PLNU forward

Department of Kinesiology
ATR390: Clinical Practicum 1
Course Credit Hour(s): 3 Units

Fall 2017

Meeting days: Friday	**Instructor title and name:** Kelson Wann, MS, ATC Ryan Nokes, MA, ATC Susan Ganz, PhD, ATC
Meeting times: 8:00 am – 9:25 am	**Phone:** Kelson: 707-527-2887 Ryan: 559-901-7021 Suz: 619-701-2567
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Additional info: N/A	**Office location and hours:** By Appointment Only
Final Exam: TBA	**Additional info:** N/A

PLNU Mission

To Teach ~ To Shape ~ To Send

Point Loma Nazarene University exists to provide higher education in a vital Christian community where minds are engaged and challenged, character is modeled and formed, and service becomes an expression of faith. Being of Wesleyan heritage, we aspire to be a learning community where grace is foundational, truth is pursued, and holiness is a way of life.

COURSE DESCRIPTION

This course aims to provide you with an in-depth study and eventual mastery of the knowledge and skills you will need as a health professional in the specific area of the head, spine, upper extremity, and therapeutic exercise. This course is designed to continue to build upon the practical and clinical skill set that our students will need to continue to treat, evaluate, and manage athletic injuries in the clinical setting. In the process, you will develop an emerging mastery of the Educational Competencies of the NATA's Education Council.

COURSE LEARNING OUTCOMES

1. Students will perform at an "autonomous" level on proficiency testing as evaluated by their clinical preceptor.
2. Students will receive an 85% of better during evaluations with preceptors in areas of personal performance, education competence, psychomotor skill and clinical proficiency.
3. Students will be able to perform assessment/diagnostic techniques for as basic neurological exam, including: cranial nerves, spinal nerves, and peripheral nerves using dermatomes, myotomes, and reflex testing.
4. Students will be able to create, manage and implement therapeutic exercise and return to play protocols based on the specific needs of the patients for the lower and upper extremity.
5. Students will be able to observe and identify the clinical s/s associated with common injuries, illnesses and predisposing conditions associated with the human body.
6. Students will be able to utilize injury-tracing software and interpret the results for their assigned sport in a written assignment.

COURSE CREDIT HOUR INFORMATION

In the interest of providing sufficient time to accomplish the stated Course Learning Outcomes, this class meets the PLNU credit hour policy for a 3-unit class delivered over 15 weeks. Specific details about how the class meets the credit hour requirement can be provided upon request.

REQUIRED TEXTS AND RECOMMENDED STUDY RESOURCES

This course is a hands-on experience that will require the students to use a wide base of resources for gathering needed information. The student should possess their personal library of textbooks that will assist them in completing the course objectives.

ATTENDANCE AND PARTICIPATION

Regular and punctual attendance at all classes is considered essential to optimum academic achievement. If the student is absent from more than 10 percent of class meetings, the faculty member has the option of filing a written report which may result in de-enrollment. If the absences exceed 20 percent, the student may be de-enrolled without notice. If the date of de-enrollment is past the last date to withdraw from a class, the student will be assigned a grade of W or WF consistent with university policy in the grading section of the catalog. See Academic Policies in the (undergrad/graduate as appropriate) academic catalog.

ACADEMIC HONESTY

Students should demonstrate academic honesty by doing original work and by giving appropriate credit to the ideas of others. As explained in the university catalog, academic dishonesty is the act of presenting information, ideas, and/or concepts as one's own when in reality they are the results of another person's creativity and effort. Violations of university academic honesty include cheating, plagiarism, falsification, aiding the academic dishonesty of others, or malicious misuse of university resources. A faculty member who believes a situation involving academic dishonesty has been detected may assign a failing grade for a) that particular assignment or examination, and/or b) the

course following the procedure in the university catalog. Students may appeal also using the procedure in the university catalog. See Academic Policies for further information.

