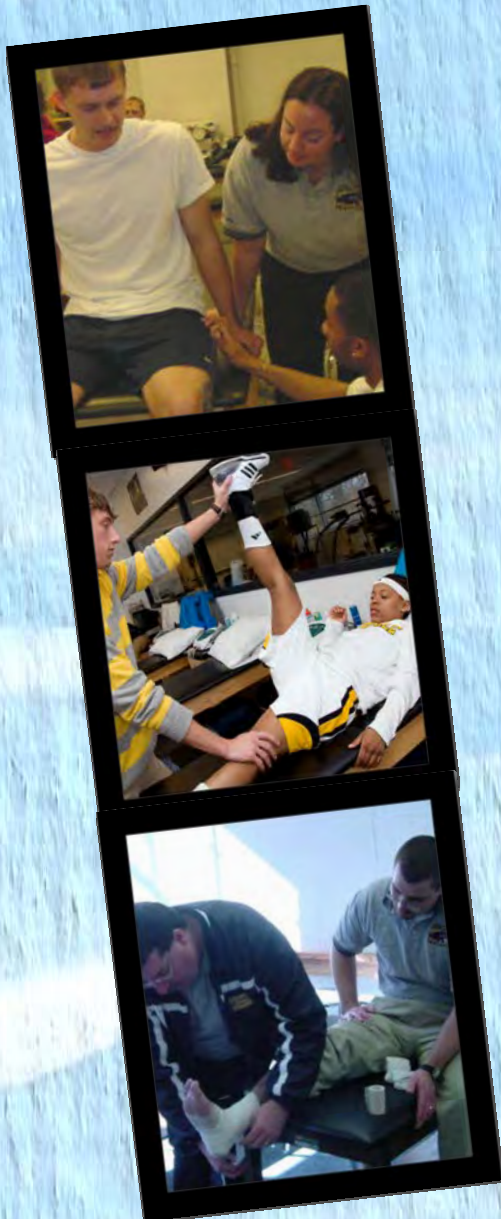


## ATHLETIC TRAINING EDUCATION PROGRAM

# Student Handbook 2014





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# GENERAL INFORMATION

## MISSION and VISION OF THE ATEP

*The **mission of the Department of Kinesiology** is to engage in the generation, dissemination, integration, and application of knowledge specific to human movement in various contexts. These contexts comprise health promotion, maintenance, habilitation and rehabilitation in professional settings ranging from health care to education to sport to industry.*

*The **Vision of the Department of Kinesiology** is to be a recognized leader for advancing the research & practice that optimizes human health and wellness, and supports participation and performance across the lifespan.*

The Athletic Training Education Program, guided by the Department of Kinesiology' Mission and Vision, seeks to provide a comprehensive athletic training educational program for students that not only meets, but exceeds the educational standards as set by its accrediting body, the Committee on Accreditation of Athletic Training Education (CAATE). Furthermore, in establishing and implementing its educational program, the faculty and staff recognize the value and importance of providing an educational foundation based upon scientific inquiry, experiential learning opportunities, and conducting on-going program evaluation to maintain a state-of-the-art educational experience for its students.

*The **Vision of the ATEP** is to develop leading clinician-scholars from diverse backgrounds who integrate knowledge from the human movement sciences, varied learning experiences, and research to practice evidence based medicine and advance the profession of athletic training.*

The ATEP strives to meet our vision through achievement of the following goals and benchmarks:

Goal #1 Provide an athletic training education grounded in the human movement sciences that develops evidence based practitioners

- Evidence based practice framework is integrated throughout the athletic training core didactic and clinical education curriculum
- The curriculum is delivered in an integrated way based on a problem based learning philosophy.
- Preceptors have annual educational training about evidence based practice and clinical teaching strategies
- Students present original research and case studies at professional meetings

Goal #2 - Develop entry level athletic trainers having clinical educational experiences in multiple practice settings and serving diverse populations

- Diverse settings and/or populations are defined based on specific criteria
- Students have clinical education experiences to minimally include exposure to the secondary school, collegiate, clinical, and general medical settings.
- Students have clinical education experiences to minimally include exposure to populations that are diverse in age, socioeconomic status, ethnicity, and ablement.

Goal #3 Provide a pathway of access and support for individuals who wish to enter the profession of athletic training

- Programs exist to inform prospective students and parents about athletic training
- Increase the scholarship opportunities that exist for students enrolled in the ATEP
- Enhance support system for students enrolled in the ATEP

Goal #4: Faculty, staff, and students will actively contribute to the leadership of the athletic training profession

- Faculty and staff will serve as volunteers for local and state community outreach
- Faculty and staff will have active involvement in professional organizations
- ACI's and faculty will work together to disseminate novel clinical or teaching techniques, case studies, and/or original research at professional conferences/symposiums

## **FACULTY AND STAFF**

Throughout your athletic training educational experience, you will have the opportunity to develop a close relationship with each member of the Athletic Training Staff. Each staff member has several specific responsibilities; however, we function as one unit with two common goals: (1) To provide the highest quality health care to the student-athletes and students and (2) to provide you with an educational opportunity to acquire the knowledge and skills needed as an entry-level athletic trainer. The Athletic Training Staff includes:

<b>NAME</b>	<b>TITLE</b>	<b>Email</b>	<b>Office Phone</b>	<b>Office Location</b>
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## **ATEP WEBPAGE**

The ATEP has a webpage (<http://www.atep.uwm.edu>) that includes a number of documents and information related to the ATEP. Students are encouraged to regularly check the website for updated information.

