies, an understanding of the Foundational Behaviors of Professional Practice (Behaviors) (NATA, 2011) is vital to the completion of the ATEP. The Behaviors comprise the application of the common values of the athletic training profession. These Behaviors are:

Primacy of the Patient

- Recognize sources of conflict of interest that can impact the client's/patient's health
- Know and apply the commonly accepted standards for patient confidentiality
- Provide the best healthcare available for the client/patient
- Advocate for the needs of the client/patient

Teamed Approach to Practice

- Recognize the unique skills and abilities of other healthcare professionals
- Understand the scope of practice of other healthcare professionals
- Execute duties within the identified scope of practice for athletic trainers
- Include the patient (and family, where appropriate) in the decision-making process
- Work with others in effecting positive patient outcomes

Legal Practice

- Practice athletic training in a legally competent manner
- Identify and conform to the laws that govern athletic training
- Understand the consequences of violating the laws that govern athletic training

Ethical Practice

- Understand and comply with NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*
- Understand the consequences of violating NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*
- Comply with other codes of ethics, as applicable

Advancing Knowledge

- Critically examine the body of knowledge in athletic training and related fields
- Use evidence-based practice as a foundation for the delivery of care
- Appreciate the connection between continuing education and the improvement of athletic training practice
- Promote the value of research and scholarship in athletic training
- Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary

Cultural Competence

- Demonstrate awareness of the impact that client's/patient's cultural differences have on their attitudes and behaviors toward healthcare
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations

- Work respectfully and effectively with diverse populations and in a diverse work environment

Professionalism:

- Advocate for the profession
- Demonstrate honesty and integrity
- Exhibit compassion and empathy
- Demonstrate effective interpersonal communication skills

Because the entry-level credential (ATC®) signifies that the holder is a practitioner prepared for entry into the practice of athletic training, these Behaviors are infused into every aspect of the ATEP in order to prepare students for this public trust. While some Behaviors can be easily defined and presented, students may see applications repeatedly but be unable to demonstrate or modify their behavior because of the roles they are allowed to assume. Other Behaviors are demonstrated by classroom and clinical educators to expose students to the desired behavior, and yet these behaviors may not be practiced by students (professionals-in-training) because of the nature of their roles and responsibilities. It is most likely the true measure of a student's understanding of these Behaviors will occur in the clinical setting with patients to whom he or she has a duty. Many of these Foundational Behaviors of Professional Practice will be achieved to their fullest extent when a student becomes a certified athletic trainer and has been practicing for some time (NATA, 2006).

Admissions Requirements

Pre-ATSs seeking acceptance to the ATEP must submit an application to the Program Director by the **first Monday of December** of the sophomore year. Transfer students must meet this same deadline during their first fall semester at APU. In order to be consistent with guidelines suggested by the accrediting agency, the ATEP Program Director, in conjunction with the academic and clinical faculty, will determine the maximum allowable enrollment per year. The annual maximum enrollment will maintain a ratio less than 15 students per academic instructor per AT major-only course and 8 students per preceptor per clinical site. All application materials for this major (except the interview and ATEP admissions examination) must be submitted and verified at the time of the application *(See ATEP Admissions Packet - http://www.apu.edu/bas/exercisesport/atep/admission).*

Acceptance into the program will be based on the following criteria:

1. Comply with procedural steps which include:
   a. A completed application form.
   b. Verification of complete medical records [health history, immunization records (including Hepatitis B vaccine and TB test), pre-entrance physical examination (performed by the APU Health Center staff)].
   c. A signed Oath of Confidentiality regarding all medical information.
   d. A completed Technical Standards form.
   e. A minimum of two written recommendations. (These may not come from the Azusa Pacific University ATEP faculty or Sports Medicine staff, but at least one must be from an APU employee.)

2. Academic ability as demonstrated by the following:
   a. Minimum cumulative GPA of 2.5.
   b. Minimum 3.0 average in the following (no courses below a "C"): AT 102, AT 160, AT 220, and AT 240.
   c. "C-" or higher in the following: BIOL 101 or BIOL 151 and BIOL 250.
   d. A completed Current Grades form (if currently enrolled in a pre-requisite course).
   e. Copies (front and back) of certification cards for CPR/AED for the Professional Rescuer and First Aid.
   f. Complete an ATEP Admissions Examination:
      (1) Based on information from all prerequisite courses (AT 102, AT 160, AT 220, AT 240, BIOL 101 or BIOL 151, BIOL 250).
      (2) This score contributes to student admission ranking.

3. Commitment to the field of Athletic Training as demonstrated by:
   a. Completing all clinical observation experiences in athletic training.
   b. Completing all Pre-Athletic Training Competencies (AT 240 – Observation in Athletic Training).

4. Knowledge and interest in the field of Athletic Training as demonstrated by the following:
   a. A written essay (minimum 2-3 double-spaced pages) which provides:

(1) A detailed description of the profession of athletic training.
(2) A chronological description of the history of the profession of athletic training and key leaders of the profession.
(3) An explanation of the roles and responsibilities of a Certified Athletic Trainer (AT).

b. A 2-3 page professional cover letter (see Program Director or visit http://owl.english.purdue.edu/owl/resource/723/03/ for examples) detailing:
(1) Why you desire to become a Certified Athletic Trainer (AT).
(2) A description of your personal and professional strengths.
(3) A description of the area(s), which present(s) the greatest challenge to you.
(4) A discussion of any circumstances or situations that may affect your ability to complete the program (especially clinical experiences) such as needing to work, church responsibilities, being an intercollegiate student-athlete, etc.

5. Complete a face-to-face interview conducted by the ATEP academic and clinical faculty.

The Azusa Pacific University ATEP academic faculty will evaluate each applicant and reach a decision regarding his or her acceptance. Certain steps in the application process are weighted higher than others. The procedural steps which have no weighting include: completing the application packet, verification of completed medical records, signed Oath of Confidentiality and Technical Standards forms, achieving the minimum grade in the pre-requisite biology courses, achieving the minimum GPA in the pre-requisite AT courses, submission of a current grades form and copies of CPR/First Aid cards, verification of completed clinical observation experiences and psychomotor competencies, and verification of a minimum overall GPA of 2.5. Once this list of items has been submitted and verified, the application process may continue. The following represent the weighted requirements for ATEP admission: written recommendations (weighted 10%), academic standing (defined by cumulative GPA – weighted 20%), the written essay (weighted 15%), the score from the application exam (weighted 20%), and the score from clinical evaluations of the student (weighted 20%). The sum of these scores represents 85% of the total score. At this point in the application process, all applicants are ranked according to their total score. The top 15 applicants are then notified and will complete a face-to-face interview with the ATEP academic and clinical faculty. The interview score is weighted 15% towards the final score. Following the interview, all scores are totaled and a final score and ranking is produced for each applicant. Applicants will be notified of their status no later than the **first day of classes in January**. Students not accepted into the program will meet with the Program Director to develop an alternative plan that may include reapplication for the following year and/or other academic options.

Transfer and Student-Athlete Admissions Policy

Transfer students and student-athletes must meet the same admission criteria as other ATSs, including all applicable deadlines *(See Admission Requirements)*. Transfer students should plan on three years to complete the ATEP regardless of whether they transfer to APU as a sophomore or junior in status. Student-athletes accepted into the athletic training program should expect at least two additional academic semesters, or multiple summer semesters, to complete the clinical portion of the ATEP. It is important that transfer students and student-athletes pay close

attention to the timelines for the transition of the undergraduate ATEP to the graduate level. See specific details in the following section.

Transition of Undergraduate ATEP to Graduate ATEP

NOTE: The undergraduate Athletic Training Education Program (ATEP) will transition to an entry-level masters (ELM) graduate program by 2016. This transition is being made in response to changes within the athletic training profession, and in order to maintain a high quality educational experience for athletic training students. Applications to the undergraduate ATEP will continue to be accepted in fall 2012 and fall 2013 (see Admission Requirements). The last cohort of students admitted to the undergraduate ATEP, during the fall 2013 application period, must complete the program by spring 2016 to be eligible to take the national Board of Certification, Inc. examination for athletic trainers. There will be no exceptions. If students do not complete the undergraduate ATEP by spring 2016, they have the following options to attain certification exam eligibility: transfer to an accredited program at a different university, or seek admission to the new ELM program at APU. For further information, please contact the program director of athletic training education.

Didactic Requirements

The ATEP curriculum is structured in a progressive manner building on skill and knowledge acquisition. Students will be assigned to an academic advisor and should meet with their advisor regularly to assess academic progress and determine the course of study.

Required Courses

COURSE #	COURSE TITLE	UNITS
AES 360	Nutrition for Exercise & Sport Science	2 units
AES 363	Physiology of Exercise (w/lab)	4 units
AES 364	Kinesiology (w/lab)	3 units
AT 102	Foundations of Athletic Training and Applied Exercise Science	2 units
AT 160	Acute Care of Injury and Illness	2 units
AT 220	Risk Management for the Physically Active	3 units
AT 240	Observation in Athletic Training	2 units
AT 242	Practicum in Wrapping, Taping & Bracing	2 units
AT 270	Orthopedic Assessment	4 units
AT 340	Practicum in Orthopedic Assessment	2 units
AT 342	Practicum in Therapeutic Modalities, Strength & Flexibility	2 units
AT 351	Therapeutic Modalities	3 units
AT 352	Therapeutic Exercise	4 units
AT 355	Medical Conditions and Disabilities	2 units
AT 440	Practicum in Therapeutic Exercise & Medical Conditions	2 units
AT 442	Senior Capstone Practicum	3 units
AT 452	Current Concepts in Treatment and Rehabilitation	2 units
AT 465	Pharmacology for Athletic Trainers	2 units
AT 469	Health Care Administration	3 units
AT 490	Research Methods	4 units
BIOL 101 OR BIOL 151	Fundamentals of Biology (w/lab) General Biology I (w/lab)	4 units
BIOL 250	Human Anatomy (w/lab)	4 units
BIOL 251	Human Physiology (w/lab)	4 units
PE 240	Health Education	2 units
PSYC 110	General Psychology	3 units
PSYC 360	Abnormal Psychology	3 units
Athletic Training Major Total Units = 73 units		

Individual course descriptions may be found in the current edition of the Azusa Pacific University Undergraduate Catalog. Course objectives and course requirements are outlined in specific course syllabi.

ATEP Course Sequencing/4-Year Academic Plan (Revised 9/30/13)

Suggested Athletic Training Major Course Sequencing			
Pre-Professional Phase (3 semesters) *Note: first year pre-professional courses may be taken either semester*			
FALL		**SPRING**	
Freshman			
AT 102, Foundations of Athletic Training and Applied Exercise Science*	2	AT 160, Acute Care of Injury and Illness*****	2
BIOL 101, Fundamentals of Bio.* (w/lab) OR BIOL 151, General Biology I***** (w/lab) *(meets Nature Core)*	4	PSYC 110, General Psychology *(meets Identity & Relationships Core)*	3
PE 240, Health Education	2	MATH 110, College Algebra	3
PE ***, Fitness for Life	1	UBBL 230, Luke/Acts	3
ENGL 110, Freshmen Writing Seminar	3	COMM 111, Public Communication	3
LDRS 100, Beginnings	1	Heritage & Institutions: History & Political Science Component	3
UBBL 100, Exodus/Deuteronomy	3	**Total Units**	**17**
Total Units	**16**		
Pre-Professional Phase (continued) *ATEP admission occurs in the fall of the sophomore year*		**Professional Phase (5 semesters)** *Note: all professional courses (AT major) must be taken in sequence*	
Sophomore			
AT 220, Risk Management*****	3	AT 242, Pract in Wrapping, Taping, Bracing	2
AT 240, Observation in AT*****	2	AT 270, Orthopedic Assessment	4
BIOL 250, Human Anatomy***** (w/lab)	4	BIOL 251, Human Physiology (w/lab)	4
Foreign Language 1 (w/lab)	4	Foreign Language 2 (w/lab)	4
MIN 108, Christian Life, Faith, & Ministry	3	**Total Units**	**14**
Total Units	**16**		
**Prerequisites for admission to the ATEP.*			
Professional Phase (continued)			
Junior			
AT 340, Practicum in Orthopedic Assessment	2	AT 342, Pract in Ther Mod, Strength, & Flex	2
AT 351, Therapeutic Modalities	3	AT 352, Therapeutic Exercise	4
AES 363, Physiology of Exercise (w/lab)	4	AT 355, Medical Conditions & Disabilities	2
AES 364, Kinesiology (w/lab)	3	AES 360, Nutrition for Exer. & Sport Science	2
Aesthetics & the Creative Arts Core	3	Heritage & Institutions: Philosophy Component	3
Total Units	**15**	UBBL ***, Additional Bible Course	3
		Total Units	**16**
Professional Phase (continued)			
Senior			
AT 440, Pract in Ther Exer, Med Cond	2	AT 442, Senior Capstone Practicum	3
AT 465, Pharmacology for AT	2	AT 452,Current Concepts in Tx. & Rehab	2
AT 490, Research Methods *(meets UDWI course requirement)*	4	AT 469, Health Care Administration	3
THEO***, Doctrine Core	3	PSYC 360, Abnormal Psychology	3
Language & Literature Core	3	PE 496, Senior Seminar	3
Total Units	**14**	**Total Units**	**14**
Total Units of GE and AT major = 122 ***(min. 120 total units required to graduate)***			

Academic Retention Requirements

ATSs must maintain a 2.7 (B-) average in all AT major courses and an overall GPA of 2.5. A grade of "C" or higher must be earned in all AT prefix courses and a "B" or higher in all AT practicum courses. In addition, a grade of "C" or higher in each didactic course is required to progress to the corresponding practicum course. (i.e., AT 270 is a prerequisite for AT 340; AT 351 and AT 220 are prerequisites for AT 342; AT 352 and AT 355 are prerequisites for AT 440; AT 242, 340, 342, 440 are prerequisites for AT 442; AT 352 is a prerequisite for AT 452.)