ACADEMIC ACCOMMODATIONS

While all students are expected to meet the minimum academic standards for completion of this course as established by the instructor, students with disabilities may request academic accommodations. At Point Loma Nazarene University, students must request that academic accommodations by filing documentation with the Disability Resource Center (DRC), located in the Bond Academic Center. Once the student files documentation, the Disability Resource Center will contact the student's instructors and provide written recommendations for reasonable and appropriate accommodations to meet the individual needs of the student. See Academic Policies in the (undergrad/graduate as appropriate) academic catalog.

FERPA POLICY

In compliance with federal law, neither PLNU student ID nor social security number should be used in publicly posted grades or returned sets of assignments without student written permission. This class will meet the federal requirements by (Note: each faculty member should choose one strategy to use: distributing all grades and papers individually; requesting and filing written student permission; or assigning each student a unique class ID number not identifiable on the alphabetic roster.). Also in compliance with FERPA, you will be the only person given information about your progress in this class unless you have designated others to receive it in the "Information Release" section of the student portal. See Policy Statements in the (undergrad/ graduate as appropriate) academic catalog.

COPYRIGHT POLICY

Point Loma Nazarene University, as a non-profit educational institution, is entitled by law to use materials protected by the US Copyright Act for classroom education. Any use of those materials outside the class may violate the law.

FINAL EXAMINATION POLICY

Successful completion of this class requires taking the final examination **on its scheduled day**. The final examination schedule is posted on the Class Schedules site. No requests for early examinations or alternative days will be approved.

COURSE REQUIREMENTS

ACTIVE LEARNING AND EVIDENCE BASED MEDICINE

Active Learning

Your active participation in this class will be required. You will be responsible for your own learning by reviewing course material before and after class. The instructors will guide in this process. However, learning will ultimately be your responsibility. Become intrinsically motivated to improve yourself and your understand of the upper extremity and therapeutic exercise.

Keys to Success:

EFFORT (work hard)

APPROACH (work smart)

ATTITUDE (think positively)

Evidence Based Medicine

Evidence based medicine (EBM) is the integration of clinical relevant research, clinical skills and experience, and patient preferences and values (Sackett et al., 2000). The increased awareness and focus on the practice of EBM comes for our daily need for valid information about diagnosis, prognosis, therapy, and prevention. The EBM portion of this course is designed so students can explore various therapeutic exercises commonly used in the athletic training setting and determine what evidence is available to support their current uses.

COURSE ASSIGNMENTS

1. **Course Rotation and Attendance During Clinical Shifts (100 pts)**
   The continuity of the student's learning and adequate care of the athlete is dependent, in large measure, on the clinical performance of the athletic training student. This is a great opportunity to work hands on with collegiate athletes (under the supervision of a Certified Athletic Trainer) as well as refining and learning new skills while working in the PLNU Athletic Training Clinic. An eager, cheerful, cooperative attitude and an expectancy to contribute to the health care of athletes are vital. Students will be evaluated on clinical preparation and performance at mid semester and the end of semester.

   To ensure that we are all on the same page, the following standards have been set for the clinical component and experience:

   Students will be scheduled for no more than 3 clinical/competition shifts per week that cannot exceed a total of 20 hours. If the student recognizes that they are scheduled for more than these limits, it is the student's responsibility to notify Dr. Ganz at sganz@pointloma.edu.

   During clinical shifts, students are expected to:
   1. Be dressed professionally.
   2. Be on time.
   3. Be fully engaged during the entire shift.
   4. Work closely with the PLNU Athletic Training staff in the evaluation and treatment of athletic injuries.
   5. Collaborate with assigned preceptor for game coverage and game day set up.
   6. Communicate shift changes with Dr. Ganz and their assigned preceptor in a timely fashion.
   7. Be prepared to present patients in at least one doctors clinic during the semester.

