

CHAPTER 1 ORGANIZATION AND ADMINISTRATION

I. What is Athletic Training?

- A. The prevention, recognition, evaluation, treatment, rehabilitation, and health care administration of athletic injuries.

II. National Athletic Trainers Association

- A. N.A.T.A. is the primary professional association of athletic trainers in the U.S.
 - 1. In 1990, the A.M.A. recognized athletic training as an allied health profession.
 - 2. N.A.T.A. establishes high standards for the education and certification of athletic trainers.

III. Establishing Athletic Training Sports Medicine Program

- A. see list on page 2

IV. The Sports Medicine Team: Before establishing an athletic training room and ordering supplies, the ATC should find a team physician.

- A. Team Physician:
 - 1. is the “cornerstone” of the medical team
 - 2. should be on sidelines at football games or other contact sports.
 - 3. should be immediately available when emergency situations arise.
 - 4. supervises pre-participation physicals and medical histories.
 - 5. clears players for return to activity after injury.
 - 6. works with trainer and student trainer to develop training program.
 - 7. is on call for emergencies.

B. NATABOC Certified Athletic Trainer

1. is a highly educated and skilled professional specializing in health care of the physically active.
2. has fulfilled the requirements for national certification, and and in some cases, met state licensure requirements.
3. passed the certification exam given by the NATA consisting of a written test, practical exam, and written situations.
 - a. The certification exam covers the 5 practice domains of athletic training:
 1. Prevention
 2. Recognition, evaluation, and care of injuries
 3. Rehab. And reconditioning of injuries
 4. Health care administration
 5. Professional development and responsibility
4. Once athletic trainers pass the NATABOC certification exam, they can then use the designation “Certified Athletic Trainer” or “ATC” as their professional credential.
5. If the school does not have an athletic trainer, the coach then assumes all these duties!!!
 - a. Research studies have shown that injury rates will increase without a certified athletic trainer on site at practices and games.
6. Duties of the athletic trainer:
 - a. serves as liaison between team Dr., coach, parent, and athlete.
 - b. During off-season, trainer works with coaches to improve conditioning level of teams.
 - c. Assists coach and equipment manager on purchasing and reconditioning of protective equipment.
 - d. Under team Dr.’s direction, trainer will:
 1. evaluate and provide first aid care
 2. give basic treatments (ice/heat)
 3. outline rehabilitation programs based on Dr’s protocol
 4. apply protective/supportive techniques.
 5. Inventory and purchasing supplies
 6. Completing medical/accident record forms
 7. Providing treatments

C. Other Allied Health/Sports Medicine Personnel

1. see list on page 3.

D. Other Members of Sports Medicine Team

1. athletes:
 - a. must keep in good physical condition
 - b. practice proper techniques taught by coaches
 - c. play by the rules
 - d. follow coaches and athletic trainer's instructions
2. Parents:
 - a. must be informed on nutrition and home treatments for injuries
3. Officials
 - a. enforce the rules
 - b. monitor playing conditions
 - c. cooperates with the athletic trainer and physician when injuries occur and environmental hazards exist.
4. Coaches
 - a. plan practices that include:
 1. conditioning
 2. training of athletes
 3. teaching of techniques and rules of their sport
 - b. select, fit, and maintain protective equipment
 - c. supervision of facilities (fields, courts)
 - d. update their education by attending clinics that review rule changes, skill development, first aid, CPR, and athletic health care.
 - e. Work with team Dr. and athletic trainer to work for what is best for the ATHLETE.

NOTE: If no ATC exists, additional duties and responsibilities would then be assumed by the coach.

5. The Student Athletic Trainer's roles and responsibilities will be determined by their level of interest and desire to learn. Some possible duties are:
 - a. maintain a clean athletic training facility
 1. Proper hygiene is critical due to various wounds being treated in facility.

- b. Inventory control
- c. Keep check-list of supplies needed for games, practices, or road trips.
- d. Pack kits.
- e. Prepare electrolyte drinks (Gator Aid) and take water to field/court.
- f. Make sure plenty of ice is available for drinks and treatments.
- g. Weigh athletes before and after every practice and keep weight charts.
- h. Other record-keeping duties:
 - 1. daily treatment logs
- i. May learn to tape, wrap, change dressings, give minor treatments and some first aid.

V. Athletic Training Facility and Management

A. Typical athletic training rooms include:

- 1. administrative office
- 2. prevention (taping)
- 3. hydrotherapy
- 4. rehabilitation
- 5. treatment (electrical therapy)
- 6. physician's examination office
- 7. storage room

See list on page 5-6 for daily tasks for each area.