## **ACCREDITATION STATUS**

The University of Wisconsin-Milwaukee Athletic Training Education Program was awarded initial accreditation on April 10, 2003 by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The Commission on Accreditation of Athletic Training Education (CAATE) was formed in 2006 and is now the official accrediting body for athletic training education. UW-Milwaukee's ATEP is one of ten CAATE accredited programs in the state of Wisconsin. The ATEP accreditation was renewed in 2008 for a period of ten years and reflects the high quality of the ATEP, the dedicated work of the ATEP faculty and staff, and the commitment of the UWM College of Health Sciences, Athletic Department and Norris Health Center. A complete listing of accredited programs can be found at [www.caate.net](http://www.caate.net).

## **HISTORY OF THE ATHLETIC TRAINING PROFESSION**

The National Athletic Trainers' Association was founded in 1950 when a core group of about 200 athletic trainers met in Kansas City to discuss the future. Today, the NATA membership spans the globe and includes more than 27,000 allied health care professionals. This growth is a reflection of the increased role of the certified athletic trainer (ATC) within the healthcare community. Athletic training has evolved from a service-oriented job to a profession that is recognized as an allied health care profession by the American Medical Association. This evolution was largely due to the committed effort of the members of the NATA ([www.nata.org](http://www.nata.org)) to fulfill the NATA's mission to enhance the quality of health care for athletes and those engaged in physical activity, and to the profession of athletic training through education and research in the prevention, evaluation, management and rehabilitation of injuries. The NATA, once housed in Greenville, NC, now has headquarters in Dallas, TX, with a full-time executive director and staff. Members serve as volunteer leaders for the association, which has more than 30 committees working together to advance the profession.

The first national certification exam was administered by the NATA Certification Committee in 1970. Certifying athletic trainers ensures high standards of professional practice. The Board of Certification (BOC) is now responsible for providing a certification program for entry-level athletic trainers and re-certification standards for certified athletic trainers. Specifically, the mission of the BOC (<http://www.bocatc.org/>) 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 is the only accredited certification program for athletic trainers in the United States. Upon completing all of the requirements for certification established by the BOC, one is eligible to sit for the certification exam.

## **REGULATION OF ATHLETIC TRAINING**

### **Board of Certification (BOC)**

Upon passing the BOC exam, you will be a Certified Athletic Trainer. Your certification will be retained providing you meet the continuing education requirements established by the BOC. Complete details on the continuing education requirements can be found at <http://www.bocatc.org/>. In short, the requirements include:

- Completing and reporting of a predetermined number of continuing education units (CEU) during a three-year term. CEU's are designed to insure that ATC's stay current in the advancements in athletic training as well as assist in the enhancement of the practices of the athletic training profession.
- Submission of an annual BOC CEU maintenance fee OR payment of NATA annual dues.

### **State Licensure & Regulation**

In addition to BOC certification, athletic trainers must meet individual state licensing requirements in order to practice athletic training. Licensure is relatively new to the profession of athletic training and not all states have licensure or regulation acts for an athletic trainer. To determine if these added requirements apply, certified athletic trainers must check with the specific state in which they practice. Licensure in the state of Wisconsin began in 2001. For complete details on the Wisconsin Licensure Act, visit the Wisconsin Athletic Trainers' Association web site at <http://www.watainc.org> or the State of Wisconsin Department of Regulation and Licensing (<http://dps.wi.gov/Home>).

## **PROFESSIONAL ORGANIZATIONS**

The National Athletic Trainers' Association (NATA) is our largest professional organization ([www.nata.org](http://www.nata.org)). Within the NATA are 10 districts organized by geographical location across the United States and Canada. Under each district are the individual state and/or provincial associations. As a student at UWM, you reside within District 4, the Great Lakes Athletic Trainers' Association (GLATA), which includes the states of Wisconsin, Minnesota, Illinois, Indiana, Michigan, and Ohio as well as the Canadian Provinces of Manitoba and Ontario. ([www.glata.org](http://www.glata.org))

As an athletic training student it is expected that you join the NATA and receive many benefits including scholarship opportunities, career information and networking, and reduced rates for professional

conferences. As a member of the NATA you also become a member of GLATA and the Wisconsin Athletic Trainers' Association (WATA, [www.watainc.org](http://www.watainc.org)).

In addition to the NATA, a number of professional organizations influence and inform the practice of athletic training. These organizations include, but are not limited to:

- American Academy of Family Physicians - [www.aafp.org](http://www.aafp.org)
- American Medical Association (AMA) - [www.ama-assn.org](http://www.ama-assn.org)
- American College of Sports Medicine (ACSM) - [www.acsm.org](http://www.acsm.org)
- American Orthopedic Society for Sports Medicine (AOSSM) - [www.sportsmed.org](http://www.sportsmed.org)
- National Academy of Sports Medicine – [www.nasm.org](http://www.nasm.org)
- National Federation of State High School Associations (NFHS) - [www.nfhs.org/sportsmed.htm](http://www.nfhs.org/sportsmed.htm)
- National Strength and Conditioning Association (NSCA) - [www.nscs-lift.org/menu.asp](http://www.nscs-lift.org/menu.asp)
- National Collegiate Athletic Association (NCAA) - [www.ncaa.org](http://www.ncaa.org)

### Society Of Athletic Training Students

The Society of Athletic Training Students (SATS) is a University recognized organization at the University of Wisconsin-Milwaukee. SATS is committed to promoting and encouraging higher scholastic achievement and professional development in the study of athletic training. SATS provides information about nationally recognized organizations and associations such as the National Athletic Trainers' Association (NATA), the Wisconsin Athletic Trainers' Association (WATA), the Great Lakes Athletic Trainers' Association (GLATA), the National Strength and Conditioning Association (NSCA), and the American College of Sports Medicine (ACSM).

