LICENSED ATHLETIC TRAINER PROTOCOL

I. PREVENTION

A. Organization and implementation of preparticipation physical examinations/screening procedures
B. Physical conditioning of athletes
C. Fitting and maintenance of protective equipment
D. Application of taping and special pads and braces
E. Control of environmental risks
F. Identification and correction of common risk factors and causes of athletic injuries
G. Development and implementation of preventative maintenance rehabilitation programs

II. RECOGNITION AND EVALUATION

Conducts a thorough initial clinical evaluation of injuries commonly sustained by the competitive athlete and formulates an impression of the injury for the primary purpose of:

A. Administering proper first aid and emergency care
B. Making appropriate referrals to physicians for diagnosis and medical treatment (physician evaluation should occur within a 72 hour time-frame from the initial athletic trainer injury encounter)

III. MANAGEMENT, TREATMENT, AND DISPOSITION

The physician is the ultimate authority for the management, treatment, and disposition of athletic injuries. Working under the direction and supervision of the physician, the licensed athletic trainer serves the following roles:

A. Provision of appropriate first aid and emergency care for acute athletic injuries
B. Referral of injured athletes for appropriate medical intervention
C. Documentation of injuries and treatment progress in athlete's medical record
D. Development and implementation of a plan of care for athletic injuries under the direction and supervision of a physician
E. Utilization of therapeutic modalities and rehabilitation techniques as approved by a physician
F. Provision of wound care, including removal of staples and sutures upon physician order
G. Application of casts after reduction of fracture by physician; change or removal of casts upon physician order

IV. REHABILITATION

A. Rehabilitation of athletic injuries shall be performed under the referral of the physician

B. Under physician direction, develop and implement comprehensive rehabilitation programs, including determination of therapeutic goals and objectives, selection of therapeutic modalities and exercise, methods of evaluating and recording rehabilitation progress, and development of criteria for progression and return to competition

C. The licensed athletic trainer shall rehabilitate an athletic injury for no more than thirty days without a re-evaluation by the physician and referral for continuation of the rehabilitation program. Preventative care after resolution of the injury is not considered rehabilitation

V. ORGANIZATION AND ADMINISTRATION

Plan, coordinate, and supervise all administrative components of an athletic training program, including those pertaining to the following:

A. Health care services (physical examinations and screenings, first aid and emergency care, follow-up care and rehabilitation)
B. Financial management
C. Athletic training room management
D. Personnel management
E. Public relations
F. Athletic event/venue coverage

VI. EDUCATION AND COUNSELING

A. Provide health care information and counsel athletes, parents, and coaches on matters pertaining to the physical, psychological, and emotional health and well-being of the athlete.

B. Interpret the role of the licensed athletic trainer as a health care provider, promote athletic training as a professional discipline, and provide instruction in athletic training/sports medicine subject matter areas.

REFERENCES

1. NATA Standards for Athletic Training, 1989
2. Competencies in Athletic Training, NATA Professional Education Committee
3. NATA Role Delineation Study; NATA Board of Certification, 1990