B. Daily Duties

See page 7 for list.

C. Athletic Training Room Rules:

- 1. Outline services that will be offered
- 2. List times you are opened

D. Rules should be posted and enforced.

E. Common Rules:

1. co-ed facility
2. treat only student athletes
3. shower before receiving treatments
4. leave equipment in locker room
5. no loud music
6. supplies are not to be removed unless by permission from trainer.
7. All treatments must be documented by staff
8. Rules can be adapted or added depending upon your

school.

VI. Record Keeping

A. Student athlete's file should contain:

1. Physical exam form including medical history
2. accident/injury report form that contains:
 - a. athlete's name
 - b. sport
 - c. date and time of accident/injury
 - d. place of injury
 - e. mechanism of injury
 - f. evaluation of injury
 - g. first aid and treatment provided
 - h. rehab. recommendations
 - i. medical referral from physician
3. Accident/injury report form is important to insurance companies.

a. They require accurate info. regarding the reporting of injuries to get the bills paid.

4. Daily Treatment Form includes:
 - a. athlete's name
 - b. date and time
 - c. treatment provided
 - d. protective technique
 - e. rehab. procedure utilized

This form should be reviewed often when assessing the progress or lack of progress of an injury.

VIII. FUNDAMENTALS OF ATHLETIC TRAINING

A. Every athlete is entitled to adequate conditioning, injury prevention measures, proper treatment of injuries, and complete rehabilitation.

B. Programs for conditioning, injury prevention, and rehab. should be designed and supervised by highly educated and trained certified athletic trainers with extensive knowledge in:

1. first aid
2. anatomy
3. physiology
4. kinesiology

D. A Dr. well qualified in sports medicine is important. If none is available, first aid treatment becomes the trainers and/or the coach's responsibility.

E. Characteristics of a good trainer:

1. professional skills
2. knowledge required of athletic training
3. enjoyment of athletics
4. interest in each athlete's well being
5. good fitness and personal health
6. common sense
7. willingness to complete assigned task

F. Possible jobs for trainers include:

1. educational institutions (H.S. and college/university)
2. professional sports associations
3. sports medicine clinics
4. hospitals
5. corporate settings

(Refer to handouts on types of trainers)

1. full-time trainer
2. teacher-trainer
3. clinical trainer

G. Trainers need thorough knowledge in the following areas:

1. anatomy
2. physiology
3. exercise physiology
4. psychology
5. first aid/CPR
6. nutrition
7. pharmacology
8. therapeutic modalities
9. rehab. protocols
10. specialized courses in sports medicine

H. Athletic Training Education

1. More than 80 educational institutions offer athletic training education programs that have been accredited by the CAAHEP of the AMA (see pg. 8). The education program prepares future athletic trainers for employment in athletic care settings.

I. Curriculum and Internship Programs

1. Currently students interested in becoming an ATC have the option to pursue one of 2 educational routes.
2. The curriculum route requires completion of formal academic courses, completion of psychomotor skills, and documentation of a minimum of 800 hours of athletic training experience under the supervision of a NATABOC Certified Athletic Trainer.
3. Internship programs provide a practical education/work experience concept approach to gaining knowledge and skills needed to fulfill the requirements for internship candidacy. This requires 1500 hours of athletic training experience under the supervision of a NATABOC Certified Athletic Trainer.
4. Both internship and curriculum based student trainers must take one formal course in each of the following areas:
 - a. human anatomy
 - b. human physiology
 - c. exercise physiology
 - d. kinesiology/biomechanics
 - e. personal health
 - f. basic athletic training
 - g. advanced athletic training

5. To become a Certified Athletic Trainer, one must:
 - a. complete an accredited program
 - b. show proof of graduation from an accredited college/university
 - c. show proof of current cert. in first aid and CPR
 - d. show proof that at least 25% of their athletic training experience hours were attained in actual practice or game coverage of a contact/collision sports
 - e. obtain endorsement of a NATABOC Certified Athletic Trainer
 - f. successfully pass the NATABOC Certification exam.

6. The NATA board of directors has mandated that, beginning Jan. 1, 2004, candidates sitting for the NATABOC Exam must have graduated from either a CAAHEP accredited undergraduate or graduate Athletic Training Education Program. Candidates for certification via the internship route will not be able to begin a program any later than Nov. 2001 and be eligible to sit for the NATABOC cert. exam.