

Skyline College Sports Medicine

PE212 Prevention and Care of Athletic Injuries Lab

Clinical Education Competencies

PE212 Prevention and Care of Athletic Injuries Lab class requires a series of clinical experiences consisting of competencies and proficiencies. Competencies and proficiencies will be obtained through a number of experiences in the classroom, lab, and clinical/internship setting. To complete the laboratory class, each student will need to have each competency checked off. Certified Athletic Trainers are the *only* individuals who can check off competence in each skill. Skill check off will include practice in labs, demonstration of competence and either an experience in the field or a scenario. Students are responsible to spend time outside the classroom and internship to ensure skill competence.

Students may advance through the manual at their own rate. Successful practice and then competence of each task must be demonstrated prior to skill performance. Demonstration of skill performance should coincide with course completion. Students must complete the required (labeled *REQUIRED*) skills in each section.

DEFINITIONS:

Practice: Skill taught in class or lab and practiced either 1-on-1 with an ACI or peer, or in small peer groups.

Competency: Student demonstration of skill proficiency in an oral practical setting. This may occur in class, lab or internship classroom with an ATC.

Field/Scenario Competency: Demonstration of skill proficiency in a field setting or during internship classroom through a scenario oral practical with an ACI only.

Required: Proficiencies labeled required must be complete during the class in order to receive a grade and progress to the next course.

NR: Proficiencies labeled NR required completion by the end of all sports medicine course work in order to receive signature for the NATABOC national certification examination. We strongly recommend student complete these during the specified internship course but it is not required to receive a grade and progress to the next course.

Student's Name _____

Program Entry Date _____

Program Completion _____

Head ATC (ACI)	<u>Jo Silken, ATC</u>	_____	_____
	Print Name	Signature	Date

Assistant ATC	_____	_____	_____
	Print Name	Signature	Date

ACI	_____	_____	_____
	Print Name	Signature	Date

ACI	_____	_____	_____
	Print Name	Signature	Date

ACI	_____	_____	_____
	Print Name	Signature	Date

ACI	_____	_____	_____
	Print Name	Signature	Date

ACI	_____	_____	_____
	Print Name	Signature	Date

ACI	_____	_____	_____
	Print Name	Signature	Date

ACI	_____	_____	_____
	Print Name	Signature	Date

ACI	_____	_____	_____
	Print Name	Signature	Date

PE212: Prevention and Care of Athletic Injuries Lab

Competency Check Sheet

All skills must be viewed, dated and initialed. Peers can “check off” Practice, an ACI must check off Competency.

Separate sheets are provided for evaluation skills of head injuries. Each evaluation should be completed for practice and competency. You must have an 80% on the competency.

Competency	Practice	<i>REQUIRED</i> Competence	Field/Scenario
TAPING & WRAPPING			
♦ Longitudinal Arch	_____	_____	_____
♦ Great Toe	_____	_____	_____
- Valgus support	_____	_____	_____
- Varus support	_____	_____	_____
- Hyperextension/flexion	_____	_____	_____
♦ Ankle Taping	_____	_____	_____
- Basketweave	_____	_____	_____
- Openasketweave	_____	_____	_____
- Basic preventative –inversion	_____	_____	_____
- Basic preventative – eversion	_____	_____	_____
- Post-injury wrap with horseshoes	_____	_____	_____
- Achilles	_____	_____	_____
♦ MTSS	_____	_____	_____
- Circumferential taping	_____	_____	_____
♦ Quadriceps/Hamstring wrapping	_____	_____	_____
♦ Adductor/Abductor wrapping	_____	_____	_____
♦ Hip flexor/extensor wrapping	_____	_____	_____
♦ Thigh (Hamstring/Quadriceps) padding	_____	_____	_____
♦ Knee	_____	_____	_____
- Valgus support (MCL)	_____	_____	_____
- Varus support (LCL)	_____	_____	_____
- Hyperextension	_____	_____	_____
♦ Thumb support	_____	_____	_____
- Hyperextension	_____	_____	_____
- Abduction	_____	_____	_____
- Combination	_____	_____	_____
- Check ring check-rein?	_____	_____	_____
♦ Thumb	_____	_____	_____
- Bracing	_____	_____	_____
- Padding	_____	_____	_____
♦ Fingers	_____	_____	_____
- Buddy taping	_____	_____	_____