NOTE: The undergraduate Athletic Training Education Program (ATEP) will transition to an entry-level masters (ELM) graduate program by 2016. This transition is being made in response to changes within the athletic training profession, and in order to maintain a high quality educational experience for athletic training students. Applications to the undergraduate ATEP will continue to be accepted in fall 2012 and fall 2013 *(see Admission Requirements)*. The last cohort of students admitted to the undergraduate ATEP, during the fall 2013 application period, must complete the program by spring 2016 to be eligible to take the national Board of Certification, Inc. examination for athletic trainers. There will be no exceptions. If students do not complete the undergraduate ATEP by spring 2016, they have the following options to attain certification exam eligibility: transfer to an accredited program at a different university, or seek admission to the new ELM program at APU. For further information, please contact the program director of athletic training education.

Assessment of the Educational Competencies

Educational competencies which involve knowledge and intellectual skills (e.g., "Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.") are assessed in a number of ways by faculty in academic courses. Assessments may include: written quizzes and examinations, research/term papers, various homework assignments, course projects, group assignments, etc.

Educational competencies which involve manipulative and motor skills (e.g., "Perform one- and two- person CPR on an infant, child and adult.") are initially taught and evaluated by an ATEP faculty member in a classroom or laboratory setting as a part of an academic course, usually through a practical examination. For example, the competencies for Clinical Examination and Diagnosis are taught and evaluated in AT 270: Orthopedic Assessment. A complete listing of all required psychomotor competencies are provided as part of each course via a Psychomotor Competency Manual. Each ATS is required to complete all psychomotor competencies in a previous course prior to starting new psychomotor competencies in a subsequent course. For Level I ATSs enrolled in AT 242: Practicum in Wrapping, Taping, and Bracing, preceptors may also evaluate psychomotor competencies.

Each psychomotor competency will be practiced multiple times by the student and assessed by a skill expert prior to being assessed by the course instructor/preceptor. A skill expert is an individual that has achieved mastery of that particular psychomotor competency. A skill expert may include a certified athletic trainer (AT), a preceptor, a member of the academic or clinical faculty, or an upper-level student who has achieved mastery of the competency. The use of same-level or lower-level students as a skill expert should be avoided (except where required) since mastery of a psychomotor competency is something that requires additional knowledge, skill, and experience. Same-level (when required), skill expert and course instructor/preceptor competency assessments should not be performed on the same day, but over multiple days to enhance the retention of the skill over time. Each psychomotor competency assessment attempt with a skill expert should be appropriately documented and given an accurate rating score (see following rating scale). Each individual psychomotor competency attempt should be recorded regardless of the rating score. Skill expert scores are not a factor in the student's grade but are required prior to the course instructor's/preceptor's final assessment.

To complete or pass a psychomotor competency, each subset skill (step) for that psychomotor competency should be accurately performed. Each psychomotor competency must be signed and dated by the skill expert on the day of completion. Following the initial skill expert assessment, the course instructor/preceptor will assess the student performance on each skill during a practical examination. If a skill is not properly performed or completed, the student must obtain an additional assessment by a skill expert prior to requesting a second instructor assessment. On this final assessment the student must earn a 3 or higher to pass the psychomotor competency. Failing to pass psychomotor competency may require additional remedial instruction for the student.

Psychomotor Competency Rating Scale:

5	Superior	A	Clearly outstanding, requiring no rehearsal (emulates professional abilities)
4	Good	B	Above average performance with no prompting
3*	Competent	C	As expected, performs skill accurately with minor verbal prompting
2	Marginal	D	Not up to expectations, is able to perform the skill with physical guidance
1	Deficient	F	Poor performance, needs considerable physical guidance and verbal prompting

* A 3 represents the minimum passing score.

The rating is based on the expert judgment of the skill expert and the course instructor. As indicated above, a 3 or higher (competent) must be earned to receive a passing score for each psychomotor competency. A 3 (competent) score indicates that the student has demonstrated the skill as expected, accurately, minimally competent, and safely but may need some verbal or non-verbal prompting (cueing). A 4 (good) score indicates that the student has demonstrated the skill above expectations, accurately, and safely without prompting but may be uncertain and untimely. A student that completes a skill in a "professional manner" (i.e. appropriate amount of time, with efficiency and confidence, etc.) will receive a 5 (superior) score for that psychomotor competency. Individual scores from psychomotor competency assessment directly impact the student's didactic course grade.

Completing a psychomotor competency simply means that the ATS has met the basic "competency" level required to perform that skill and has obtained the NOVICE CLINICIAN level for that psychomotor competency. Once completed, the ATS is permitted to perform that skill as part of the care of patients under the direct instruction of a preceptor. The preceptor will continue to evaluate the student's performance through their clinical experiences. This is formally done through ATS 2-Week and End-of-Rotation evaluations. Finally, each ATS will be assessed on their level of competency retention in AT 442: Senior Capstone Practicum.

It is essential to all involved that an ATS DOES NOT perform a particular psychomotor competency on a patient prior to being formally assessed by the course instructor/preceptor. CAATE 2012 accreditation standards 53 and 54 state:

53. Athletic training students must be officially enrolled in the program prior to performing skills on patients.
54. Athletic training students must be instructed on athletic training clinical skills prior to performing those skills on patients.

However, it is under the preceptor's discretion, in limited situations, to ask an ATS to perform a psychomotor competency prior to formal instructor assessment. This circumstance will require the preceptor to provide direct instruction and supervision of the ATS regarding that skill. (Example: The preceptor tells the student how to perform the skill, what precautions should be reported, and observes and assists as the ATS performs the skill). The preceptor then informs the ATEP that the student has been instructed on this skill.

{Dishonesty and failure to accurately complete this process is ethically and morally wrong and will result in clinical suspension or dismissal from the ATEP. In addition, this process is crucial in documenting student learning over-time, which is in compliance with the athletic training accreditation standards.}

Assessment of the Clinical Integration Proficiencies

ATSs initially complete categorized groups of individual psychomotor competencies (e.g., knee injury assessment, therapeutic modality application, or low back injury rehabilitation) with a preceptor/course instructor during an academic course. In a succeeding practicum course, the ATS demonstrates clinical proficiency by integrating those skills during the care of patients under the supervision of a preceptor. The assimilation of the educational competencies will be assessed by a preceptor during the ATS' clinical experience through an actual patient case or a directed (mock) scenario using a standardized/simulated patient or scenario. For example, a clinical integration proficiency for the Acute Care of Injury and Illness content area, asks the ATS to:

> 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 (e.g., CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding).

Following the scenario, the ATS will document the scenario using the Clinical Proficiency Scenario Challenge form.

To complete a Clinical Proficiency Scenario Challenge form, each individual competency that is appropriate for that scenario should be correctly performed. Each Clinical Proficiency Scenario Challenge will be evaluated based on the expert judgment of the preceptor and should be consistent with what is taught in the classroom and through preceptor training. Each Clinical Proficiency Scenario Challenge must be signed and dated by the preceptor on the day of completion with a completed feedback section. Feedback that indicates "poor" performance may require additional remedial instruction for the student. The ATS should complete a minimum number of Clinical Proficiency Scenario Challenges during the practicum course in which those proficiencies are assessed. See specific practicum course syllabi for more details on specific psychomotor competency groups and minimum number of Clinical Proficiency Scenario Challenges required per semester. Finally, each ATS will be evaluated on their level of retention and complete any unfinished Clinical Proficiency Scenario Challenges in AT 442 - Senior Capstone Practicum.

Becoming an Entry-Level Clinician

The development of skills, behaviors, and attitudes to become an entry-level certified athletic trainer (clinician) is a learning process that requires time, practice, preparation, and repetition. The development of educational competency and clinical proficiency requires instruction, skill acquisition, progression, and student reflection. Through this learning process, students are considered to be at various levels of comprehension.

The process begins as a student is instructed in an academic course (e.g. AT 270) while the corresponding cognitive and psychomotor competencies for that course are assessed by the instructor. A student that demonstrates proficiency for each competency will be considered a NOVICE CLINICIAN. At this time the student may begin to practice and refine those competencies in his or her clinical education experiences under the direct instruction of a preceptor. In subsequent practicum courses (e.g. AT 340, 342, 440, 442), the student will utilize and incorporate these competencies through various mock and/or "real life" case scenarios. Once the student has completed this developmental level, he or she is considered an APPRENTICE CLINICIAN and should begin to fully integrate each individual competency into comprehensive clinical proficiencies during the management of patients under the direct supervision of a preceptor.

The clinical integration proficiencies are assessed throughout the apprentice clinician level via a Clinical Proficiency Scenario Challenge (CPSC), which is performed under the direct intervention of a preceptor. At this level, the preceptor should be physically present but permit the student to assimilate a group of competencies by providing feedback and consultation. The CPSC is intended to prepare the student for occasions where they will need their decision-making and skill integration ability to provide the best healthcare available for the client/patient. Students will be assessed on their performance of CPSC on actual patients or through standardized/simulated patients or scenarios. If actual patient care isn't possible, these clinical proficiencies may be assessed through a second mock case scenario during AT 442: Senior Capstone Practicum.

Once a student has been assessed by a preceptor, through the CPSC, that student is nearing the level of an ENTRY-LEVEL CLINICIAN, and is ready to sit for the BOC Inc. examination to become a certified athletic trainer. Students, no matter of level in the program, may be at several different "clinician" levels for various competencies or clinical proficiencies. Finally, students should understand that many competencies and clinical proficiencies require years of continued professional development to be considered an EXPERT CLINICIAN.

ATEP CLINICAL EDUCATION

Purpose of Clinical Education

The primary purpose of clinical education is to provide a dynamic educational experience for athletic training students. Clinical education for athletic training plays a critical role in the intellectual and professional development of athletic training students. The national accrediting agency for athletic training education programs, the Commission on Accreditation of Athletic Training Education (CAATE-pronounced "Katie"), also recognizes the value of clinical education:

> While expanding the entry-level knowledge base is important, it should never replace or deemphasize the importance of clinical education in the students' preparation…an essential way to put the theory and skills learned in the classroom/lab into "real life" health care situations; it also is the only method by which the culture and professional values of the profession can be passed on and instilled in these future professionals…This impact was deemed important enough by the CAATE that, effective with the 2012 accreditation standards, athletic training students will be required to obtain a majority of all clinical education experiences under the direct supervision of a preceptor who is a certified athletic trainer in good standing with the BOC. (CAATE, 2012).

Through clinical education, students have the opportunity to observe and apply the theories and skills learned in the classroom and laboratory. As an extension of the classroom, the athletic training student's scheduled clinical experience can be viewed as a hands-on laboratory in which the student is instructed and supervised by a credentialed health care provider. Clinical education experiences also provide an opportunity for the student to practice cognitive and psychomotor competencies in the context of direct patient care as clinical integration proficiencies.

The Athletic Training Education Program (ATEP) attempts to clearly delineate the roles and responsibilities of the athletic training student (ATS) and preceptors. It is important that ATSs recognize that the primary work responsibility of the preceptor is to assure proper patient care. The ATS must realize that serving as a clinical preceptor is a volunteer service provided by the preceptor. Therefore, the preceptor may not be able to provide instantaneous feedback, include the student in all evaluations/treatments, or provide obvious clinical instruction. Instead, the student may need to take responsibility for his/her own learning, realizing that learning can come through observation, reflection, and self-initiated exploration. At the same time, the preceptor should appreciate that the primary responsibility of the ATS is to meet learning goals and integrate their knowledge in the clinical setting. Therefore, the preceptor should intentionally seek to capitalize upon teachable moments without merely delegating work responsibilities to the ATS.

Roles and Responsibilities

Preceptor

Clinical education experiences at APU are designed to provide the student with quality, supervised learning under a Certified Athletic Trainer (AT), or other qualified health care professional. A preceptor must directly supervise the formal clinical education experience.