SATS encourages professional growth and development by providing financial support to students attending local or national conventions and symposiums. Funding to support SATS is made available from SATS sponsored fundraising events and the student organization office at the University of Wisconsin-Milwaukee.

In addition to profession growth activities, SATS also sponsors several group activities for SATS members such as a camping/canoe trip, a day at Great America, and dinner at a local restaurant. Furthermore, SATS is committed to giving back to the community and has participated in charity events such as the annual Ch. 10 Telethon and the Walk To Cure Diabetes.

SATS has provided funding for student members to attend continuing education workshops and the Annual Meetings/Conventions for WATA, GLATA, and NATA.

Students interested in becoming a member of SATS for the first time must:

- Be accepted into the Athletic Training Education Program (ATEP) or be enrolled in the Field Work in Athletic Training (KIN 212) class.
- Complete a membership application

### **RESEARCH OPPORTUNITIES**

ATEP students are encouraged to participate in any ongoing research projects of the Department of Kinesiology faculty. Participation can occur as a volunteer subject and/or project assistant. Students may also participate in semester long research internships for academic credit. Interested students should contact Dr. Cobb, Dr Earl, or Dr. Ebersole. Visit the Department of Kinesiology website for a complete list of research laboratories:

[http://www4.uwm.edu/chs/academics/human\\_movement\\_sci/facilities\\_labs\\_clinics\\_centers.cfm](http://www4.uwm.edu/chs/academics/human_movement_sci/facilities_labs_clinics_centers.cfm)



# ACADEMIC AND PROGRAM POLICIES AND PROCEDURES

## ACADEMIC REQUIREMENTS

<b>UWM Requirements</b>		<b>CONSEQUENCES</b>
English	Score of 637 or better on the English Placement Test, or Earn a grade of “C” or better in English 102, or Transfer to UWM with a grade of “C” or better in a course equivalent to English 102.	Cannot be promoted to junior standing without completing requirement.
Math	Math 105 Intermediate Algebra or higher level math (excluding Math 106)	Cannot be promoted to junior standing without completing requirement.
Foreign Language Requirement	Complete with passing grades at least two years of high school level instruction in a single foreign, or Complete with passing grades at least two semesters (6 credits) of college level instruction in a single foreign language, or Demonstrate foreign language ability by passing an approved placement/proficiency examination.	Must complete foreign language requirement to be eligible for graduation.
General Education Requirements (GER)	Obtain passing grades for courses identified as meeting the following distribution: Fine Arts – 3 credits Social Sciences – 9 credits (integrated into ATEP curriculum) Humanities – 6 credits (3 credits are integrated into ATEP curriculum) Natural Science – 11 credits (integrated into ATEP curriculum) Cultural Diversity – 3 credits*	Must complete to be eligible for graduation. Cultural diversity credits may be taken as part of another requirement (e.g., African Dance I satisfies Fine Art and Cultural Diversity Requirement)

<b>ATEP Requirements</b>		<b>CONSEQUENCES</b>
Admission	1. Cumulative UWM GPA of 2.5 (12 credits minimum), 2. Enrolled in Introduction to Kinesiology (KIN 200), Field Work in Athletic Training (KIN 212) and Responding to Emergencies (KIN 310) courses. 3. Enrolled in Anatomy and Physiology I (Bio Sci 202). (Earned grade of C or better prior to admission)	Ineligible to interview if requirements are not met.
Retention	1. Once admitted into the ATEP, the student must obtain a minimum <b>semester GPA of 2.75</b> each semester to remain in good standing.  2. To remain eligible for clinical education coursework (KIN 416), students must obtain a grade of <b>B- or better</b> in each of the five competency courses (KIN 416)	1. Failure to obtain a semester GPA of 2.75 or higher will result in the student being placed on academic probation for one semester. A second semester GPA below 2.75 will result in dismissal from the program. 2. Students who fail to obtain the minimum grade of “B-“ in any of the competency courses (KIN 416) cannot proceed in the program until the grade requirement for that particular course is met.
Foundation courses	Obtain a grade of “ <b>C</b> ” or <b>better</b> in each of the following courses prior to the end of the junior year.  MATH 105 Intermediate Algebra PSYCH 101 Introduction to Psychology	One-semester appeals may be granted provided student has a 2.5 Cumulative GPA, and is concurrently enrolled in course(s) necessary to satisfy requirement.

	SOC 101 Introduction to Sociology BIO SCI 202 Anatomy and Physiology I BIO SCI 203 Anatomy and Physiology II CHEM 100 Chemical Science PHYS 120 General Physics I (Non-calculus) KIN 200 Introduction to Kinesiology KIN 270 Statistics in the Health Professions CLS 232 Introduction to Nutrition	
Athletic Training Core Courses	To be eligible for placement in an internship, and ultimately eligible for graduation, students must obtain a <b>GPA of 2.75</b> for the following courses:  KIN 216      KIN 412      KIN 410 KIN 312      KIN 315      KIN 413 KIN 314      KIN 316      KIN 414	Must complete all courses with minimum 2.75 GPA to be eligible for internship placement and graduation.
Kinesiology Core Courses	To be eligible for placement in an internship, and ultimately eligible for graduation, students must obtain a <b>GPA of 2.75</b> for the following courses:  KIN 320      KIN 350      KIN 460 KIN 325      KIN 351      KIN 461 KIN 330      KIN 400	Students who fail to obtain the required 2.75 GPA may not be placed in an Internship and may not enroll in Kinesiology Internship and Seminar (KIN 489).
Cumulative UWM GPA	To be eligible for graduation, students must obtain a UWM cumulative Grade Point Average of 2.5.	Students who fail to obtain the required 2.5 Cumulative GPA are not eligible to graduate.