- Flex/ext	_____	_____	_____
- Splinting	_____	_____	_____
♦ Forearm splints	_____	_____	_____
♦ Elbow Taping			
- Hyperextension	_____	_____	_____
- Varus/valgus	_____	_____	_____
- Hyperflexion	_____	_____	_____
♦ Elbow			
- Wrapping	_____	_____	_____
- Bracing	_____	_____	_____
- Padding	_____	_____	_____
♦ Wrist Taping			
- Ulnar/radial deviation	_____	_____	_____
- Flexion/extension	_____	_____	_____
- Wrist/hand combination	_____	_____	_____
♦ Wrist:			
- Wrapping	_____	_____	_____
- Bracing	_____	_____	_____
- Padding	_____	_____	_____
♦ Hand			
- Taping	_____	_____	_____
- Wrapping	_____	_____	_____
- Bracing	_____	_____	_____
- Padding	_____	_____	_____
♦ Shoulder:			
- Glenohumeral Spica (wrapping)	_____	_____	_____
- Acromioclavicular (wrap /pad)	_____	_____	_____
♦ Lumbar support - Bracing	_____	_____	_____
♦ Cervical support	_____	_____	_____
♦ Rib padding/support	_____	_____	_____

REQUIRED

NR

PADDING

♦ Friction pad	_____	_____	_____
♦ Bony prominence	_____	_____	_____
♦ Muscle contusion	_____	_____	_____
♦ Checkrein device	_____	_____	_____
♦ Hard immobilization splint	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	REQUIRED		
RISK MANAGEMENT			
♦ Use and interpret weight charts	_____	_____	_____
ENVIRONMENTAL CONDITIONS			
♦ Assess these conditions and make participation recommendations	_____	_____	_____
♦ Heat/Cold Temperature	_____	_____	_____
♦ Lightning	_____	_____	_____
♦ Wind	_____	_____	_____
♦ Humidity	_____	_____	_____
	REQUIRED		NR
EMERGENCY ASSESSMENT			
♦ Emergency Plan understanding			
- Demonstration of proper preparation	_____	_____	_____
- Knowledge of procedures	_____	_____	_____
- Proper blood borne pathogen disease prevention and disposal	_____	_____	_____
♦ CPR certification (optional)	_____	_____	_____
♦ First Aid Certification			
- Airway management	_____	_____	_____
- Patient assessment	_____	_____	_____
- Hemorrhage control	_____	_____	_____
♦ Vital signs			
- Pulse	_____	_____	_____
- Consciousness (scale used)	_____	_____	_____
♦ Shock	_____	_____	_____
♦ Respirations: Identify the following breathing patterns and signs and symptoms			
- Apnea	_____	_____	_____
- Tachypnea	_____	_____	_____
- Dyspnea	_____	_____	_____
- Braypnea	_____	_____	_____
- Hyperventilation	_____	_____	_____
- Obstructed Airway	_____	_____	_____
♦ Diabetic Emergencies	_____	_____	_____
♦ Fracture			
- Proper “packaging” for transportation	_____	_____	_____
♦ Dislocation			
- Proper “packaging” for transportation	_____	_____	_____
♦ Spinal Cord Injury			
- Proper spine board techniques	_____	_____	_____
- Proper stretcher & sport chair use	_____	_____	_____
- Proper stabilization techniques	_____	_____	_____
♦ Splint			
- Vacuum splint	_____	_____	_____
- Moldable splint (Sam splint)	_____	_____	_____