The role of a preceptor is to formally assess the integration of psychomotor competencies performed by the ATS, evaluate clinical proficiencies, and to provide direct supervision of the ATS in the clinical setting. For this purpose, the preceptor has received additional training through an annual Preceptor Workshop conducted by the Clinical Education Coordinator at APU.

The accreditation standards governing the Clinical Education Coordinator are found in Standards 37-41 of the *Standards for the Accreditation of Professional Athletic Training Programs, 2012:*

37. Preceptor Responsibilities: A preceptor must function to:

a. Supervise students during clinical education;
b. Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission;
c. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
d. Provide assessment of athletic training students' clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
e. Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training.

38. Preceptor Responsibilities: A preceptor must demonstrate understanding of and compliance with the program's policies and procedures.

39. Preceptor Qualification: A preceptor must be credentialed by the state in a health care profession (see glossary).

40. Preceptor Qualification: A preceptor must not be currently enrolled in the professional athletic training education program at the institution;

41. Preceptor Qualification: A preceptor must receive planned and ongoing education from the program designed to promote a constructive learning environment.

Athletic Training Student

An athletic training student (ATS) is an individual that has been formally accepted into the CAATE accredited entry-level undergraduate Athletic Training Education Program (professional portion) at Azusa Pacific University. It is important that ATSs recognize that the primary work responsibility of the preceptor to assure proper patient care. The ATS must realize that serving as a clinical instructor is a volunteer service provided by the preceptor. Therefore, the preceptor may not be able to provide instantaneous feedback, include the student in all evaluations/treatments, or provide obvious clinical instruction. Instead, the student may need to take responsibility for their own learning, realizing that learning can come through observation, reflection, and self-initiated exploration. At the same time, the preceptor must understand that the primary responsibility of the ATS is to meet learning goals and integrate their knowledge in the clinical setting. Therefore, the preceptor should intentionally seek to capitalize upon teachable moments without merely delegating work responsibilities to the ATS.

The following are general responsibilities of the ATS:

1. Remain in good standing in the ATEP.
2. Adhere to the NATA Code of Ethics, BOC Inc. Standards of Professional Practice, the Azusa Pacific University Campus Policies, the Azusa Pacific University Athletic Training Student Code of Conduct, and the laws governing The United States of America.
3. Demonstrate the ability to meet the Technical Standards for Admission and continued participation in the ATEP.
4. Complete the series of Hepatitis B Vaccine shots through the Health Center or other health facility of the ATS's choosing during the first semester in the ATEP.
5. Obtain and maintain current CPR/AED for the Professional Rescuer certification.
6. Complete annual OSHA and Blood Borne Pathogen training.
7. Progress toward the completion of all clinical education requirements under the direct supervision of a preceptor.
8. Attend mandatory ATEP meetings and in-services.

The following are policies and procedures which the ATS must follow:

1. Follow the policies and procedures of APU's ATEP as well as the designated affiliated clinical site when those policies and procedures do not conflict with the educational philosophy of the ATEP or accreditation standards established by the Commission on Accreditation of Athletic Training Education (CAATE). This includes but not limited to: supervision policy, professional dress and behavior, and other behaviors that are consistent with voluntary employment.
2. Follow Communicable Disease Policy in the event of contracting an infectious disease (See following policy).
3. Adhere to OSHA standards for handling bodily fluids.
4. Review and become familiar with the clinical site's emergency procedures and telephone numbers.
5. Complete each clinical rotation as assigned.

    a. Complete minimum of one clinical credit per rotation and complete all learning objectives/outcomes as outlined in the Clinical Rotation Contract.
6. Complete all clinical education experiences under the direct supervision and instruction of a preceptor (unsupervised hours will not be counted towards requirements).
7. ATSs must notify and receive approval from the Clinical Education Coordinator prior to participating in additional clinical field experiences outside their current clinical rotation.
8. Follow hour policies for clinical experiences which require on average 15-17 hours per week.
9. Maintain documentation of clinical education hours for verification by preceptor.
10. Complete End-of-Rotation Evaluations of self, preceptor, and clinical setting.
11. Demonstrate time commitment outside the normal undergraduate academic calendar (e.g. time spent in August).
12. Provide an avenue for personal travel to off-campus clinical sites.
13. Request time off according to ATEP policies. If time requested is greater than one (1) week, written request and approval must be given by the Clinical Education Coordinator.
14. Communicate any decision that may affect the completion of a clinical rotation to the Clinical Education Coordinator.
15. Maintain patient confidentiality and privacy.

Communicable Disease Policy

(Adapted from the APU Athletic Training Room Manual, Revised 8/2012)

The communicable disease policy is designed to provide methods for reducing the transmission of infectious diseases from athletic training personnel (preceptor, ATS) to patients and from patients to athletic training personnel. Prevention of transmission of such diseases includes immunizations for vaccine preventable diseases, isolation precautions to prevent exposures to infectious agents, and management of athletic training personnel exposure to infected persons. The objectives of this policy include the following: (1) educate athletic training personnel about the principles of infection control and stressing individual responsibility for infection control (2) collaborate with other departments to help ensure adequate surveillance of infections in personnel and provision of prevention services (3) provide care to athletic training personnel for work-related illnesses or exposures, and (4) identify work-related infection risks and instituting appropriate preventative measures. This policy will follow the guidelines set by the Centers for Disease Control and Prevention in the "SPECIAL ARTICLE: Guideline for infection control in health care personnel, 1998". (Published in *AJIC: American Journal of Infection control* (1998; 26:289-354))

Athletic training personnel are encouraged to report any infectious disease/problem/condition to their direct supervisor. Athletic training personnel are restricted from patient contact, or contact with the patient's environment if they have an infectious communicable disease. Athletic training students would report to their preceptor and the ATEP Program Director. Certified athletic trainers would report to the head athletic trainer. In the case that athletic training personnel refuse or are unwilling to report their condition to their supervisor for some reason, they must make sure they are restricting themselves from patient contact, or contact with the patient's environment.

Athletic training personnel known to be infected with a communicable disease (See Table 3 in the SPECIAL ARTICLE: Guideline for infection control in health care personnel) can be excluded from duty. The type and duration of work restrictions will be dependent upon the type of disease/problem, by the mode of transmission and the epidemiology of the disease. The ATEP Program Director, APU Medical Director, and/or treating Physician, will determine the duration and type of work or clinical restriction imposed for athletic training students. The Head Athletic Trainer, APU Medical Director, and / or treating Physician, will determine the duration and type of work or clinical restriction imposed for certified athletic trainers. Copies of the "SPECIAL ARTICLE, Guideline for infection control in health care personnel, 1998" are on file in the athletic training rooms and in the Athletic Training Education Program office.

Technical Standards for Individuals Seeking the Bachelor of Arts Degree in Athletic Training

The Athletic Training Education Program at Azusa Pacific University is rigorous and intense. This program is designed to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The following technical standards are those that students must maintain to manage coursework, internships, and employment as an entry-level athletic trainer.

Compliance with the program's technical standards does not guarantee a student's eligibility for the Board of Certification, Inc. (BOC) examination to become a certified athletic trainer (AT).

Students must meet and maintain:

1. Physical strength to lift, move, push, or carry a minimum of 40 pounds.

2. Physical stamina to remain upright for extended periods of time (sometimes longer than 2 hours) and to move to and from various locations using stairs, ramps, and/or elevators.

3. Physical agility to perform physical tasks from the floor or low levels to tables and equipment located at heights up to 4 feet.

4. Fine and gross motor dexterity to scribe forms and reports or input information using a computer device or keyboard and/or to connect various equipment items, or secure or remove hoses, hooks, or electrical plugs, or manipulate cabinet locks and doors.

5. Visual acuity to view physical characteristics of others and distinguish color, numbers, data, graphs, and words on instrument monitors and panels.

6. Hearing at a level to discern various emergency sounds coming from vehicles, equipment, and/or people.

7. Hearing acuity to accurately distinguish words and localize sounds coming from within an area, or a speaker system, or telephone conversation, or from individuals within and not within visual sight.

8. Verbal competence in correct and clear elocution of words for emergency (911) calls, exchange of information, follow through on tasks, or for dialog with others.

Support Services: Students in this degree that have a disability that might prevent them from fully demonstrating their abilities should meet with an advisor in the Learning Enrichment Center (http://www.apu.edu/lec/; (626) 815-3849) as soon as possible to initiate disability verification and discuss accommodations that may be necessary to ensure full participation in the successful completion of degree requirements.

Privacy of Medical Information

Oath of Confidentiality

As an athletic training student, I understand that I have an obligation to myself, to my clinical supervisors, to all student-athletes, coaches, patients at Azusa Pacific University and our affiliated sites, to withhold any information that I acquire professionally or socially which is considered confidential, from anyone other than my immediate supervisors. Included in this information is anything relative to the patient's medical condition, the treatment and rehabilitation of any medical condition and any information which I acquire during the conduct of my academic and professional duties, or any information that is not considered to be public knowledge. I am aware that any breach of this trust may jeopardize my ability to continue serving in the capacity of an athletic training student in the Athletic Training Education Program at Azusa Pacific University.

Furthermore, I understand that as an athletic training student I have been provided with a responsibility to uphold the Code of Ethics as outlined by the National Athletic Trainers' Association (http://www.nata.org/codeofethics/code_of_ethics.pdf) and the Standards of Professional Practice as provided by the Board of Certification, Inc. (http://www.bocatc.org/).

I am aware that copies of these documents are available for my review through the Athletic Training Education Program at Azusa Pacific University.

Pre-Athletic Training Student

General Description

Students enrolled in the athletic training major at the time of their entry to Azusa Pacific University begin as pre-athletic training students and have not been formally accepted into the ATEP. In the first three semesters, students will take the required courses to prepare for application to the professional portion of the ATEP. During this time, they will also meet with the Program Director and others in the department to discuss admission, matriculation, and retention requirements for the ATEP.

During the fall of the sophomore year (or first fall semester for transfer students), pre-athletic training students will continue their pre-requisite course work, begin clinical observation rotations, and begin to work on competency assessments. Once the student has completed a particular competency, they will be allowed to practice and perform that competency, under the direct supervision of a preceptor, in a clinical environment. Regular evaluation of that skill will continue by the supervising preceptor.

Students in the pre-athletic training level will be assigned to clinical observation rotations. These rotations introduce the student to the roles of the certified athletic trainer while observing the clinical setting. Pre-athletic training students will be under the direct supervision of a preceptor. Students in AT 240: Observation in Athletic Training need to complete all specified clinical observation experiences and ARE NOT allowed to provide treatment to patients in the clinical setting. CAATE 2012 accreditation standards 53 and 54 state:

53. Athletic training students must be officially enrolled in the program prior to performing skills on patients.

54. Athletic training students must be instructed on athletic training clinical skills prior to performing those skills on patients.

The general learning outcomes for the Pre-Athletic Training Student assigned to clinical field experience rotations are outlined below:

Learning Outcomes

1. Communicate a clear understanding of the athletic training profession as a result of completing clinical observations.
2. Demonstrate an understanding of the policies and procedures of the daily operation of an Athletic Training facility.
3. Demonstrate competency in first aid, CPR, and basic athletic training skills.
4. Perform and appreciate the value of daily AT facility operations, including the following:
    a. Basic record keeping
    b. Inventorying and storage of supplies
    c. Cleaning and maintenance procedures
    d. Preparing hot packs, whirlpools, ice packs, slush, and contrast baths

5. Communicate effectively with the supervising preceptor(s).
6. Complete other objectives as outlined in specific course syllabi.

Pre-Athletic Training Student Course Work
The following courses should be taken as prerequisites for acceptance into the ATEP.

COURSE #	COURSE TITLE	UNITS
AT 102	Foundations of Athletic Training and Applied Exercise Science^	2 units
AT 160	Acute Care of Injury and Illness^	2 units
AT 220	Risk Management for the Physically Active^	3 units
AT 240	Observation in Athletic Training^	2 units
BIOL 101 OR BIOL 151	Fundamentals of Biology*^ (w/lab) General Biology I*^ (w/lab)	4 units
BIOL 250	Human Anatomy*^ (w/lab)	4 units
Prerequisite Courses		

Pre-athletic training students need to maintain an overall GPA of 2.5.
*A grade of "C-" or higher must be obtained in these courses.
^A minimum 2.7 GPA must be obtained in these courses with no AT prefix course having a grade lower than a "C".

Competency Groups

AT 240 – Observation in Athletic Training:

1. Crutch/Cane Fitting and Gait
2. AT Facility Maintenance
3. Elementary Modalities
4. Pre-Participation Examination Skills
5. First Aid
6. Equipment Fitting Skills

See individual practicum course for specific competencies.