### Retention Criteria

#### *Academic Progression Criteria*

Once a student is admitted into the ATEP, they are expected to achieve a GPA of 2.75 for all courses taken during each semester. Failure to meet this requirement will result in the student being placed on academic probation for the next immediate semester (Fall or Spring). Prior to the probation time period, each student meets with the ATEP Director to identify study strategies and time management techniques that may assist him/her in meeting the academic requirements. In some situations, a student may be required to participate in study table hours through the Athletics Department. Any student who fails to meet the academic requirements at the end of probationary time period will be dismissed from the ATEP. For complete details of the academic expectations, refer to the "Academic Requirements" table.

#### *Clinical Progression Criteria*

Students must achieve a grade of B- or better in each section of "Competencies in Athletic Training" (KIN 416) to progress in the ATEP. This class grade is based on specific criteria associated with student development and the demonstration of clinical competency and proficiency. The grading policy for "Competencies in Athletic Training" (KIN 416) is such that if a student does not demonstrate an appropriate level of competency and proficiency for all clinical skills identified in the syllabus, s/he will not be allowed to advance in the ATEP until the appropriate level of skill competency is met.

A student not meeting the clinical progression criteria (B- or better in KIN 416) will need to meet with the Director of Clinical Education to establish a plan for either:

- 1) Demonstrating proficiency in clinical skills and behaviors to allow progression to the next semester.
  - a. The KIN 416 instructor and the Director of Clinical Education will establish the clinical skills and behaviors that need remediation. It may be possible for a student to satisfy the requirements of this plan prior to the start of the next semester, thereby, progressing in the ATEP in a timely manner. If the student fails to meet the established criteria on the given schedule, he/she will be dismissed from the program.

- 2) Repeating the course- Since each section of "Competencies in Athletic Training" (KIN 416) is only offered one time each year, a student who is dismissed from the ATEP, must apply for re-entry the following year.

For complete details of the clinical progression expectations, refer to the "Clinical Progression Requirements" chart found in the "Policies" section of the handbook.

#### Graduation Criteria

The established graduation criteria include:

- Completion of 130 degree-credits for the B.S Athletic Training degree
- Cumulative UWM GPA of 2.5
- Cumulative GPA of 2.75 for the Athletic Training Core Courses and Kinesiology Core Courses, which includes satisfying minimum grade requirements that have been established for specific courses
- Successful completion of a KIN 489 Athletic Training Internship (640-hours)

Any student meeting the graduation requirements will also have satisfied specific clinical skill criteria, as this requirement is part of the course grade for "Competencies in Athletic Training" (KIN 416).

#### **ACTIVE COMMUNICABLE DISEASE POLICY**

*The ATEP policy for athletic training students with communicable diseases is the same as the University of Wisconsin-Milwaukee Intercollegiate Athletic Department's policy regarding participation in athletics when an athlete is afflicted with a communicable blood borne disease. This policy is published below and is discussed during the OSHA Blood Borne Pathogen training program held each year for all ATEP students.*

#### **Department of Intercollegiate Athletics Policy Regarding Participation in Athletics When an Athlete is Afflicted with a Communicable Blood Borne Disease**

The University and the Athletic Department recognize that being associated with an athletic team is considered a privilege and the athlete has certain responsibilities. Keeping oneself healthy and avoiding or taking precautions in potential high risk situations are some of the responsibilities athletes must take on as part of their lives. Also, attendance at seminars to learn about potential risks and precautions is another responsibility the athlete must accept. Because athletics is a privilege, if an athlete has a blood borne disease or health problem that may pose increased risk of that disease being passed to another person in the athletic setting, the afflicted athlete, depending on the risks, may be required to not participate. Decisions will be made on a per incident basis by the Health Center Director or designated representative (i.e., head team physician), Director of Sports Medicine, and the head coach of the sport in which the afflicted individual participates at the time. An emergency decision on participation can be made by any of the stated individuals in lieu of the committee stated above and will be in effect until the committee can meet. The decision of the committee may be appealed to the Director of Athletics who will review the decision-making process and the outcome.

The University, as a whole, has an AIDS policy and guidelines (No. S-4.5), and it is acknowledged in this policy. Each athlete is expected to follow the responsibilities set forth in this policy as stated below.

1. Persons infected with the AIDS Virus (whether active AIDS, AIDS related complex, or sero-positive to virus) will not be excluded from enrollment or employment or restricted in their access to university services or facilities, unless medically-based judgments in individual cases establish that exclusion or restriction is necessary to the welfare of the individual or to the welfare of other members of the university community. Under certain circumstances, denial of employment or other educational benefits may constitute a form of unlawful discrimination. Any harassment and/or discrimination against individuals should be referred to the Office of Equity/Diversity Services at the University of Wisconsin-Milwaukee, to be processed according to established procedures covering harassment and discrimination.

2. The staff of the Norris Health Center are responsible for conducting an ongoing educational campaign designed to reach all campus constituencies (students and employees) to provide basic information about AIDS.
3. Persons who know that they are infected by the AIDS Virus should be urged to share this information, on a confidential basis, with the Director of the Student Health Center so that the university can respond appropriately to their health and educational needs.
4. Persons who know, or have a reasonable basis for believing they are infected, are expected to seek expert advice about their health circumstances and are obligated, ethically and legally, to conduct themselves responsibly in accordance with such knowledge, for the protection of other members of the university community.
5. The university will widely publicize and carefully observe the safety guidelines established by the US Public Health Service for the handling of blood and other body fluids and secretions, both in all health care facilities maintained on the campus and in other institutional contexts, in which such fluids or secretions may be encountered (e.g., teaching and experimental laboratories).