	<i>REQUIRED</i>		<i>NR</i>
EMERGENCY ASSESSMENT/TREATMENT			
♦ Check surroundings for physical and/or environmental hazards	_____	_____	_____
♦ Triage	_____	_____	_____
♦ Heart Rate	_____	_____	_____
♦ Respirations	_____	_____	_____
♦ Blood Pressure	_____	_____	_____
♦ Temperature			
- Oral	_____	_____	_____
- Axillary	_____	_____	_____
- Tympanic	_____	_____	_____
♦ Skin			
- Circulation	_____	_____	_____
- Color	_____	_____	_____
- Feel	_____	_____	_____
♦ Open Wound Management			
- Open & Closed wound	_____	_____	_____
- Control Bleeding	_____	_____	_____
- Clean and debride	_____	_____	_____
- Apply superficial skin closures	_____	_____	_____
- Apply and remove gloves and other protective equipment	_____	_____	_____
- Properly dispose of biohazardous waste	_____	_____	_____
- Apply appropriate dressings	_____	_____	_____
♦ Heat Illnesses – Evaluate and Manage the following			
- Heat exhaustion	_____	_____	_____
- Heat stroke	_____	_____	_____
- Heat Syncope	_____	_____	_____
- Hypothermia	_____	_____	_____
♦ Transportation - Transport injured individual using			
- Spine board	_____	_____	_____
- Sport chair	_____	_____	_____
- Manual technique	_____	_____	_____

REQUIRED**PHYSICAL EVALUATION**

- ♦ Snellen Chart
- ♦ Height
- ♦ Weight
- ♦ Skin (blemishes, rashes, moles, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EQUIPMENT, PADDING & BRACING

- ♦ Crutch Fitting
 - Instruct patient on use of crutches
- ♦ Cane Fitting
 - Instruct patient on use of cane

_____	_____	_____
_____	_____	_____

GENERAL MEDICINE

- ♦ Teach personal hygiene and health to athletes
- ♦ Infectious disease transmission and prevention

_____	_____	_____
_____	_____	_____

PE212 Practical Examination: Your practical examination must be submitted to your portfolio.

Date & Initial

Case Study: One case study on a Lower Extremity injury of your choice must be completed according to the green sheet and placed in your portfolio. Each case study must include:

- Introduction of injury
- Relevant anatomy
- Signs and symptoms of injury
- Evaluation of injury
- Treatment of injury
- Surgery (if applicable)
- Standard Rehabilitation (if applicable)
- Summary

Date & Initial

PE212: Prevention and Care of Athletic Injuries Lab

UNCONSCIOUS ATHLETE

All skills must be viewed, dated and initialed. Peers can “check off Practice, an ACI must check off Competency and Field/Scenario.

Competency	REQUIRED		NR
	Practice	Competence	Field/Scenario
Summon Help - activate emergency protocol	_____	_____	_____
History			
What was the mechanism of injury?	_____	_____	_____
How long was the person unconscious (time)?	_____	_____	_____
Has the patient had previous CNS injuries or a history of CNS difficulty?	_____	_____	_____
Suspected Cervical Injury:			
· Immobilize head	_____	_____	_____
· Check breathing/airway	_____	_____	_____
- Begin rescue breathing if necessary	_____	_____	_____
· Arouse victim verbally	_____	_____	_____
· Check circulation	_____	_____	_____
- Begin CPR if necessary	_____	_____	_____
· Transport to hospital	_____	_____	_____
Neurological check			
· Vital signs			
- Pulse (base line)	_____	_____	_____
- Respiration's (base line)	_____	_____	_____
· Will awaken to			
- Name	_____	_____	_____
- Shaking	_____	_____	_____
- Light pain (pinch)	_____	_____	_____
- Strong pain -(sternal rub)	_____	_____	_____
· Pupils			
- Size on right/left	_____	_____	_____
- PEARL	_____	_____	_____
· Nonverbal reaction to pain (pinch, rub,etc)			
- Appropriate	_____	_____	_____
- Inappropriate	_____	_____	_____
- None	_____	_____	_____
· Posturing - Decerebrate/Decorticate	_____	_____	_____

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FIELD DECISIONS

CONSCIOUS ATHLETE REMOVED TO TRAINING ROOM

All skills must be viewed, dated, and initialed. Peers can “check off” Practice, an ACI must check off Competency and Field/Scenario.