2. **Clinical Proficiency Testing (5x50 pts)**
    - Students will be assessed on the educational competencies and clinical proficiencies in course assignments and/or in one-on-one sessions with Professor Nokes and Dr. Ganz.
    - In addition, the student will continually demonstrate ongoing mastery of the clinical proficiencies during clinical hours. Course proficiencies can be evaluated and signed off by a supervising clinical preceptor if the proficiency was completed on a real patient. Simulation evaluations cannot be signed off by clinical preceptors.
    - Students will be considered autonomous once they have performed the proficiency on a live patient (1st preference) or a scenario based preference (2nd preference) and have demonstrated that they can perform a systematic evaluation using the process of differential diagnoses to determine the patient's pathology.
    - Proficiency deadlines will be given with the number of autonomous proficiencies required to achieve a passing grade.
    - For real life patients, please try to have the ATC for that sport sign off on your proficiency.
    - If it is a scenario, you will need to complete with Professor Nokes or Dr. Ganz. Weekly office hours will be posted for you to sign up. No more than 2 scenarios may be performed on a single preceptor in a week.

3. **Individual Meetings with Assigned Preceptor**
    Junior level ATP students will regularly meet with their assigned preceptor to discuss their clinical experience, academic goals, and their life. Please find a schedule/time that works best for you and your clinical preceptor.

4. **Journaling (3x25 pts each)**
    The journal is an opportunity to chronical and present your achievements and experiences realized during the term. The journal has two components: 1) log of your clinical hours, and 2) a personal assessment of how you are doing so far and what has been going on in your clinical/personal life.

    Journals will be turned in every 5 weeks, and long with an overall summary. The summary should include:
    1. Highlights/provocative events and cases.
    2. Significant areas of professional and personal growth during the clinical experience.
    3. Plans for professional/personal growth.
    4. Plans for post-graduation.

5. **Student Goals/Self Evaluation (2x50 pts each)**
    The importance of setting and realizing goals cannot be overstated as you progress through this clinical practicum. You will begin the semester by completing a self-assessment and defining three goals that you wish to attain this semester. The self-assessment and goal list will be sent to your clinical preceptor so they can help you accomplish those goals.

As you set your goals for the semester, please remember the following: be SMART.
S = Specific
M = Measurable
A = Achievable
R = Realistic
T = Time-oriented

At the end of the semester, you will write a brief reflection on how you feel you have progressed towards your goals. Discuss your strengths and weaknesses in both the clinic and the classroom. In addition, discuss areas you hope to improve on for the next semester.

6. **Clinical Rounds – A Case Study Approach (100 pts)**
   Pick one injury that you presented in doctor's clinic that you thought was the most complex or interesting. Create a 5-minute presentation utilizing PowerPoint and other visual aides (if necessary). The presentation should give an overview of the injury, what was done by the doctor, and the future course of treatment. In addition, you must find at least two relevant articles that describe/discuss the injury. Explain how the information found in those articles can be related to the current case.

7. **Neurologic Exam Pocket Card (25 pts)**
   Students will be asked to create a neurological exam pocket card that they can utilize in the athletic training clinic. The pocket card must contain cranial nerves, upper quarter screen, and lower quarter screen. The use of pictures and color is required. Further instructions will be given in class.

8. **Special Topics in Athletic Training (5x10 pts each)**
   You will be required to complete online assignments on special topics in Athletic Training throughout the semester. These assignments are specifically designed to address additional information that is not covered during our weekly class meetings. Special topics include: blood borne pathogens, psychological factors, environmental conditions, head/face evaluation, and abdominal/thorax evaluation.

   A screencast or PowerPoint with additional material will be posted on Canvas. The student must review the material and complete a comprehensive quiz. Further instructions will be given in class.

9. **Injury Tracking Assignment (100 pts)**
   Students will review injuries received over the semester of their assigned sport team. They will then write a summary about the type and severity of injuries sustained over the semester. They should discuss injury trends and statistics and make recommendations on ways to decrease common injuries the following season. The summary should be at least 2 pages and include at least one reference from a peer-reviewed journal. Charts, graphs and pictures are highly recommended.

10. **Return to Play Testing: An Evidence Based Approach (200 pts)**
    Students will work in groups of three and four to create a return to play testing protocol on a patient/injury of their choosing. The patient must be an athlete from PLNU that has undergone rehab on a significant injury (current athlete is ideal). Examples of injuries include: ACL reconstruction, labral surgeries, bankart repair, etc. In addition to the return to play protocol, each group must use at least one objective patient reported outcome to assist in their return to play decision, and demonstrate 6 sport-specific rehabilitation exercises for that patient. Students will present their return to play testing protocol to the rest of the class at the end of the semester. Further instructions will be given in class.