Level I: Athletic Training Student

General Description

Once officially accepted into the ATEP, ATSs begin the spring semester of their sophomore year as Level I students. In Level I, course work and clinical field experiences become more advanced than pre-athletic training. Didactic education emphasizes injury evaluation. Clinical education emphasizes wrapping, taping, and bracing used in the prevention and rehabilitation of injuries sustained by patients. Once the ATS has received a passing score from a preceptor on a psychomotor competency, they will be allowed to practice and perform the skill in the clinical setting, under continued direct supervision by a preceptor. Regular evaluation of that skill or psychomotor competency will continue by the supervising preceptor.

ATSs will begin to practice and integrate the competencies of athletic training while working in the clinical setting under the direct supervision of a preceptor. ATSs will be assigned to two, 8-week rotations at various clinical sites. The primary focus of these clinical rotations is to provide each ATS with exposures to various sports at high school, college, and university clinical sites. Through these clinical field experiences, students should gain a clear understanding of the athletic training profession. The Clinical Education Coordinator will make each clinical assignment by assessing the ATS's abilities and clinical field experience needs. The general learning outcomes for the Level I ATS assigned to these clinical field experience rotations are outlined below:

Learning Outcomes

1. Demonstrate competency in basic techniques of orthopedic injury taping, wrapping, and bracing.
2. Demonstrate an understanding of the policies and procedures of the daily operation of an Athletic Training facility.
3. Perform and appreciate the value of daily AT facility operations, including the following:
    a. Basic record keeping, including learning the computer software program
    b. Inventorying and storage of supplies
    c. Cleaning and maintenance procedures
    d. Preparing hot packs, whirlpools, ice packs, slush, and contrast baths
4. Demonstrate psychomotor competency in first aid and CPR skills.
5. Complete other objectives as outlined in specific course syllabi.
6. Complete other specific objectives as outlined in the Clinical Education Contract by the supervising preceptor(s).

Level I ATS Course Work

COURSE #	COURSE TITLE	UNITS
AT 242	Practicum in Wrapping, Taping & Bracing^	2 units
AT 270	Orthopedic Assessment^	4 units
PE 240	Health Education^	2 units
BIOL 251	Human Physiology^ (w/lab)	4 units
PSYC 110	General Psychology^	3 units
Level I Athletic Training Courses		

^A minimum 2.7 GPA must be obtained in these courses with no AT prefix course having a grade lower than a "C".

Competency Groups

AT 242 - Practicum in Wrapping, Taping & Bracing:

1. Ankle Taping and Bracing
2. Foot Taping
3. Lower Leg Taping
4. Knee Taping and Bracing
5. Hip, Pelvis, and Thigh Wrapping
6. Shoulder Taping
7. Elbow and Forearm Taping
8. Wrist and Hand Taping

See individual practicum course for specific competencies.

Level II: Athletic Training Student

General Description

ATSs in Level II begin their first full year in the ATEP and must have completed all pre-athletic training and Level I competencies and course work. In Level II, ATS course work and clinical field experiences become more advanced than Level I. Didactic education emphasizes therapeutic modalities and therapeutic exercise. Clinical education emphasizes clinical proficiency in injury assessment and therapeutic modalities. Once the ATS has received a passing score from their didactic course instructor on a clinical competency, they will be allowed to practice and perform the skill, under continued direct supervision by a preceptor, in the clinical setting. Regular evaluation of competency will continue by the supervising preceptor. In addition, ATSs will continue their professional development toward an APPRENTICE CLINICIAN (described previously) through the completion of Clinical Proficiency Scenario Challenges based on competency groups.

ATSs will continue their clinical education by being assigned to four, 8-week rotations at various clinical sites. The primary focus of Level II will be to incorporate injury assessment and therapeutic clinical skills through clinical education experiences. These clinical education experiences will occur at clinical sites with an emphasis on rehabilitative services. The Clinical Education Coordinator will make each clinical assignment by assessing the ATS's abilities and clinical field experience needs. The general learning outcomes for the Level II ATS assigned to these clinical field experience rotations are outlined below:

Learning Outcomes:

1. Progress toward mastery of taping, wrapping, bracing, and first aid
2. Perform various tasks required for pre-participation physical exams of athletes
3. Appreciate the collaboration between medical professionals assessing general medical conditions and orthopedic conditions of athletes
4. Evaluate and initially manage injuries under the direct supervision of a preceptor
5. Instruct and assist patients in treatment programs prescribed by supervising preceptors
6. Demonstrate the use of prevention strategies such as assisting during stretching and hydration
7. Maintain accurate and up-to-date medical records
8. Use medical terminology correctly
9. Maintain the proper condition of the athletic training facility
10. Complete other objectives as outlined in specific course syllabi
11. Complete other specific objectives as outlined in the Clinical Education Contract by the supervising ACI(s)

Level II ATS Course Work

COURSE #	COURSE TITLE	UNITS
AES 360	Nutrition for Exercise and Sport Science^	2 units
AES 363	Physiology of Exercise (w/lab)^	4 units
AES 364	Kinesiology (w/lab)^	3 units
AT 340	Practicum in Orthopedic Assessment^	2 units
AT 342	Practicum in Therapeutic Modalities, Strength & Flexibility^	2 units
AT 351	Therapeutic Modalities^	3 units
AT 352	Therapeutic Exercise^	4 units
AT 355	Medical Conditions and Disabilities^	2 units
Level II Athletic Training Courses		

^A minimum of 2.7 GPA must be obtained in these courses with no AT prefix course having a grade lower than a "C".

Clinical Integration Proficiency Groups:

AT 340 - Practicum in Orthopedic Assessment:

1. Foot
2. Ankle and Lower Leg
3. Knee
4. Hip and Thigh; Lower Extremity Neurological Exam
5. Shoulder and Upper Arm
6. Elbow and Forearm
7. Wrist, Hand and Fingers
8. Thoracic and Lumbar Spine; Sacroiliac
9. Thorax
10. Head and Cervical Spine; Upper Extremity Neurological Exam

AT 342 - Practicum in Therapeutic Modalities, Strength & Flexibility:

1. Cryotherapy
2. Electrotherapy
3. Thermotherapy
4. Ultrasound (thermal and non-thermal)
5. Massage Therapy
6. Biofeedback
7. Strength
8. Agility
9. Flexibility
10. Environmental Techniques

See individual didactic course for specific competencies.

Level III: Athletic Training Student

General Description

Level III ATSs must have completed all competencies, proficiencies, and coursework of Level II. In Level III, ATS course work and clinical assignment responsibilities become more advanced than in Level II. ATSs at this level are expected to display creativity and critical thinking ability in their decisions and to provide leadership to ATSs in the lower levels. Didactic education emphasizes research in athletic training, health care administration, and professional development skills. Clinical education emphasizes clinical proficiency in therapeutic modalities, therapeutic exercise and medical conditions. Once the ATS has received at least a passing score from their didactic course instructor on a clinical psychomotor competency, they will be allowed to practice and perform the skill, under continued direct supervision by a preceptor in the clinical setting. Regular evaluation of that psychomotor competency will continue by the supervising preceptor. In addition, ATSs will continue their professional development toward becoming an ENTRY-LEVEL CLINICIAN (described previously) through the completion of Clinical Proficiency Scenario Challenges based on clinical psychomotor competency groups.

ATSs will conclude their clinical education by being assigned to four, 8-week rotations at various clinical sites. The primary focus of Level III will be to incorporate therapeutic exercise and general medical clinical skills at clinical sites. The Clinical Education Coordinator will make each clinical assignment by assessing the ATS's abilities and clinical field experience needs. Level III ATSs are expected to take leadership roles in providing health care. This includes daily communication with the preceptor concerning the health/participation status of their patients. Level III ATSs are also expected to mentor Level I and Level II ATSs as they progress in knowledge and skills. All clinical hours completed under the direct supervision of a clinical instructor during each clinical rotation may be counted toward the 40 clinical credits needed for graduation (Clinical Rotation Policies). The general learning outcomes of Level III ATS assigned to these clinical field experience rotations are outlined below:

Learning Outcomes:

1. Assist the preceptors in the treatment and rehabilitation of injuries.
2. Perform various tasks required for pre-participation physical exams of athletes.
3. Appreciate the collaboration between medical professionals assessing general medical conditions and orthopedic conditions of athletes.
4. Evaluate and initially manage injuries under the direct supervision of a preceptor
5. Coordinate and supervise the rehabilitation of the injured athlete or patient.
6. Maintain accurate and up-to-date medical records.
7. Use medical terminology correctly.
8. Select and determine the proper parameters for modalities used in the care of injuries in cooperation with the preceptors.
9. Evaluate environmental stress conditions and make appropriate recommendations.
10. Complete other objectives as outlined in specific course syllabi.
11. Complete other specific objectives as outlined in the Clinical Education Contract by the supervising preceptor(s).

Level III ATS Course Work

COURSE #	COURSE TITLE	UNITS
AT 440	Practicum in Therapeutic Exercise & Medical Conditions^	2 units
AT 442	Senior Capstone Practicum^	3 units
AT 452	Current Concepts in Treatment and Rehabilitation^	2 units
AT 465	Pharmacology for Athletic Trainers^	2 units
AT 469	Health Care Administration^	3 units
AT 490	Research Methods^	4 units
PSYC 385	Health Psychology^	3 units
Level III Athletic Training Courses		

^A minimum 2.7 GPA must be obtained in these courses with no AT prefix course having a grade lower than a "C".

Psychomotor Competency/Clinical Proficiency Groups
AT 440 - Practicum in Therapeutic Exercise & Medical Conditions:

1. Foot/Ankle Rehabilitation
2. Knee/Hip Rehabilitation
3. Shoulder Rehabilitation
4. Elbow, Wrist and Hand Rehabilitation
5. Thoracic/Lumbar Spine Rehabilitation
6. Cervical Spine Rehabilitation
7. General Medical Conditions

AT 442 - Senior Capstone Practicum:

1. Evidence-Based Practice
2. Prevention and Health Promotion
3. Clinical Examination and Diagnosis
4. Acute Care of Injury and Illness
5. Therapeutic Interventions
6. Psychosocial Strategies and Referral
7. Healthcare Administration
8. Professional Development and Responsibility

See individual didactic course for specific psychomotor competencies.

Clinical Experiences

Clinical experiences provide the student with the opportunity to practice and integrate their cognitive learning, with the associated psychomotor skill requirements of the profession, to develop entry-level clinical proficiency and professional behavior required of an Athletic Trainer as defined by the *NATA Educational Competencies*. These clinical experiences are completed under the direct supervision of a qualified preceptor in an appropriate clinical setting. The primary settings for clinical experiences include different athletic training and allied health care facilities, athletic practices, and competitive events. Ample opportunities are provided for the student to gain clinical experience associated with a variety of different populations including both genders, diverse age groups, varying levels of risk, protective equipment, and medical experiences that address the continuum of care that would prepare a student to function in a variety of settings and meet the domains of practice delineated for a certified athletic trainer in the profession. (*CAATE Standards for the Academic Accreditation of Professional Athletic Training Programs*).

Clinical experiences are accomplished through multiple clinical rotation assignments with an exposure to a variety of athletic training settings and sports. Clinical rotations will be offered that will focus on upper extremity, lower extremity, and equipment intensive as related to the proper care of athletic related injuries. In addition, each ATS will spend time at designated affiliated clinical sites including at least one rotation at an off-campus traditional employment setting (high school, college, or professional sports) as well as general medical practice or clinic/rehabilitative services.

Each ATS will be required to have at least one clinical rotation in each of the following categories (specific sites are not an exhaustive list – see appendix for current list of sites):

Upper Extremity	**Lower Extremity**	**Equipment Intensive**	**Clinic/ Rehabilitative Services**
Aquatics	Basketball	Football	Casa Colina - Pomona
Baseball	Soccer	Ice Hockey	ET Physical Therapy
Softball	Track & Field	Men's Lacrosse	Pasadena Rehab Institute
Tennis	X-country		Peachwood PT Glendora
Volleyball	Acrobatics & Tumbling		
Acrobatics & Tumbling			

Selection of Clinical Experiences

The placement of athletic training students at a clinical site is based on a variety of factors. First, all students must have experience in a variety of settings that introduce students to different populations including both genders, diverse age groups, varying levels of risk, protective equipment, upper extremity injuries, lower extremity injuries, and general medical experiences (see CAATE Accreditation Standard 50 and the Clinical Experiences section of this handbook). Students provide their clinical rotation wish list to the Clinical Education Coordinator based on future career plans and interests. Students may elect to combine two 8-week rotations during their clinical education experiences; however, they must schedule appropriately to ensure that all types of settings and experiences can be completed prior to graduation. For this reason, students may not schedule a specific experience with a particular preceptor twice during their clinical education rotation (e.g., a Level III ATS cannot schedule an equipment intensive rotation with an preceptor at the same high school which he or she has previously completed as a Level II ATS). In addition, students must complete at least one rotation at an off-campus traditional employment setting (high school, college, or professional sports) as well as general medical practice or clinic/rehabilitative services.