### **ADMISSION CRITERIA**

ONCE ADMITTED TO UWM, STUDENTS ARE CLASSIFIED AS “ATHLETIC TRAINING-INTENDED” AND ARE ADVISED BY ACADEMIC ADVISORS WITHIN THE COLLEGE OF HEALTH SCIENCES. UPON COMPLETION OF THE PRE-AT PROGRAM COURSES (REFER TO CURRICULUM PLAN), STUDENTS MAY APPLY FOR ADMISSION TO THE ATEP. THE SECONDARY-ADMISSION PROCESS IS COMPETITIVE, AND STUDENTS ARE SELECTED FOR ADMISSION BASED ON SPECIFIC CRITERIA. THE APPLICATION PROCESS OCCURS DURING THE FALL SEMESTER AND STUDENTS ARE ADMITTED INTO THE ATHLETIC TRAINING (AT) PROGRAM IN JANUARY. THE NUMBER OF STUDENTS ACCEPTED EACH YEAR WILL FLUCTUATE (~13-18) IN ACCORDANCE WITH RETENTION AND GRADUATION RATES. THE AT PROGRAM IS A MINIMUM 6-7-SEMESTER COMMITMENT AND, THEREFORE, STUDENTS ARE ENCOURAGED TO APPLY DURING THEIR FRESHMAN AND SOPHOMORE YEARS. HOWEVER, ANY STUDENT MEETING THE MINIMUM REQUIREMENTS MAY APPLY AND WILL BE CONSIDERED ON AN EQUAL BASIS FOR ADMITTANCE.

Application Deadline: **The second week of December, date varies by year.**

#### Application Eligibility Requirements

Students interested in applying for admittance into the AT Program must meet the following minimum requirements.

1. Cumulative UWM GPA of 2.5 (12 credits minimum),
2. Enrolled in Field Work in Athletic Training (KIN 212) and Responding to Emergencies (KIN 310) courses.
3. Enrolled in or completed Anatomy and Physiology I (Bio Sci 202). (Earned grade of C or better prior to admission)

#### Criminal Background Check Requirement

Students accepted into the program will undergo a criminal background check. Consistent with Wisconsin’s Caregiver Background Law, individuals with certain convictions may be disqualified from working in hospitals and other health care or care facilities. Such individuals may also be denied national certification and licensure. More information about the Caregiver Background Law is available at:

<http://www.dhs.wisconsin.gov/caregiver/index.htm>.

If you have a criminal conviction in your background that may affect your ability to work in certain facilities or obtain certification and licensure, **you should contact the AT Program Director as soon as possible** to discuss whether you should apply to the program or consider alternative programs, since the inability to be placed in facilities may affect your ability to complete clinical placement requirements and earn a Bachelor of Science in Athletic Training. In addition, the existence of disqualifying convictions under the Caregiver Background Law may also affect your ability to gain employment in this field.

### Application Materials

The application must be submitted to the instructor of Field Work in Athletic Training (KIN 212) on or before the announced deadline. Specifically, the following must be submitted:

- *Application Form*  
The purpose of this form is to obtain current personal contact information (name, mailing address, phone number(s), and email address).
- *Responsive Essay*  
The essay reflects the applicant's response to a statement and/or question that is provided with the application packet. Each applicant receives the same statement/question.
- *Verification of Technical Standards for Admission*  
Evaluation of the technical standards is based on performance in Field Work in Athletic Training (KIN 212) and/or Responding to Emergencies (KIN 310) as well as verification of passing a physical examination.
- *Athletic Training Student Agreement*  
Each applicant must agree to the expectations identified in the Athletic Training Student Agreement. A signed copy of this agreement must be submitted with his/her application materials. This agreement describes the academic and professional expectations required for retention in the program, of all students enrolled in the AT Program.
- *Copy of CPR for the Professional Rescuer Certification*  
Proof of CPR for the Professional Rescuer Certification must be submitted with the application materials. Since Responding to Emergencies (KIN 310) is a required course for admittance into the AT Program, each student who successfully completes the course will receive the American Red Cross CPR for the Professional Rescuer certification. Students who already hold a valid American Red Cross CPR for the Professional Rescuer certification (or American Heart Association equivalent) may be exempt from taking KIN 310. The final decision is made by the AT Program Director.
- *Non-UWM Transcripts*  
Academic performance will be assessed by evaluation of the cumulative UWM GPA and transcripts. Transcripts must be submitted from any college or university the student has attended (other than UWM). If the applicant has completed fewer than 12 credits at UWM, he/she must submit high school transcripts. Do NOT submit UWM transcripts.

### Selection Criteria

The following criteria will be used to evaluate and select students into the AT Program.

1. *Field Work in Athletic Training (KIN 212) Grade & Observation Evaluations*  
Each student in the Field Work in Athletic Training class is required to participate in several clinical observations. The underlying objective of the course is to provide students with exposure to the Athletic Training Profession and relative insights which will enable each student to make an informed decision as to whether to apply for admission into the AT Program. Students are also evaluated on personal attributes and professional behaviors such as timeliness, communication, following instructions, enthusiasm, etc.
2. *Academic Performance*  
The cumulative GPA and transcripts are used to determine the applicant's potential to meet the academic requirements of the AT Program. Although a GPA of 2.5 is the minimum for application eligibility, applicants are reminded that a GPA of 2.75 must be maintained to remain in the AT Program if admitted. All transcripts and coursework are evaluated, with particular emphasis on BIOSCI 202 and 203 (if applicable).
3. *Interview*  
The AT Program Selection Committee conducts interviews during the second week of January. The selection committee may consist of the Program Director, Director of Clinical Education, Director of

Sports Medicine, AT Program faculty/staff, KIN 212 Instructor, Academic Advisor, and two current athletic training students. The interview provides each applicant the opportunity to express him/herself in person and demonstrate a comprehensive understanding of the Athletic Training profession. During the interview, each applicant will be asked to respond to several pre-determined questions. All applicants are asked the same questions.