ASSESSMENT AND GRADING

All assignments are to be submitted/turned in by 11:59pm on the Friday of the assigned week when they are due—including assignments posted in Canvas. Some assignments may be due at the start of the class session. Specific due dates and times will be listed in Canvas.

Grading Scale

A = 93-100	C = 73-76
A- = 92-90	C- = 70-72
B+ = 87-89	D+ = 67-69
B = 83-86	D = 63-66
B- = 80-82	D- = 60-62
C+ = 77-79	F = 0-59

COURSE ASSIGNMENT WEIGHTING

Practicum Attendance and Participation	50 points
Clinical Attendance and Participation	50 points
Proficiency Deadline (4x50)	200 points
Proficiencies (Pass or Fail Grade)	50 points
Journals (3x25)	75 points
Student Goals/Self Evaluation (2x50)	100 points
Clinical Rounds	100 points
Neurologic Exam	25 points
Special Topics	50 points
Injury Tracking Summary	100 points
Return to Play Project	200 points
Total	1000 points

***Points are subject to modification

TENTATIVE COURSE OUTLINE

DATE	DESCRIPTION	DUE
Week 1: September 1st	Course Introduction Systematic Approach to Evaluations	
Week 2: September 8th	Introduction to FMS and Corrective Exercises	Student Goals/Self-Evaluation
Week 3: September 15th	Lower Extremity Functional Testing	Proficiency Deadline 1 (3 autonomous)
Week 4: September 22nd	Upper Extremity Functional Testing	Blood Borne Pathogens Quiz Due
Week 5: September 29th	CPR Recertification – Dr. Cosby	Journal 1
Week 6: October 6th	Evidence-Based Approach to Spine Evaluation and Treatment	Proficiency Deadline 2 (10 autonomous) Abdomen/Thorax Quiz Due
Week 7 October 13th	**(Mid Semester Meetings)** Introduction to PNF	Environmental Conditions Quiz Due
Week 8: October 20th	**FALL BREAK**	
Week 9: October 27th	Introduction to Joint Mobilizations	Proficiency Deadline 3 (18 autonomous)
Week 10: November 3rd	Evidence-Based Approach to Shoulder and Upper Extremity Evaluation and Treatment	Journal 2 Head/Face Quiz Due
Week 11: November 10th	Functional Warm-up/Exercise Progression	Neurologic Exam Pocket Card Due
Week 12: November 17th	Functional Warm-up/Exercise Progression Lab	Proficiency Deadline 4 (24 autonomous)
Week 13: November 24th	**THANKSGIVING BREAK**	
Week 14: December 1st	Group Project Presentation 1	Psychological Quiz Due
Week 15: December 8th	**(End of Semester Meetings)** Group Project Presentation 2	Final Proficiency Deadline: All Proficiencies Autonomous Journal 3 End of Semester Goals/Self-Evaluation Injury Tracking Assignment
Week 6: December 11th-15th	FINALS WEEK	