The availability of sites, the quality of the clinical environment, and the preparation, evaluation, and quality of the clinical instructor also contribute to the clinical placement decision-making process. Preference for student placement will be given to those preceptors who demonstrate high scores on End-of-Rotation evaluations, clinical site evaluation, and positive results from the direct observation of the preceptor by the Clinical Education Coordinator and/or Program Director. The Clinical Education Coordinator advises students as they determine which clinical site/clinical instructor combination might best meet their needs.

A list of current affiliated clinical sites and the site supervisors can be obtained from the Clinical Education Coordinator (also see appendix for current list of clinical sites).

<u>Procedures</u>

1. Meet with the Clinical Education Coordinator to discuss an appropriate clinical site based on the ATS's level, goals, objectives, and the sites available.
2. Complete the Clinical Experience Contract, which may include ATS learning goals in addition to those stated in the ATEP Handbook.
3. Meet with the site-supervisor/preceptor and the Clinical Education Coordinator for final approval and signatures.
4. Apply as a volunteer employee if required by the affiliated site personnel office. This may include a job application, fingerprinting, and subsequent training.

Fall clinical experiences have traditionally begun prior to the start of fall classes and are documented in the fall practicum course syllabi. These clinical experiences provide students the opportunity to experience a variety of situations including general medical experiences through pre-participation physical exams, athletic training room preparation, multi-session practices, etc. common to the high school, college, and university settings during that time.

Some students may be assigned to a preceptor that is responsible for a sport that continues beyond the clinical education and semester schedule (winter break and May). In these situations, the student does not continue to gain clinical experiences with the preceptor beyond the Saturday after the end of regularly scheduled classes for the semester. Likewise, students do not participate in clinical education experiences during finals week.

Clinical Credits

Level I-III ATSs must gain clinical experience in each of the following categories: upper extremity, lower extremity, equipment intensive, general medical, athletic institution, and clinic/rehabilitative services. For each clinical rotation ATSs will document clinical field experience hours every two weeks which are converted into clinical credits (see below).

Clinical Credits (8-weeks)	
Credits	**Hours**
10	200 plus
9	180 to 199
8	165 to 179
7	150 to 164
6	135 to 149
5	120 to 134
4*	105 to 119
3	90 to 104
2	75 to 89
1^	60 to 74

Requirements

1. ATSs are required to earn a total of 40 clinical credits over 10 rotations.
2. ATSs must complete at least one credit per each 8-week clinical rotation^.
3. ATSs need to average 4 credits per rotation* in order to meet the 40 clinical credit graduation requirement.
4. ATSs may combine two 8-week rotations during their clinical education experiences. ATSs that choose this option are still required to have at least one clinical experience in each of the clinical categories/settings mentioned previously.

Hours Policies

1. ATSs must adhere to the following time policies:
    a. ATSs should not exceed 25 hours per week,
        i. 17 hours Monday through Friday
        ii. 8 hours on Saturdays.
    b. ATSs will not be required to complete clinical experiences on Sundays.

c. ATSs should not exceed 50 hours a week during pre-season camps, vacations, or post-season play when classes are not in session, but which fall within the dates of a clinical rotation.
d. If in a two-week period the ATS exceeds the hours listed above, additional time off will be granted in the next clinical cycle.
e. All clinical rotations will end the Saturday after the end of regularly scheduled classes for the semester. ATSs are not permitted to complete clinical experiences during finals week nor after the dates of a clinical rotation.

2. ATSs are to maintain documentation of their clinical experience hours per two-week cycle for verification by their preceptor.
    a. When recording clinical experience hours, note the date, time in, time out, sub-total and total hours accrued (use 0.25 hour increments).
    b. Students are only permitted to document (count) those hours directly supervised by a preceptor that includes experiences occurring at designated clinical sites as part of the APU ATEP. (Students cannot count hours toward the clinical education requirements for travel time to or from off campus sites or competitions, meal times, practices, contests or other times in which direct supervision by a preceptor is not maintained.)
    c. When an ATS is uncertain as to whether particular clinical field experience hours may be documented as acceptable, he or she should inquire with the Clinical Education Coordinator prior to completing those hours.
    d. The hours completed during the posted clinical rotation dates will be counted towards clinical credits earned for that designated clinical rotation.

Direct Supervision Policy

An Athletic Training Student (ATS) that has been officially admitted to the Athletic Training Education Program (ATEP), enrolled in AT 242, 340, 342, 440, 442, or 444, and engaged in clinical field experiences as assigned by the Clinical Education Coordinator, must be under the direct supervision and instruction of a preceptor at all times. This requires the preceptor to be physically present, maintaining auditory and visual communication, with the capacity to intervene on behalf of the student in all clinical situations.

The lack of direct supervision will not be tolerated by the ATEP and reassignment of the ATS to another clinical rotation may be necessary if direct supervision cannot be maintained and ensured. In an event that direct supervision is not maintained for any period of time, the student is no longer permitted to function as an "athletic training student" as defined by the ATEP Handbook. If a student chooses to remain in an unsupervised situation and takes action regarding an emergency situation, they do so as a "volunteer" or "good Samaritan" according to their certification from the American Red Cross as a Professional Rescuer and not as an "athletic training student" engaged in formal clinical education as part of the ATEP at APU.

The accreditation standards governing the Supervised Clinical Education with a preceptor are found in Standards 61-63 of the *Standards for the Accreditation of Professional Athletic Training Programs, 2012*:

The program must include provision for supervised clinical education with a preceptor.

61. There must be regular communication between the program and the preceptor.

62. The number of students assigned to a preceptor in each clinical setting must be of a ratio that is sufficient to ensure effective clinical learning and safe patient care.

63. Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

Evaluation of Clinical Education

Pre-athletic training students are evaluated in several ways. The first is through the regular evaluations of their academic course work. The second is the ATEP application process outlined previously. The third evaluation occurs at multiple times throughout the semester. For this evaluation, students are evaluated based on how well they meet the clinical objectives for the pre-athletic training level. Each preceptor may verify the student's observation hours and evaluate the student's performance via the Pre-ATS Evaluation. Pre-ATSs may also be evaluated using a similar End-of-Rotation Evaluation completed by the preceptor.

ATS in Levels I, II, and III, receive formative evaluations throughout the clinical rotation and summative evaluations at the end of each clinical rotation. At the start of each clinical rotation, the ATS completes a Clinical Experience Contract. The contract outlines the responsibilities of the student, preceptor, and Clinical Education Coordinator; the goals of each type of clinical experience; the self-selected goals of the ATS and preceptor; and the learning style and strengths of the ATS. The Clinical Experience Contract also requires the student to address several questions in the form of a journal entry; replacing journals #1 and #6 for the semester (see practicum course syllabi).

During a clinical rotation, preceptors complete formative evaluations of their assigned ATS every two weeks. At the end of each clinical rotation, the supervising preceptor completes a summative End-of-Rotation evaluation while ATSs complete summative End-of-Rotation self, preceptor, and setting evaluations. End-of-Rotation evaluations occur after each 8-week clinical rotation, thus Level II and III ATSs will have a summative evaluation at least four times during the year on a formal basis. The ATS self-evaluation requires the assessment of the goals established in the Clinical Experience Contract at the start of the rotation and replaces journals #5 and #10 for the semester (see practicum course syllabi). Level I ATS will have a summative evaluation twice during the spring semester. ATS clinical evaluations are based on how well ATSs meet the level-specific learning outcomes. After all evaluations are completed, the ATS meets with the supervising preceptor to discuss the evaluation outcomes, ATS strengths, and areas in which the ATS needs to improve.

The Two-Week and End-of-Rotation Evaluations and completion of minimal clinical credits are calculated into the ATS practicum course grade. Please see practicum syllabi for grading methods.

The methods of evaluation are outlined below:

1. ATSs complete a Clinical Experience Contract for each clinical rotation, which includes supplementary goals and objectives.
2. ATSs submit documented clinical experience hours to their preceptor at the conclusion of each two-week cycle. After reviewing the hours, the preceptor verifies the hours and evaluates the student's two-week performance via the online Two-Week ATS (Level Specific) Evaluation or End-of-Rotation Evaluation.
3. ATSs complete the online End-of-Rotation Evaluation of the preceptor and clinical site.
4. ATSs complete the online (level specific) End-of-Rotation Self-Evaluation.
5. ATSs meet with preceptor to discuss End-of-Rotation Evaluation.

Employment Concerns

ATSs enrolled in AT 240, 242, 340, 342, 440, 442, or 444 and engaging in clinical field experiences associated with APUs ATEP should NOT seek paid employment in any fashion that represents the duties of a Certified Athletic Trainer or any related terminology as defined by the Role Delineation Study published by the BOC Inc. This includes the role of an athletic training student, student athletic trainer, athletic training aide, or any variation of these terms. In addition, students are not allowed to receive payment for their clinical education hours. This is in ethical conflict with "true" educational practice and employment for certified athletic trainers.

Volunteer "First Responders"

While the ATEP encourages students to volunteer with other health professionals during events (i.e., marathons, community fun-runs, etc.) or with sports ministry organizations (Athletes in Action, Fellowship of Christian Athletes), all of these situations are conducted outside of the ATEP, will NOT be mandated of any student enrolled in the ATEP, and will NOT be counted as ATEP clinical experience hours. Students who choose to volunteer as "first responders" will NOT be referred to as an "athletic training student". If students volunteer for such activities, there must be a set job description or delineation of the skills they may or may not perform in their role(s) as first responders. These skills must not include Athletic Training skills. Students who choose to volunteer as first responders must secure their own liability insurance.

CODE OF CONDUCT FOR THE ATHLETIC TRAINING STUDENT

It is presumed that individuals involved in the Athletic Training Education Program (ATEP) at Azusa Pacific University possess a sincere desire to promote a program of Christ-centered excellence with a spirit of service. This spirit should challenge you, the athletic training student (ATS), to live these principles throughout the academic year, and allow them to be a motivating force in your life.

The Role of the Athletic Training Student:

- Demonstrate a willingness to follow the leadership of the academic and clinical faculty and the more experienced ATSs. In addition, recognize your own potential to provide leadership, through actions, words, and deeds.
- Exceed the educational outcomes established by the athletic training education program and the university.
- Present yourself in a professional manner in conduct, speech, and appearance. This brings credit to yourself, others, and Azusa Pacific University.
- Display individual standards of excellence socially and spiritually.
- Abide by the Azusa Pacific University Student Standards of Conduct which governs the use of alcohol, tobacco, and controlled substances.
- Demonstrate loyalty to the university, the athletic training education program, and affiliated clinical sites.
- Display respect for the academic and clinical faculty, the staff and patients, and your peers.
- Demonstrate stewardship for the facilities and equipment available for your use.
- Present yourself as a servant to others, following the example of Christ.
- Support the Azusa Pacific University Athletic Training Education Program mission statement which reads:

The mission of the Athletic Training Education Program at Azusa Pacific University is to fully equip athletic training students with a quality education incorporating a Christian perspective to become life-long learners. The educational program incorporates current research and scholarly instruction, in both the clinical and didactic portions of the program, to prepare athletic training students to enter the profession as entry-level athletic trainers upon successfully passing the BOC certification examination.

SOCIAL NETWORK WEBSITE POLICY

(Adapted from APU Intercollegiate Athletics, 11/2013)

Athletic training students, as members of the broader Azusa Pacific University community, are permitted to maintain personal profiles on social networking websites such as Facebook, Twitter, etc. in accordance with the following guidelines:

1. No offensive, derogatory or inappropriate content (including comments, status) are posted.
2. No offensive or inappropriate pictures or videos posted.
3. All content must be consistent with the university's lifestyle expectations, community standards and state and federal law.
    a. "Content" includes postings and tagged photos, etc. from social network friends.
4. If contacts or friends post unacceptable and inappropriate content, as described above, the athletic training student must remove such content within 24-hours.

Please use caution and understand any and all material posted can be accessed by future employers, post-graduate institutions, media and predators.

Azusa Pacific University reserves the right to monitor these sites.

PROGRAM RETENTION STANDARDS AND POLICIES

In order to be retained in the Athletic Training Education Program (ATEP), an Athletic Training Student (ATS) must meet certain didactic and clinical requirements once they are admitted into the ATEP.