4. *Responsive Essay*

The responsive essay will be evaluated for:

- The appropriateness of the response to the provided statement/question
- Demonstration of clear, concise, and organized thoughts
- Integration of creativity and uniqueness
- Adherence of format requirements (font size, margins, length)

5. *Technical Standards*

All students, prior to admission into the AT Program, must meet the prescribed technical standards for the program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program. Evaluation of the technical standards is based on performance in Field Work in Athletic Training (KIN 212) and/or Responding to Emergencies (KIN 310) as well as verification of passing a physical examination.

Notification of Admission Status

The AT Program Selection Committee discusses each individual applicant at the conclusion of all interviews to determine which applicants will be extended an offer of admission into the AT Program. All applicants are notified of admission status (admitted or rejected) through a phone call and letter from the AT Program Director within 1 week of the interviews.

INITIAL OFFERS OF ADMISSION ARE CONTINGENT UPON EACH STUDENT MEETING THE TECHNICAL STANDARDS FOR THE AT PROGRAM. THIS INCLUDES PROVIDING DOCUMENTATION FROM A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROVIDER THAT, BASED ON THE FINDINGS OF A PHYSICAL EXAMINATION, THE APPLICANT MEETS THE MINIMUM PHYSICAL REQUIREMENTS OUTLINED IN THE AT PROGRAM TECHNICAL STANDARDS. THE AT PROGRAM WILL MAKE ARRANGEMENTS WITH THE NORRIS STUDENT HEALTH CENTER FOR EACH STUDENT TO RECEIVE A PHYSICAL EXAMINATION. SUBSEQUENT TO THE AT PROGRAM DIRECTOR RECEIVING THE APPROPRIATE DOCUMENTATION, ADMISSION INTO THE AT PROGRAM WILL BE FINALIZED WITH A LETTER TO EACH APPLICANT.

**Admission status is contingent upon completion of the following prior to the first week of the spring semester:**

1. Proof of the following immunizations:
  - TB Skin Test
  - Diphtheria, Tetanus within the last 10 years
  - Measles, mumps, rubella (or positive titer)
  - Varicella titer or proof of varicella virus (chicken pox)
  - Hepatitis B Series or signed refusal
2. Completed Physical Examination  
Students admitted into the AT Program will be accepted **on the condition of successfully passing a physical examination** (must be completed at the UWM Norris Health Center). Documentation of immunizations must be available at time of the physical exam
3. Signed copies of the AT Program Code of Conduct, Clinical Experience Guidelines document, Health Information Confidentiality Agreement, and Liability Coverage Form. These documents are posted online and available in the AT Program Student Handbook.
4. Caregiver Criminal Background Check  
All students accepted into the program will be required to complete a "Caregiver Criminal Background Check". The AT Program will facilitate this background once admitted into the

program. For additional information regarding the background check, please visit the information available at the Department of Kinesiology webpage [http://www4.uwm.edu/chs/academics/kinesiology/background\\_check.cfm](http://www4.uwm.edu/chs/academics/kinesiology/background_check.cfm). As discussed above, **individuals with a criminal record may be ineligible for certain clinical education placements and national certification and licensure. This may negatively impact the ability of the student to earn the Bachelor of Science in Athletic Training degree. Individuals concerned about their criminal background should meet with the AT Program Director to discuss in further detail.**

## **APPEAL AND GRIEVANCE POLICY**

### **Athletic Training Education Program Student Appeal and Grievance Procedures**

A student may appeal academic matters (e.g. grades, admission, program suspension or remediation, course substitutions, course repeat, etc.) through the process described below. Grade appeals begin with Step 1, all other academic appeals begin with Step 2.

#### **Course grade appeals only**

##### Step 1: Course Instructor

A student may appeal a grade on the grounds that it is based on a capricious or arbitrary decision of the course instructor. The student must present the initial written appeal directly to the instructor within 15 working days of the release of final grades on PAWS. The instructor will review the student grading criteria, the student's performance on the graded items, and provide the student with a rationale for the submitted grade within 10 days of the appeal request. If a student is dissatisfied with the outcome of Step 1 for a course grade appeal, he/she may progress to Step 2.

#### **All other academic appeals**

##### Step 2: Program Core Faculty

All other academic matter appeals (e.g. admission, program suspension or remediation, course substitutions, course repeat, etc.) will begin by the student submitting a written statement of appeal to their respective Program Director within 30 days of the date of action that prompted the appeal. The statement of appeal must include the original notice from the Program Director, and a statement of rationale for additional consideration. The Program Director will convene a meeting of the Program Core Faculty, and provide the opportunity for the student to verbally present his/her appeal during that meeting. The Program Core Faculty will review appeal and the program policies, and notify the student of the decision and rationale for that decision within 10 working days. If unsatisfied, the student may progress to Step 3.