Code	Competency/Proficiency
RM-C1	Explain the risk factors associated with physical activity.
RM-C7	Explain the importance for all personnel to maintain current certification in CPR, automated external defibrillator (AED), and first aid.
RM-C8	Explain the principles of effective heat loss and heat illness prevention programs. Principles include, but are not limited to, knowledge of the body's thermoregulatory mechanisms, acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss.
RM-C10	Interpret data obtained from a wet bulb globe temperature (WGBT) or other similar device that measures heat and humidity to determine the scheduling, type, and duration of activity.
RM-C13	Identify and explain the various types of flexibility, strength training, and cardiovascular conditioning programs. This should include the expected effects (the body's anatomical and physiological adaptation), safety precautions, hazards, and contraindications of each.
RM-C17	Explain the principles and concepts related to prophylactic taping, wrapping, bracing, and protective pad fabrication
RM-C18	Explain the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints. This includes, but is not limited to, evaluating or identifying the need, selecting the appropriate manufacturing material, manufacturing the orthosis or splint, and fitting the orthosis or splint.
RM-C20	Recognize the clinical signs and symptoms of environmental stress.
RM-P1	Instruct the patient how to properly perform fitness tests to assess his or her physical status and readiness for physical activity. Interpret the results of these tests according to requirements established by appropriate governing agencies and/or a physician. These tests should assess:
RM-P1.1	Flexibility
RM-P1.2	Strength
RM-P1.3	Power
RM-P1.4	Muscular Endurance
RM-P1.5	Agility
RM-P1.6	Cardiovascular Endurance
RM-P1.7	Speed
RM-P2	Develop a fitness program appropriate to the patient's needs and selected activity or activities that meet the requirements established by the appropriate governing agency and/or physician for enhancing:
RM-P2.1	Flexibility
RM-P2.2	Strength
RM-P2.3	Power
RM-P2.4	Muscular Endurance
RM-P2.6	Agility
RM-P2.6	Cardiovascular Endurance
RM-P2.7	Speed
RM-P3	Instruct a patient regarding fitness exercises and the use of weight training equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.
RM-P5	Select, fabricate, and apply appropriate preventive taping and wrapping procedures, splints, braces, and other special protective devices. Procedures and devices should be consistent with sound anatomical and biomechanical principles.
RM-P6	Obtain, interpret, and make decisions regarding environmental data. This includes, but is not limited to the ability to:
RM-P6.1	Operate a sling psychrometer and/or wet bulb globe index
RM-P6.2	Formulate and implement a comprehensive, proactive emergency action plan specific to lightening safety
RM-P6.3	Access local weather/environmental information

RM-P6.4	Assess hydration status using weight charts, urine color charts, or specific gravity measurements
RM-CP1	Plan, implement, evaluate, and modify a fitness program specific to the physical status of the patient. This will include instructing the patient in proper performance of the activities and the warning signs and symptoms of potential injury that may be sustained. Effective lines of communication shall be established to elicit and convey information about the patient's status and the prescribed program. While maintaining patient confidentiality, all aspects of the fitness program shall be documented using standardized record-keeping methods.
RM-CP2	Select, apply, evaluate, and modify appropriate standard protective equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient's situation and the importance of protective devices to prevent and/or minimize injury.
RM-CP3	Demonstrate the ability to develop, implement, and communicate effective policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.
DI-C8	Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes.
DI-C9	Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
DI-C10	Explain the roles of special tests in injury assessment.
DI-C15	Describe and identify postural deformities.
DI-P1	Obtain a medical history of the patient that includes a previous history and a history of the present injury.
DI-P2	Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.
DI-P4	Palpate the bones and soft tissues to determine normal or pathological characteristics.
DI-CP1	Demonstrate a musculoskeletal assessment of upper extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the student will diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.
DI-CP1.1	Foot and Toes
DI-CP1.2	Ankle
DI-CP1.3	Lower Leg
DI-CP1.4	Knee (tibiofemoral and patellofemoral)
A	Thigh
DI-CP1.6	Hip/Pelvis/Sacroiliac Joint
DI-CP1.7	Lumbar Spine