1. Academically, an ATS must maintain a minimum cumulative GPA of 2.5 and a minimum AT major GPA of 2.7 (B-) (with no AT prefix course grade below a "C"). If an ATS earns a grade below "C," the course must be repeated until the required grade is obtained. If an ATS fails to meet the GPA requirements, they will be placed on ATEP Probation.*
    a. **NOTE: If a didactic course must be repeated, all courses MUST BE completed by spring 2016 due to the transition of the undergraduate ATEP to the entry-level masters ATEP.**
2. Clinically, an ATS must successfully complete each practicum course with no course grade below a "B". If the ATS does not meet the "B" requirement, the course must be repeated.
    a. To "repeat" a clinical course (to complete the course and/or program requirements) and to be eligible to move to the next ATS Level, the student will be required to take AT 444 (General Practicum) in a summer session, or an additional semester. Students may not take two clinical courses in the same semester (i.e. AT 444 with another required course).
    b. **NOTE: If a clinical course must be repeated, all courses MUST BE completed by spring 2016 due to the transition of the undergraduate ATEP to the entry-level masters ATEP.**

Probation

During the probation period, the ATS will not be allowed to gain clinical field experience. This probationary status will be given both verbally and in writing to the appropriate ATEP clinical instructor. Once the student meets the academic requirements (i.e. overall GPA rises to a level higher than 2.5), they will be removed from probation and will be reinstated to good standing in the ATEP. Since the ATS is not allowed to complete clinical field experience during the probationary period, it will be necessary for the student to audit the clinical course during the semester they are on probation. This will allow the student to continue to complete all proficiencies, staying in sequence with the didactic courses. In order to fulfill the clinical field experience requirements for the audited course and to complete program requirements, the ATS will be required to take AT 444 (General Practicum) in a summer session, or during an additional semester. Students may not take two clinical courses in the same semester (i.e. AT 444 with another required course).

Suspension

ATEP suspension is the temporary removal of a student from clinical field experience. The length of the suspension is determined by the Program Director after consultation with the Clinical Education Coordinator, other ATEP faculty and the supervising preceptor. Students may be temporarily suspended from the ATEP for the following, but not limited to:

1. Low mid-term grade report
2. Infraction of the policies and procedures of the ATEP or clinical site
3. Others as deemed appropriate by the Program Director, Clinical Education Coordinator, clinical instructor, and/or ATEP faculty.

Dismissal

Students may be dismissed from the ATEP for the following reasons:

1. Earning a grade below a "B" for any two Practicum courses (they do not need to be consecutive).
2. Being on ATEP probation for two consecutive semesters.
3. Inappropriate or unethical behavior as outlined in the ATEP Handbook and/or APU Student Handbook.

If dismissed, students will be counseled on other career and academic options.

Readmission

If a student who was dismissed from the ATEP wishes to return to the program, the student must first wait a minimum of two semesters after dismissal to reapply. There are no guarantees that the student will be readmitted, and readmission will be based on available openings in the program and the student's reapplication. All application materials must be submitted to the ATEP Program Director by December 1st for spring readmission and by May 1st for fall readmission. The following materials are required for consideration of readmission.

1. Submit the Readmission to the ATEP Application, demonstrating the fulfillment of all readmission standards.
2. Submit an essay outlining:
    a. Reasons for dismissal and the steps taken by the student to remedy/change the situation
    b. Career goals in athletic training
    c. Why the ATEP should readmit this student
3. Recommendations from two APU faculty and one person (non-family member) outside APU
4. Submit to an interview with the ATEP faculty

NOTE: No readmissions will be allowed beyond academic year 2015-16 due to the transition of the undergraduate ATEP to the entry-level masters ATEP.

Appeals

An ATS may appeal any decision regarding his/her admission, retention, or dismissal from the ATEP. A student wishing to appeal a decision must do so in writing to the ATEP Program Director within three school days of the date of the written decision. The ATEP Program Director may, in response to the written appeal, revise or confirm an earlier action.

The ATS may choose to have an appeal presented to either the ATEP Program Director, **or** the Athletic Training Appeals Board. The membership of this board shall consist of the ATEP Program Director, an outside administrator (i.e., the Exercise and Sport Science Department Chair, the undergraduate Associate Dean from the School of BAS, or other appropriate administrator), all ATEP academic faculty, a representative from the ATEP clinical faculty, and a faculty member from outside the Department of Exercise and Sport Science.

If the ATS chooses to file an academic grievance the student should follow the policies and procedures outlined in the APU Student Handbook.

If the ATS chooses to file an academic grievance for issues of course content and relevancy, grading, teaching style, and the like, the student is encouraged to meet with the professor of the class first. If a satisfactory resolution cannot be obtained, the ATS may go to the department chair, and finally, the dean of the school or college to remedy the situation.

Delayed Admission

A student wishing to seek delayed admission must do so in writing to the ATEP Program Director no later than 2-weeks following the receipt of their acceptance letter. Delayed admission is not guaranteed and will be reviewed by the ATEP faculty.

NOTE: The undergraduate Athletic Training Education Program (ATEP) will transition to an entry-level masters (ELM) graduate program by 2016. This transition is being made in response to changes within the athletic training profession, and in order to maintain a high quality educational experience for athletic training students. Applications to the undergraduate ATEP will continue to be accepted in fall 2012 and fall 2013 *(see Admission Requirements)*. The last cohort of students admitted to the undergraduate ATEP, during the fall 2013 application period, must complete the program by spring 2016 to be eligible to take the national Board of Certification, Inc. examination for athletic trainers. There will be no exceptions. If students do not complete the undergraduate ATEP by spring 2016, they have the following options to attain certification exam eligibility: transfer to an accredited program at a different university, or seek admission to the new ELM program at APU. For further information, please contact the program director of athletic training education.

GRADUATION REQUIREMENTS

In order to graduate from the Athletic Training Education Program at APU, the following must be met:

1. Complete all requirements for the Athletic Training major:

    a. Complete all Athletic Training major course work.
    b. Maintain a minimum cumulative GPA of 2.5
    c. Maintain a minimum AT major GPA of 2.7 (B-) (AES 360, AES 363, AES 364; AT 102, 160, 220, 240, 270, 351, 352, 355, 452, 465, 469, 490; BIOL 101 or 151, 250/251; PE 240; PSYC 110, 385), with no AT prefix course grade below a "C."
    d. Complete all practicum courses (AT 242, 340, 342, 440, 442) with no course grade below a "B".

2. Complete all Clinical Education requirements:

    a. Complete all clinical observation experiences for pre-athletic training (AT 240).
    b. Complete 40 clinical credits of clinical field experience under the direct supervision of a clinical instructor (AT 242, 340, 342, 440, 442).
    c. Complete at least one clinical field experience in each of the following categories: upper extremity, lower extremity, equipment intensive, general medical and clinic/rehabilitative service.
    d. Complete all pre-athletic training, Level I, II, and III competencies and clinical integration proficiencies.

3. Complete all other University requirements for graduation.

NOTE: The undergraduate Athletic Training Education Program (ATEP) will transition to an entry-level masters (ELM) graduate program by 2016. This transition is being made in response to changes within the athletic training profession, and in order to maintain a high quality educational experience for athletic training students. Applications to the undergraduate ATEP will continue to be accepted in fall 2012 and fall 2013 *(see Admission Requirements)*. The last cohort of students admitted to the undergraduate ATEP, during the fall 2013 application period, must complete the program by spring 2016 to be eligible to take the national Board of Certification, Inc. examination for athletic trainers. There will be no exceptions. If students do not complete the undergraduate ATEP by spring 2016, they have the following options to attain certification exam eligibility: transfer to an accredited program at a different university, or seek admission to the new ELM program at APU. For further information, please contact the program director of athletic training education.

STUDENT SCHOLARSHIPS

There are many financial aid and scholarship opportunities available to assist athletic training students.

1. For university financial aid and scholarship options, please contact the One Stop office, APU's undergraduate enrollment services center at http://www.apu.edu/onestop/, (888) 788-6090, or onestop@apu.edu.

2. The Athletic Training Education Program is fortunate to offer two scholarships to deserving athletic training students through the ATEP Scholarship Award and the Bill Ito/ATEP Alumni Scholarship Award. Scholarship application materials are sent to all eligible students by the Program Director during the spring semester. In order to be considered for either of these scholarship awards, the following criteria must be met:
    a. Full-time, returning student in the Athletic Training Education Program
    b. Senior status at time of receipt of award *(i.e., the year following submission of application)*
    c. Minimum AT major GPA of 3.30
    d. Minimum cumulative GPA of 2.70
    e. Member of the National Athletic Trainers' Association, submit member number
    f. Submit "End-of-Rotation" Clinical Evaluation scores for fall semester *(rotation 1 & 2)* and spring semester *(rotation 3)*
    g. Submit essay describing career goals in athletic training (500 words or less)
    h. Submit all materials to the Program Director on or before the advertised deadline.

    Once application materials have been submitted, a committee of ATEP faculty and preceptors evaluate each application and decide on the scholarship award winners for the upcoming academic year.

3. For regional and national scholarship awards given by athletic training professional associations, please visit
    a. For national scholarships: http://www.natafoundation.org/scholarship-program
    b. For regional scholarships: http://www.fwatad8.org/?page_id=586

PROGRAM EVALUATION

The following are ways in which the Athletic Training Education Program is evaluated:

1. The Exercise and Sport Science Department has regular meetings to address issues related to department policies, procedures, and program curriculum.

2. Preceptors at affiliated sites are encouraged to discuss their perceptions of the strengths and weaknesses of the ATEP. These discussions occur during visits by the Clinical Education Coordinator to the site and during the annual preceptor workshop meeting.

3. ATSs are formally evaluated in several ways:
   a. ATS Two-week Evaluations: preceptors complete an evaluation at two-week intervals during each clinical rotation cycle. This instrument evaluates appropriate professional behaviors of ATSs.
   b. ATS End of Rotation Evaluations: preceptors complete an evaluation at the conclusion of each clinical rotation. This instrument evaluates appropriate behaviors of ATSs including: professionalism, leadership, communication, and clinical skills (etc).
   c. Assessment of Competencies (see p. 15-16)
   d. Assessment of Clinical Integration Proficiencies (see p. 17)
   e. GPA requirements (see p. 14)
   f. Variety of academic and clinical assignments

4. The ATEP in the following ways:
   a. Preceptor and Clinical Site Evaluations: ATSs complete an evaluation at the conclusion of each clinical rotation. This instrument evaluates effective behaviors of preceptors including: professionalism, supervision, leadership, communication, clinical skills, and organization.
   b. IDEA Form: This is a campus-wide evaluation tool whereby ATSs are given the opportunity to evaluate academic courses and academic instructors.
   c. Senior Survey: During their final semester in the ATEP, senior ATSs evaluate the program on the areas of coursework, clinical education, administration, professional opportunities, and overall strengths and weaknesses.
   d. BOC Exam Scores: The ATEP receives annual aggregate scores from student performance on the BOC certification examination. This report is used to evaluate effectiveness of ATEP academic courses and clinical experiences.
   e. Assessment of the ATEP by the university: Each year the ATEP is required by the university to evaluate programmatic objectives and outcomes. The results of this evaluation are submitted to the Center for Teaching, Learning, and Assessment (CTLA). In addition, the ATEP undergoes a comprehensive university review every five years via the Program Review process.

5. Preceptor effectiveness is evaluated by the Clinical Education Coordinator in several ways. Effective preceptor behavior may include the following measurement tools:
   a. Preceptor Evaluations: End of rotation evaluations are performed by Level I-III ATSs.

b. Clinical Instructor Effectiveness Instrument^2 (CIEI^2): Live observation tool that can be completed by the Clinical Education Coordinator.
c. Preceptor Self-evaluation Form: Yearly evaluation to established goals and monitor effective clinical behaviors.
d. Visits to the clinical site: performed frequently by the Clinical Education Coordinator

6. Alumni Surveys are sent 6-12 months after graduation. This survey asks graduates of the ATEP to assess their undergraduate experience.

7. Employer Surveys are sent 6-12 months after employment. This survey asks employer to assess the preparation and performance of graduates from the ATEP.

MEDICAL TERMINOLOGY

A - A prefix meaning without, away from, not.

Ab- Prefix meaning from, away from, negative, absent.

Abdomen- The portion of the trunk located between the chest and pelvis.

Abduct- Movement away from the midline of the body.

Abnormal- Contrary to the usual size, location, condition, or system.

Abrasion- A scraping away of the skin as a result of injury.

Abscess- A localized collection of pus in any part of the body.

Acclimatize- To become accustomed to a different environment and climate.

Ace Bandage- An elastic bandage.

Acromio-clavicular joint- A joint in the shoulder girdle between the collar bone (clavicle) and a bony prominence of the shoulder blade (scapula) called the acromion. A severe sprain of this joint is known as a "separated shoulder".

Acute- Having a rapid onset, severe symptoms, and a short course, not chronic.

Ad- A prefix meaning toward

Adduct- Movement toward the midline of the body.

Adipose tissue- Fat tissue

Aerobic exercise- Exercise in which sufficient oxygen is inspired to supply all needed energy. Aerobic exercise is required for sustained periods of hard work and vigorous athletic activities.

Air splint- a plastic, balloon-like device which, when inflated, is used to immobilize injured extremities.

Amnesia- A loss of memory, possibly due to a head injury.

Amputation- Surgical removal of a body part.

Anaerobic exercise- Exercise in which "oxygen debt" occurs since insufficient oxygen is taken in. Limited to short bursts of vigorous activity.

Analgesic- Something which provides pain relief.

Anemia- A condition in which red blood cells of hemoglobin is deficient.

Anesthesia- Partial or complete loss of sensation.

Anterior- Before or in front of.