##### Step 3: College of Health Sciences- Faculty and Student Affairs Committee

If the student is still dissatisfied, the student may appeal to the CHS Faculty and Student Affairs Committee within 10 working days from the date of receiving the Student Grievance Committee's decision. The written appeal must include all previous notices and documents from Steps 1-4 above. If the grievance is related to a course grade, and the CHS Faculty and Student Affairs Committee concludes that the student's grade was based on arbitrary or capricious grounds, it shall recommend to the Dean that the grade be changed. The Dean has the authority to implement the recommendation as per Faculty Document 1243. The student will be informed of the CHS Faculty and Student Affairs Committee's decision within 10 working days.

##### Step 4: College of Health Sciences- Dean

If the student is dissatisfied with the decision of the CHS Faculty and Student Affairs Committee, the student may appeal to the Dean within 10 working days from the date of the Faculty and Student Affairs Committee's decision. The student will be informed of the Dean's decision within 10 working days. The Dean's decision is final.

## CODE OF CONDUCT

As an athletic training student, you will be expected to conduct yourself in accordance with the following Code of Conduct. This Code of Conduct has been written to make all athletic training students aware of the principles of ethical behavior that should be followed while a student in the Athletic Training Education Program (ATEP) at the University of Wisconsin-Milwaukee (UWM).

The following guidelines are adapted from the NATA Code of Ethics. All numbered items are principles written verbatim from the NATA Code of Ethic Principle. Any text in bold print represents a further explanation of the principle as it relates to your actions as a student in the ATEP UWM.

The principles cannot be expected to cover all specific situations that may be encountered by an athletic training student at UWM, but should be considered representative of the spirit with which athletic training students should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the athletic training profession develops and changes, thereby, affecting the role of an athletic training student.

*Violation of any of the following principles may result in immediate dismissal from the ATEP.*

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➤ **Principle 1: Members [athletic training students] shall respect the rights, welfare and dignity of all individuals.**

1.1 Members **[athletic training students]** shall not discriminate against any legally protected class.

1.2 Members **[athletic training students]** shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.

1.3 Members **[athletic training students]** shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care unless the person consents to such release or release is permitted or required by law.

• Athletic Training Students shall treat all athletes equally regardless of race, gender, culture, ethnicity, disability, sexual orientation, marital status, color, religion, national origin or ancestry, age, and lawful activities.

• Athletic Training Students shall preserve the confidentiality of personal information and abstain from releasing or discussing any medical or personal information with anyone other than a member of the Athletic Training Staff.

➤ **Principle 2: Members [athletic training students] shall comply with the laws and regulations governing the practice of athletic training.**

2.1 Members **[athletic training students]** shall comply with applicable local, state, and federal laws and institutional guidelines.

2.2 Members **[athletic training students]** shall be familiar with and adhere to all National Athletic Trainers' Association guidelines and ethical standards.

2.3 Members **[athletic training students]** are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.

2.4 Members **[athletic training students]** shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.



- **Athletic Training Students shall comply with all rules, statutes, and regulations outlined in the Athletic Training License Code Book by the State of Wisconsin Department of Regulation and Licensing Athletic Trainers Affiliated Credentialing Board.**

**NOTE: A copy of the Athletic Training License Code Book is available for review in the Pavilion Athletic Training Rooms, the office of the Head Athletic Trainer and the Program Director, as well as at website for the Department of Regulation and Licensing (<http://www.drl.state.wi.us/>)**

- **Principle 3: Members [athletic training students] shall accept responsibility for the exercise of sound judgment.**

3.1 Members **[athletic training students]** shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

3.2 Members **[athletic training students]** shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.

3.3 Members **[athletic training students]** shall provide services, make referrals, and seek compensation only for those services that are necessary.

- **Athletic Training Students shall not perform any athletic training skills or services that have not been previously passed in “Competencies in Athletic Training” unless under the direct supervision of Certified and Licensed Athletic Trainer.**
- **Athletic Training Students shall clearly and effectively communicate all injuries/illnesses to the supervising athletic trainer in a timely manner.**
- **Athletic Training Students shall receive approval from the supervising athletic trainer for physician or health care provider/specialist referral of all non-emergency injuries and/or illnesses.**
- **Athletic Training students shall not misrepresent themselves as an “athletic trainer” and/or provide athletic training services without the supervision of a UWM Staff Athletic Trainer or approved affiliate Certified and Licensed Athletic Trainer.**

- **Principle 4: Members [athletic training students] shall maintain and promote high standards in the provision of services.**

4.1 Members **[athletic training students]** shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.

4.2 Members **[athletic training students]** who have the responsibility for employing and evaluating the performance of other staff Members **[athletic training students]** shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3 Members **[athletic training students]** who have the responsibility for evaluating the performance of employees, supervisees, or students, are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4 Members **[athletic training students]** shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5 Whenever possible, Members **[athletic training students]** are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6 When Members **[athletic training students]** are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

- **Athletic Training Students are encouraged to explore educational practices through several different disciplines and personal experiences. This includes, but is not limited to, workshops, seminars, conferences, research projects, and shadowing other health care professionals.**
  - **Athletic Training Students are expected to take an active responsibility for their own learning. This includes, but is not limited to, utilizing “down-time” during their clinical rotation to ask questions, facilitate learning amongst other athletic training students, and practice all clinical skills.**
  - **Athletic Training Students are expected to be members of the NATA, GLATA, and WATA by the end of the third semester in the program.**
- **Principle 5: Members [athletic training students] shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession [UWM ATEP].**

5.1 The private conduct of the member **[athletic training student]** is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional **[ATEP]** responsibilities.

5.2 Members **[athletic training students]** of the National Athletic Trainers' Association and others serving on the Association's committees or acting as consultants shall not use, directly or by implication, the Association's name or logo or their affiliation with the Association in the endorsement of products or services.