Competency	<i>REQUIRED</i>		<i>NR</i>
	Practice	Competence	Field/Scenario
<i>History</i>			
What was the mechanism of injury	_____	_____	_____
How long was the person unconscious (note time)?	_____	_____	_____
Has the patient had previous CNS injuries or a history of CNS difficulty?	_____	_____	_____
<i>Baseline Information:</i>			
· Monitor vital signs			
- Increasing pulse, decreasing BP (shock)	_____	_____	_____
- Decreasing pulse, increasing BP	_____	_____	_____
- (intercranial pressure)	_____	_____	_____
· Respirations	_____	_____	_____
· Tinnitus	_____	_____	_____
· Cervical spine injury?	_____	_____	_____
· Respirations (12/15 min)	_____	_____	_____
· Pupil size and reaction to light	_____	_____	_____
· Dizziness or vertigo	_____	_____	_____
· Note facial expression (dazed, blank, etc.)	_____	_____	_____
· Headache	_____	_____	_____
· Orientation (time, place, person, self)	_____	_____	_____
· Nystagmus	_____	_____	_____
· Pain anywhere else	_____	_____	_____
· Memory Check (remember 5 word, count backwards etc.	_____	_____	_____

	REQUIRED		NR
Cranial Nerves:			
1. Olfactory – (close eyes and identify from individual nostril)	_____	_____	_____
2. Optic (visual acuity)	_____	_____	_____
3. Oculomotor (constriction of pupil, opening lid)	_____	_____	_____
4. Trochlear (ocular movement)	_____	_____	_____
6.. Abducens (ocular movement)	_____	_____	_____
5.. Trigeminal – (clench teeth, palpate masseters, facial sensation sharp vs dull)	_____	_____	_____
7. Facial – (raise eyebrows, close eyes tightly, show teeth, frown, smiled, puff out cheeks)	_____	_____	_____
8. Acoustic/Vestibulocochlear – (test unilateral hearing and balance)	_____	_____	_____
9. Glossopharangeal – (say “ah” watch for coordinated “curtain movement” of pharynx and upward movement of uvula)	_____	_____	_____
10. Vagus	_____	_____	_____
11. Spinal accessory – (upper trapezius, sternomastoid- resisted shoulder, shrug, turn head against resistance)	_____	_____	_____
12. Hypoglossal – (stick out tongue, look for asymmetry, deviation or atrophy)	_____	_____	_____
Palpation:			
· Mastoid processes	_____	_____	_____
· Cervical spinous processes	_____	_____	_____
· Supraspinous ligaments	_____	_____	_____
· Sternomastoids (O to I)	_____	_____	_____
· Trapezius (O to I) – upper/middle/lower fibers	_____	_____	_____
· Compare bilaterally	_____	_____	_____
Range of CERVICAL Motion:			
· Flexion	_____	_____	_____
· Extension	_____	_____	_____
· Lateral flexion	_____	_____	_____
· Rotation	_____	_____	_____
· Compare bilaterally	_____	_____	_____
Muscle Testing Cervical:			
· Flexion	_____	_____	_____
· Extension	_____	_____	_____
· Lateral flexion	_____	_____	_____
· Rotation	_____	_____	_____
· Compare bilaterally	_____	_____	_____
Neurological Evaluation:			
· Shoulder abduction C5	_____	_____	_____
· Biceps curl / wrist extension C6	_____	_____	_____
· Triceps extension / wrist flexion C7	_____	_____	_____
· Finger flexors (Grip) C8	_____	_____	_____

· Abd/Add fingers T1	_____	_____	_____
· Myotomes C5-T1	_____	_____	_____
<i>Circulatory:</i>			
<i>Done previously by taking pulse</i>	_____	_____	_____
	REQUIRED		NR
<i>Immediate First Aid:</i>			
· Ice	_____	_____	_____
· Support	_____	_____	_____
· Rest	_____	_____	_____
· Referral	_____	_____	_____
<i>Functional Tests:</i>			
· Full ROM	_____	_____	_____
· Full strength	_____	_____	_____
· Normal Neurological function (sensory/motor)	_____	_____	_____
· Movements specific to sport/position – functional testing	_____	_____	_____
· All motions pain-free	_____	_____	_____
· Movements are fluid without an appearance of hesitation	_____	_____	_____

You must have an 80% on the competency and field scenario to pass.

Competency	_____	_____
	%	Date and Initial
Field/Scenario	_____	_____
	%	Date and Initial