Antibiotic- A drug used to inhibit the growth of or destroy microorganisms.

Antiseptic- An agent, similar to an antibiotic, which is used to prevent the growth or arrest the development of microorganisms.

Arterial- Pertaining to the arteries, the blood vessels which carry blood from the heart to the tissues.

Arthritis- Inflammation of a joint, usually accompanied by pain, and occasionally by changes in joint structure.

Arthro- A prefix pertaining to joints.

Arthrogram- A special x-ray using dye in the joint.

Arthroscope- A special device which allows the interior of a joint to be inspected.

Articulation- A connection of bones, a joint.

Artificial Respiration- Emergency maintenance of respiratory movements by artificial means.

Aspirate- To remove fluid from a joint.

Athlete's Foot- A fungus infection of the foot.

Atrophy- A wasting away due to injury or disease.

Avulsion- A forcible tearing away of a body part.

Ball and socket joint- Joint in which a rounded bone head fits into a cavity of another bone. Example: shoulder.

Bi- Prefix indicating two, double, twice.

Bilateral- Both sides of the body.

Blister- A collection of fluid beneath the skin as a result of friction or a burn.

Brachial plexus- A group of nerves in the neck which control the sensation and the movement of the arm.

Bursa- A fluid-filled sac-like structure which acts to reduce friction between joint structures (tendons, ligaments, bones).

Calcaneus- The heel bone.

Callous- A hardened layer of skin.

Callus- Healing tissue of a bone fracture.

Capsule- A sleeve-like fibrous covering of a joint.

Cardiologist- A specialist in the treatment of heart disease.

Cardiopulmonary resuscitation- The use of mouth to mouth resuscitation and/or external heart compression to sustain life in an individual who has ceased breathing and/or has heart failure.

Cardiovascular- Pertaining to the heart and blood vessels.

Carpal- Pertaining to the wrist joint or the eight wrist bones.

Cartilage- A type of dense connective tissue which is capable of withstanding considerable pressure or tension.

articular cartilage- cartilage covering the articular surface of bones.

semilunar cartilage- two C-shaped interarticular cartilage's in the knee (menisci)

Central nervous system- The brain, spinal cord, and all their nerves and end-organs.

Cephalic- Referring to the head.

Cerebral- Referring to the brain.

Cervical- Referring to the neck, or the first seven vertebrae.

Chondromalacia patellae- Roughening of the underside of the kneecap.

Chronic- Long, drawn out, of long duration, as opposed to acute.

Circumduction- Movement of an extremity in rotary, cone-shaped manner.

Clavicle- Collar bone.

Coccyx- Tail bone.

Collateral ligaments- ligaments which prevent lateral movements in a joint, Example: the knee and elbow.

Concussion- A partial or complete loss of mental function that may result from a blow or a fall. This may result from a blow or a fall. This may be associated with temporary or prolonged loss of consciousness.

Constriction- The narrowing of a vessel or opening, such as constriction of blood vessels or of the pupil of the eye.

Contra- A prefix meaning opposite or against.

Contract- To shorten, draw together, reduce in size.

Contusion- An injury in which the skin is not broken, a bruise.

Costal- Pertaining to the ribs.

Counterirritant- An agent that is applied locally to produce an inflammatory reaction for the purpose of affecting some other part, usually adjacent to or underlying the surface treated. Examples: Ben-Gay, Atomic Balm.

Cranial- Referring to the head and skull.

Cruciate ligaments- Two ligaments which cross each other inside the knee to prevent anterior-posterior movement.

Cryotherapy- The use of cold in treating injuries.

Cyanosis- Bluing or discoloration due to deficient oxygen supply.

Debridement- The remove of foreign material.

Dehydration- Loss of water which occurs when output of water exceeds water intake.

Dermatologist- A physician who specializes in the treatment of diseases of the skin.

Di- A prefix indication two, double, or twice.

Dilate- To widen or open up.

Disc- A flat round platelike structure found in certain joints, for example, between vertebrae.

Dislocation- The displacement of any part, especially the temporary displacement of a bone from its normal position in a joint.

Disorientation- Inability to estimate direction or location, or to be cognizant of time of persons.

Distal- Farthest from the center, opposite of proximal.

Dorsiflexion- Movement at the ankle where the foot moves up toward the anterior lower leg.

Dorsum- The back or posterior surface of a body.

Dys- Prefix meaning bad, difficult, or painful.

Ecchymosis- Discoloration of the skin caused by the presence of blood in the tissues.

Edema- A local or generalized condition in which the body tissues contain an excessive amount of tissue fluid.

Epidermis- Outer layer of skin.

Epitaxis- Nosebleed.

Ergogenic acid- Any substance that helps increase work output.

Erythema- Reddening of the skin.

Extension- Straightening, opposite of flexion.

Extra- Prefix meaning outside of, in addition to, or beyond.

Femur- The thigh bone, the longest and strongest bone in the body.

Flex- To bend.

Forearm- The portion of the arm between the wrist and the elbow.

Fracture- A broken bone.

Gait- A manner of walking.

Gastric- Pertaining to the stomach.

Genu- Pertaining to the knee.

Genu recurvatum- Hyperextension of the knee.

Genu valgum- Knock knees.

Genu varum- Bow legs.

Glenohumeral- Pertaining to the shoulder joint.

Glenoid- The shoulder socket which the humerus fits into.

Goniometer- A device used to measure joint movements and angles.

Good Samaritan Law- Legal stipulation protecting those who give first aid in an emergency situation.

Groin- The depression between the thigh and trunk.

Gynecologist- A physician who specializes in diseases peculiar to women.

Hallux- The great toe.

Hamstrings- Muscles in the posterior thigh.

Heimlich maneuver- Technique for removing a foreign body which is obstructing an airway.

Hema- Referring to blood.

Hematoma- A swelling or mass of blood (usually clotted) confined to any organ, tissue, or space and caused by a break in a blood vessel.

Hemi- Prefix meaning half.

Hemostasis- The arrest of blood flow from a hemorrhage.

Hemorrhage- Abnormal internal discharge of blood.

Hernia- The protrusion or projection of an organ or part of an organ through the wall of the cavity which normally contains it.

Humerus- Bone in the upper arm between the shoulder and the elbow.

Hydro- Pertaining to water (hydrotherapy- treatment with water).

Hyper- Prefix meaning above, excessive, or beyond.

Hypo- Prefix indicating less than, below, or under.

Iliac- Refers to the ilium, as part of the pelvis.

Immobilization- The making of a part or limb immovable.

Infection- The state or condition in which the body or a part of it is invaded by a pathogenic agent which may produce injurious effects.

Inflammation- Tissue reaction to injury.

Infra- A prefix meaning below, under, beneath, inferior to.

Inter- Prefix meaning in the midst, between.

Intra- Prefix meaning within.

Isokinetic- A form of isokinetic exercise in which maximal tension is developed in the muscle throughout the entire range of motion.

Isometric- Contraction of a muscle in which tension is developed but no movement takes place.

Isotonic- A muscular contraction in which tension is developed while the length of the muscle is decreased.

Itis- A suffix meaning inflammation of.

Kinesiology- The study of muscles and muscular movement.

Kinesis, Kinetic- Having to do with movement.

Kneecap- The patella.

Kyphosis- Exaggerated curvature of the back, "hunchback".

Laceration- A wound or irregular tear of the flesh.

Lateral- Pertaining to the side.

Ligament- A band or sheet of strong fibrous connective tissue connecting the articular ends of bones serving to bend them together and to facilitate or limit motion.

Lordosis- Abnormal anterior lumber curve of the spine.

Lumbar- Refers to the 5 spinal vertebrae between the sacrum and thoracic vertebrae.

Mal- A prefix meaning ill, bad, poor.

Malacia- Abnormal softening of tissues. Example: chondromalacia patellae, softening of the kneecap.

Malingerer- One who pretends to be ill/injured or has a slow recovery in order to arouse sympathy.

Mandible- Upper jaw.

Massage- Manipulation, methodical pressure, friction, and kneading of the body.

Maxilla- Lower jaw.

Medial- Pertains to towards the midline.

Median- Middle, central.

Mega- Prefix meaning great or large.

Meniscus- Crescent shaped interarticular fibrocartilage found in the knee.

Metacarpals- Five bones found in the palms.

Metatarsals- Five bones found in the foot.

Muscle- A type of tissue composed of contractile cells or fibers which effects movement. Characteristics of muscle tissue include its ability to shorten or contract, elasticity, conductivity, and irritability.

My or myo- Prefix referring to muscle.

Navicular- Scaphoid bone found in the wrist which is frequently fractured. A scaphoid bone is also found in the ankle.

Necrosis- Death of areas of tissue or bone surrounded by healthy parts.

Nerve- A bundle or group of bundles of nerve fibers outside the central nervous system which connect the brain and spinal cord with various parts of the body.

Neuro- Prefix relating to a nerve, nervous tissue, or the nervous system.

Numb- Lacking in feeling, insensible.

Ology- Suffix pertaining to the study of, knowledge, or science of.

Oma- Suffix denoting a tumor or swelling.

Ophthalmologist- A physician who specializes in the treatment of eye disorders.

Ortho- Prefix meaning straight, correct, normal, in proper order.

Orthopedics- The branch of medical science that deals with prevention or correction disorders involving locomotor structures of the body, especially the skeleton, joints, muscles and fascia.

Orthotic- A mechanical appliance for orthopedic use.

Osteo- Prefix relating to the bone.

Otorrhea- Discharge of fluid from the ear. May indicate a head injury.

Palpate- To examine by touch, to feel.

Paralysis- Temporary suspension or permanent loss of function.

Paravertebral- Alongside or near the vertebral column.

Paresis- Partial or incomplete paralysis.

Paresthesia- Abnormal sensation without due cause, heightened sensitivity.

Patella- Kneecap.

Pathology- Study of the nature and cause of disease which involves changes in structure and function. Also, a condition produced by disease.

Pelvis- The boy structure formed by the hip bones and sacrum.

Periosteum- Membrane which covers bone.

Pes- Generally refers to the foot.

Pes planus- flat footed.

Pes cavus- high arches.

Phalanges- Bones of the fingers and toes.

Plantarflexion- Movement of the ankle joint in which the foot points down.

Podiatrist- One who treats foot disorders.

Posterior- Toward the rear, as opposed to anterior.

Pre- Prefix indicating before or in front of.

Proximal- Nearest the center of the body, opposite of distal.

Quadriceps- A group of four muscles on the anterior surface of the thigh.

Radiologist- A physician who specializes in diagnosis and treatment using x-rays.

Retrograde amnesia- Loss of memory for events just proceeding am injury.

Rheumatism- A general term for acute and chronic conditions characterized by soreness and stiffness of muscles, and pain in joints and associated structures.

Rhinorrhea- Discharge of spinal fluid from the nose which indicates a severe head injury.

Sacrum- A triangular shaped bone in the vertebral column which forms part of the pelvic girdle.

Scaphoid- Navicular bone in either the wrist or the foot.

Scapula- Shoulder blade.

Scoliosis- An abnormal lateral curvature of the spine.

Spasm- An involuntary sudden movement or convulsive muscular contraction or excessive forcible stretch.

Sprain- A joint injury involving ligaments.

Strain- Trauma to a muscle or tendon due to a violent contraction or excessive forcible stretch.

Sub- Prefix meaning under, beneath, in small quantity.

Superior- Higher than or better than.

Supra- Prefix meaning above.

Synovial membrane- Membrane lining the capsule of a joint.

Synovial fluid- The lubricating fluid of a joint.

Synovitis- Inflammation of a synovial membrane.

Talus- The ankle bone which is found above the calcaneus (heel) and below the lower leg.

Tarsal bones- The seven bones of the ankle.

Tendon- Fibrous connective tissue which serves as the attachment of muscles to bones.

Tendinitis- Inflammation of a tendon.

Thigh- The portion of the leg between the hip and the knee.

Thorax- That part of the body between the base of the neck and the diaphragm.

Tibia- The inner and larger bone in the lower leg.

Transverse- Lying across, crosswise.

Trauma- A physical injury or wound caused by external force or violence.

Ulna- The inner and larger bone of the forearm between the wrist and elbow on the side opposite that of the thumb.

Unconsciousness- State of being insensible or without conscious experiences.

Valgus- Bent outward and away from the midline of the body.

Varus- Turned inward.

Vaso- Prefix referring to blood vessels.

Vein- A blood vessel carrying blood back to the heart.

Vertebrae- Any one of the 33 bony segments of the spinal column.