DI-CP1.8	Thoracic Spine
DI-CP1.9	Ribs
DI-CP1.10	Cervical Spine
DI-CP1.11	Shoulder Girdle
DI-CP1.12	Upper Arm
DI-CP1.13	Elbow
DI-CP1.14	Forearm
DI-CP1.15	Wrist
DI-CP1.16	Hand, Fingers & Thumb
DI-CP1.17	Head and Face
DI-CP1.18	Temporomandibular Joint
MC-P4c	Pupil response, size and shape, and ocular motor function
MC-CP1	Demonstrate a general and specific (e.g., head, torso and abdomen) assessment for the purpose of (a) screening and referral of common medical conditions, (b) treating those conditions as appropriate, and (c) when appropriate, determining a patient's readiness for physical activity. Effective lines of communication should be established to elicit and convey information about the patient's status and the treatment program. While maintaining confidentiality, all aspects of the assessment, treatment, and determination for activity should be documented using standardized record-keeping methods.
MC-CP1.2	Head, including the Brain
MC-CP1.3	Face, including the Maxillofacial Region
MC-CP1.4	Thorax, including the heart and lungs
MC-CP1.6	Eyes
MC-CP1.7	Ear, Nose, and Throat
AC-C15	Describe the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.
AC-P3h	Control bleeding using universal precautions
AC-P4b	Closed-head trauma (using standard neurological tests and tests for cranial nerve function)
AC-P4c	Environmental illness
AC-P4h	Acute musculoskeletal injuries (i.e. sprains, strains, fractures, dislocations)
AC-CP1	Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.
EX-C2	Describe the mechanical principles applied to the design and use of therapeutic exercise equipment and techniques (leverage, force, kinesiology and biomechanics).
EX-C3	Describe common surgical techniques, pathology, and any subsequent anatomical alterations that may affect the implementation of a therapeutic exercise program.
EX-C6	Define the basic components of activity-specific rehabilitation goals, functional progressions, and functional outcomes in a therapeutic exercise program.
EX-C7g	Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a therapeutic exercise program.
EX-P1	Assess a patient to determine specific therapeutic exercise indications, contraindications, and precautions.
EX-P2	Obtain and interpret baseline and postexercise objective physical measurements to evaluate therapeutic exercise progression and interpret results.

EX-P3	Inspect therapeutic exercise equipment to ensure safe operating condition.
EX-P4	Demonstrate the appropriate application of contemporary therapeutic exercises and techniques according to evidence-based guidelines.
EX-P5	Instruct the patient in proper techniques of commonly prescribed therapeutic exercises.
EX-P6	Document rehabilitation goals, progression and functional outcomes.
EX-P7	Perform a functional assessment for safe return to physical activity.
EX-CP	Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity, lower extremity, trunk, and spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP1	Program for injuries to the upper extremity
EX-CP1.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP1.2	Exercises to Improve Muscular Strength
EX-CP1.3	Exercises to Improve Muscular Endurance
EX-CP1.4	Exercises to Improve Muscular Speed
EX-CP1.5	Exercises to Improve Muscular Power
EX-CP1.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP1.7	Exercises to Improve Agility
EX-CP1.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP2	Program for injuries to the lower extremity
EX-CP2.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP2.2	Exercises to Improve Muscular Strength
EX-CP2.3	Exercises to Improve Muscular Endurance
EX-CP2.4	Exercises to Improve Muscular Speed
EX-CP2.5	Exercises to Improve Muscular Power
EX-CP2.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP3.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP3.2	Exercises to Improve Muscular Strength
EX-CP3.3	Exercises to Improve Muscular Endurance
EX-CP3.4	Exercises to Improve Muscular Speed
EX-CP3.5	Exercises to Improve Muscular Power
EX-CP3.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP3.7	Exercises to Improve Agility
EX-CP3.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP4	Program for injuries to the spine
EX-CP4.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP4.2	Exercises to Improve Muscular Strength
EX-CP4.3	Exercises to Improve Muscular Endurance
EX-CP4.4	Exercises to Improve Muscular Speed
EX-CP4.5	Exercises to Improve Muscular Power
EX-CP4.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP4.7	Exercises to Improve Agility
EX-CP4.8	Exercises to Improve Cardiorespiratory Endurance

PS-C1	Explain the psychosocial requirements (i.e., motivation and self-confidence) of various activities that relate to the readiness of the injured or ill individual to resume participation.
PS-C2	Explain the stress-response model and the psychological and emotional responses to trauma and forced inactivity.
PS-C3	Describe the motivational techniques that the athletic trainer must use during injury rehabilitation and reconditioning.
PS-C5	Describe the basic principles of general personality traits, associated trait anxiety, locus of control, and patient and social environment interactions.
PS-CP2	Demonstrate the ability to select and integrate appropriate motivational techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.
AD-C7	Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the athletic trainer.
AD-C9	Identify and describe technological needs of an effective athletic training service and the commercial software and hardware that are available to meet these needs.
AD-P5	Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others).
AD-P6	Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members.
AD-P7	Use a comprehensive patient-file management system that incorporates both paper and electronic media for purposes of insurance records, billing, and risk management.