MEDICAL ABBREVIATIONS

ac	before meals
ad lib	at discretion
am	morning
amb	ambulation
abd.	abduction
act.	active
add.	adduction
A:	assessment
ADL	activities of daily living
AAROM	active assistive range of motion
AMA	against medical advice
AP	anterior-posterior
AROM	active range of motion
ASA	aspirin
ASAP	as soon as possible
bid	twice a day
BP	blood pressure
C	centigrade
CA	cancer
CBC	complete blood count
C1,C2, etc.	first cervical vertebra, second cervical vertebra, etc.
CC	chief complaint
CNS	central nervous system
CO_2	carbon dioxide
CP	cerebral palsy
CPR	cardiopulmonary resuscitation
CSF	cerebral spinal fluid
CV	cardiovascular
CVA	cerebrovascular accident
cal	calories
cm	centimeter
c/o	complains of
cont.	continue
D/C	discontinued
DFM	deep friction massage
DIP	distal interphalangeal joint
DM	diabetes mellitus
DTR	deep tendon reflex
Dx	diagnosis
ECG, EKG	electrocardiogram

EEG	electroencephalogram
EENT	ears, eyes, nose & throat
EMG	electromyogram
ER	external rotation
E.R.	emergency room
ext.	extension
F	fair (muscle strength)
flex.	flexion
ft.	foot, feet [as a measurement]
FHx, FH	family history
FWB	full weight bearing
Fx	fracture
gm	gram
G	good (muscle strength)
GI	gastrointestinal
GYN	gynecology
h, hr.	hour
hs	at bedtime
H & P	history & physical
HA	headache
Hb, Hgb	hemoglobin
HNP	herniated nucleus pulposus
HP	hot pack
HR	heart rate
Ht	hematocrit
Hx	history
IM	intramuscular
IMP, imp.	impression
IK	infrared
IR	internal rotation
IV	intravenous
kg	kilogram
lb.	pound [as measurement]
L, l.	liter
LE	lower extremity
L1,L2, etc.	first lumber vertebra, second lumbar vertebra, etc.
LBP	lower back pain
LOC	level of consciousness
LTG	long term goals

m	meter
mg	milligram
min.	minutes
mo.	month
MED	minimal erythemal dose
Meds.	medications
MFT	muscle function test
MMT	manual muscle test
MP, MCP	metacarpalphalangeal
MS	multiple sclerosis
neg.	negative
noc	night, at night
N	normal (muscle strength)
NPO	nothing by mouth
NWB	non-weight bearing
od	once daily
oz.	ounce
O:	objective
OB	obstetrics
O.P.	outpatient
O.R.	operating room
pc	after meals
per	by/through
p.o.	by mouth
pos.	positive
poss	possible
post-op	after surgery (operation)
pre-op	before surgery (operation)
prn	whenever necessary
pron.	pronation
pt., Pt.	patient
P	poor (muscle strength)
P:	plan
PHx, P.H.	past history
PNF	proprioceptive neuromuscular facilitation
PRE	progressive resistive exercise
PROM	passive range of motion
PT	physical therapy
PVD	peripheral vascular disease
PWB	partial weight bearing
q	every
qd	every day

qh	every hour
qid	four times a day
qn	every night
qt.	quart
re:	regarding
resp	respiration
RA	rheumatoid arthritis
RBC	red blood cell count
R/O	rule out
ROM	range of motion
RROM	resistive range of motion
Rx	treatment, prescription
sec.	seconds [as measurement]
sig	directions for use, “give as follows”
stat.	immediately
sup.	supination
Sx	symptoms
SED	suberythemal dose
SI	sacro-iliac
SLR	straight leg raises
S/P	status post (after)
STG	short term goals
tab	tablet
temp.	temperature
tid	three times daily
t.o.	telephone order
T	trace (muscle strength)
TB	tuberculosis
TENS	Transcutaneous electrical nerve stimulation
TIA	transient ischemic attack
TPR	temperature, pulse & respiration
TWB	total weight bearing
Tx	treatment
Tx.	traction
UA	urine analysis
UE	upper extremity
URI	upper respiratory infection
US	ultrasound
UV	ultraviolet
v.o.	verbal orders
v.s.	vital signs

wk.	week
W/cm^2	watts per square centimeter
WBC	white blood cell count
WNL	within normal limits
y/o	years old
yr.	year
♂	male
♀	female
↓	decrease, down
↑	increase, up
c	with
s	without
x	except
p	after
a	before
~	approximately
@	at
Δ	change
>	greater than
<	less than
=	equals
+, ⊕	positive
–, O	negative
#	number (#1 is number one), pounds (4# is four pounds)
/	per
%	percent
&, et.	and
→	to, progressing forward
1°, 1’	primary
2°, 2’	secondary
:	is, was
∅	no, not
x, X	times
L , Lt.	left
R , Rt.	right

ALLIED HEALTH ORGANIZATIONS

AMERICAN CANCER SOCIETY
1 (800) 227-2345
AMERICAN DIABETES ASSOCIATION
1 (800) 342-2383
AMERICAN HEART ASSOCIATION
1 (800) 242-8721
AMERICAN KIDNEY FUND
1 (800) 638-8299
AMERICAN LUNG ASSOCIATION
1 (800) 586-4872
EATING DISORDERS, BULIMIA/ANOREXIA HOTLINE
1 (800) 277-4785
EPILEPSY FOUNDATION OF LOS ANGELES
1 (800) 564-0445
LOS ANGELES COUNTY DISTRICT ATTORNEY
1 (800) 978-3600 (Domestic Violence Hotline)
NATIONAL COUNCIL ON ALCOHOLISM OF EAST SAN GABRIEL AND POMONA VALLEYS, INC.
1 (626) 331-5316
NATIONAL ATHLETIC TRAINERS' ASSOCIATION
1 (214) 637-6282
NATIONAL BRAIN INJURY INFORMATION CENTER
1 (800) 444-6443
NATIONAL CANCER INSTITUTE (CANCER INFORMATION SERVICE)
1 (800) 4-CANCER
NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN
1 (800) 843-5678
NATIONAL DOMESTIC VIOLENCE HOTLINE
1 (800) 799-7233
NATIONAL HEART, LUNG, BLOOD INSTITUTE
1 (301) 592-8573
NATIONAL SPINAL CORD INJURY ASSOCIATION
1 (800) 962-9629
NATIONAL YOUTH CRISIS HOTLINE
1 (800) 448-4663
POISON CONTROL CENTER
1 (800) 876-4766
NATIONAL SUICIDE PREVENTION CRISIS HOTLINE
1 (800) 784-2433
STD HOTLINE (FROM THE AMERICAN SOCIAL HEALTH ASSOCIATION)
1 (800) 227-8922

ATHLETIC TRAINING WEBSITES

American Academy of Emergency Medicine: www.aaem.org
American Academy of Pediatrics: www.aap.org
American College of Sports Medicine: www.acsm.org
American Dietetic Association: www.eatright.org
American Heart Association: www.americanheart.org
American Journal of Sports Medicine: ajs.sagepub.com/
American Orthopaedic Society for Sports Medicine: www.sportsmed.org/
American Physical Therapy Association: www.apta.org
American Red Cross: www.redcross.org
American Society for Testing and Materials: www.astm.org
Athletic Training & Sports Health Care: www.atshc.com
APU ATEP: www.apu.edu/bas/exercisesport/atep
Board of Certification (BOC): http://www.bocatc.org
California Athletic Trainers' Association: www.cata-usa.org
Commission on Accreditation of Athletic Training Education: http://www.caate.net
Collegiate Sports Medicine Foundation: www.csmfoundation.org
District Eight – Far West Athletic Trainers' Association: http://www.fwata.org/
Gatorade Sports Science Institute: www.gssiweb.com
Health People 2010: http://www.healthypeople.gov/
International Journal of Sports Medicine: http://www.thieme.de/fz/sportsmed/index.html
Journal of Athletic Training: www.nata.org/jat/
NATA Code of Ethics: http://www.nata.org/codeofethics/index.htm
NATA Executive Committee for Education: http://www.nata.org/education/ExecutiveComm4Edu.htm
BOC Standards of Professional Practice:
http://www.bocatc.org/images/stories/multiple_references/standardsprofessionalpractice.pdf
National Athletic Trainers' Associations (NATA): www.nata.org
National Library of Medicine: www.nlm.nih.gov
National Operating Committee on Standards for Athletic Equipment: www.nocsae.org
National Strength and Conditioning Association: www.nsca-lift.org
National Youth Sports Safety Foundation, Inc.:nyssf.org
NCAA Health and Safety: www.NCAA.org
NCAA Injury Data:
http://www.ncaa.org/wps/ncaa?key=/ncaa/ncaa/academics+and+athletes/personal+welfare/iss/report_selectionbyyear
NCAA Medical Policies/Sports Medicine Handbook:
http://www.ncaapublications.com/productdownloads/MD11.pdf
NIH Office of Dietary Supplements: dietary-supplements.info.nih.gov/
Orthopaedic Links: www.staehelin.ch/olinks.html
Physician and SportsMedicine: www.physsportsmed.com
Professional Baseball Athletic Trainers Society: http://www.pbats.com/
Sports Medicine: www.sportsmedicine.com
Sports Medicine Links: www.sportslink.org/
United States Anti-Doping Agency: www.usantidoping.org/
United States Department of Agriculture Food and Nutrition Info Center: www.nal.usda.gov/fnic
Virtual Hospital: www.vh.org
Web MD: www.webmd.com

NATA CODE OF ETHICS

September 28, 2005

PREAMBLE

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:

Members shall respect the rights, welfare and dignity of all.

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care.

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 without a release unless required by law.

PRINCIPLE 2:

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

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.

2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.

2.3 Members shall report illegal or unethical practices related 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 maintain and promote high standards in their provision of services.

3.1 Members shall not misrepresent, 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 through education or experience and which are allowed by their practice acts and other pertinent regulation.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.

3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4:
Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.
4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.
4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

BOC Standards of Professional Practice

Implemented January 1, 2006

Introduction

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

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as "Athletic Trainer" from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

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

I. Practice Standards

Preamble

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

The Standards are intended to:

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

The Standards are NOT intended to:

- prescribe services
- provide step-by-step procedures
- ensure specific patient outcomes

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

Standard 1: Direction
The Athletic Trainer renders service or treatment under the direction of a physician.

Standard 2: Prevention
The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

Standard 3: Immediate Care
The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

Standard 4: Clinical Evaluation and Diagnosis
Prior to treatment, the Athletic Trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

Standard 5: Treatment, Rehabilitation and Reconditioning
In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

Standard 6: Program Discontinuation
The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient's status.

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

II. Code of Professional Responsibility

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

Code 1: Patient Responsibility
The Athletic Trainer or applicant:

1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
1.2 Protects the patient from harm, acts always in the patient's best interests and is an advocate for the patient's welfare
1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice
1.4 Maintains the confidentiality of patient information in accordance with applicable law
1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress
1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain
1.7 Exercises reasonable care, skill and judgment in all professional work

Code 2: Competency
The Athletic Trainer or applicant:
2.1 Engages in lifelong, professional and continuing educational activities
2.2 Participates in continuous quality improvement activities
2.3 Complies with the most current BOC recertification policies and requirements

Code 3: Professional Responsibility
The Athletic Trainer or applicant:
3.1 Practices in accordance with the most current BOC Practice Standards
3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care
3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care
3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education
3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education
3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful
3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials
3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public
3.10 Complies with all confidentiality and disclosure requirements of the BOC
3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of

nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education;, this includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity

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

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

Code 4: Research

The Athletic Trainer or applicant who engages in research:

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

4.2 Protects the rights and well being of research subjects

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

Code 5: Social Responsibility

The Athletic Trainer or applicant:

5.1 Uses professional skills and knowledge to positively impact the community

Code 6: Business Practices

The Athletic Trainer or applicant:

6.1 Refrains from deceptive or fraudulent business practices

6.2 Maintains adequate and customary professional liability insurance

CLINICAL EDUCATION SITES AND PRECEPTORS
2013-2014

Site	Preceptor	Rotation/Category
<u>Clinic/Rehabilitative Services</u>		
Athletic Rehabilitation Center (West Covina)	Sean Callahan	
Casa Colina (Pomona)	Sean Gateley	
E.T. Physical Therapy (San Dimas)	Magdy Sarieldin	
Fortanasce (Arcadia)	Sam Orefice	
Peachwood Physical Therapy (Glendora)	Patricia Apodaca Frank Lovell	
<u>College/University/Professional</u>		
Azusa Pacific University	April Reed Curtis Zeilenga Ben Fuller Hollie Tirrell Lauren Briley Erin Abbate Mark Erickson	w soccer, softball football, track/field cross-country, basketball m soccer, baseball volleyball acrobatics & tumbling football, track/field
Whittier College	Taryn Arvold	m lacrosse
<u>High School/Community College</u>		
Chaffey College	Elias Levanway	all
Damien High School	Jessica Brown	all (ice hockey)
Maranatha High School	Tony Pena	all
Mt San Antonio College	Bill Ito Andy Paulin	soccer, track/field football
Pasadena City College	Patty Gallego Bellali	soccer, basketball, etc.
South Hills High School	Darrick Linenberger	all
Walnut High School	Nelson Chen	all

****all HS, CC, College, and University sites provide general medical experiences via the pre-participation physical examination process during Rotation 1****