5.3 Members **[athletic training students]** shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4 Members **[athletic training students]** may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

- **Athletic Training Students shall maintain a professional distance with all athletes and patients.**
- **Athletic Training Students shall not engage in an activity that may jeopardize the eligibility status of a UWM athlete.**
- **“Good Standing” – Among other things, "good standing" refers to a student's "citizenship." To maintain active status within the ATEP, students must demonstrate appropriate behavior and maturity on campus as well as within the community such that UWM and the ATEP are positively represented.**

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I \_\_\_\_\_ (printed name) have read the Code of Conduct and understand all expectations of me while a student enrolled in the Athletic Training Education Program (ATEP). I agree to observe and practice all conduct expectations described in the Code of Conduct and understand that failure to do so may adversely affect my progression in the ATEP and/or result in my immediate dismissal from the ATEP.

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Signature

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Date

**CONFIDENTIALITY POLICY**

University of Wisconsin – Milwaukee  
**Health Information Confidentiality Policy**

As health care personnel, we have an obligation to maintain patient confidentiality and privacy. Unauthorized disclosure of health information contained in the medical record (hard copy) or in the student health clinical software system (electronic form) not only breaches a patient’s trust in our facility, but also can lead to serious legal consequences. To prevent such situations from occurring, the following policy shall be followed concerning patients' health information.

1. Patient health information shall always be treated as confidential material.
2. No one is to read patient medical records except to the extent required by employee duties and responsibilities.
3. Staff should discuss patients ONLY to facilitate patient care and ONLY when privacy of the discussion is assured.
4. Valid written patient consent must be received before patient health information is released.
5. Verbal patient consent is acceptable in an emergency.
6. When a patient signs a valid written consent to release mental health information, the therapist and/or psychiatrist will review that information prior to release and, if warranted, consult with the patient.
7. Release of patient health information without patient consent must receive prior approval by the Health Information Supervisor and/or the Department Director or Medical Director.
8. All requests for release of patient health information must be routed to the Health Information Supervisor or designee for processing and database input.
9. Patient health information shall not be released via telephone without a signed authorization. *An authorized provider shall only release patient information in the following exceptions:*
  - A. *To inform a patient of lab, radiology, other diagnostic testing or screening results.*
  - B. *To provide a brief medical history when the patient is being treated elsewhere in an emergency.*
  - C. *To transfer a prescription to an outside pharmacy.*(When you are in doubt about a request for patient health information, refer the request to the Health Information Supervisor).
10. Medical records are never to be given directly to patients or relatives.
11. Patients are not to transport medical records from one location to another within Norris Health Center.
12. Medical records may not be removed from Norris Health Center except by court order.
13. Medical records must be returned to the Records Office at the close of each working day.

I have read and understood the Health Information Confidentiality Policy. I understand its meaning and agree that in the performance of my duties as an employee / consultant of the Norris Health Center at the University of Wisconsin-Milwaukee, I will hold the medical record, the information contained within and any health information I hear in confidence. I also understand that a violation of the confidentiality of the medical record and its contents may result in disciplinary action.

\_\_\_\_\_  
Signature of Employee / Consultant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employee / Consultant Name

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## **CREDENTIAL REQUIREMENTS**

Students will be responsible for maintaining their CPR for the Professional Rescuer/Health Care Provider Certification each year. A recertification class will be held each August during the Student Workshop, for an administrative fee of ~\$25.00. If a student does not attend the workshop, they are responsible for the completion cost of a recertification class prior to beginning any clinical experiences.

**CURRICULUM PLAN**

**B.S. Athletic Training Curriculum**

College of Health Sciences

130 credits minimum



General Education Requirements (GERs)	
English	
Math	
Foreign Language	
Cultural Diversity	
Humanities	
Arts	
Social Science	
Natural Science	

Pre-AT Semester		
KIN 212: Fieldwork in Athletic Training	F	1
KIN 310: Responding to Emergencies	F/S/Su	1
BIO SCI 202: Anatomy & Physiology I	F/S/Su	4
KIN 200: Introduction to Kinesiology	F/S	3
PSYCH 101: Introduction to Psychology	F/S/Su	3
SOCIOL 101: Introduction to Sociology	F/S/Su	3
<i>Total credits</i>		<b>15</b>

AT Semester I		
KIN 312: Introduction to Prev./Recog./Treat. of Injuries	S	3
KIN 416: Competencies in Athletic Training	F/S	2
BIO SCI 203: Anatomy & Physiology II	F/S/Su	4
KIN 325: Anatomical Kinesiology	F/S	3
BMS 232: Introduction to Nutrition	F/S	3
MATH 105: Intermediate Algebra	F/S/Su	3
<i>Total credits</i>		<b>18</b>

AT Semester II		
KIN 314: Recog. & Eval. of Injuries: Lower Extremity	F	3
KIN 413: Therapeutic Modalities in Athletic Training	F	3
KIN 416: Competencies in Athletic Training	F/S	2
KIN 270: Statistics in Health Professions	F/S/Su	3
PHYSICS 120: General Physics I	F/S/Su	4
<i>Total credits</i>		<b>15</b>

AT Semester III		
KIN 315: Recog. & Eval. of Injuries: Upper Extremity	S	3
KIN 416: Competencies in Athletic Training	F/S	2
KIN 320: Biomechanics	F/S/Su	3
CHEM 100: Chemical Science	F/S/Su	4
GER Humanities & Oral/Written Communication Part B	F/S/Su	3
COMMUN 103: Public Speaking	F/S/Su	3
<i>Total credits</i>		<b>18</b>

AT Semester IV		
KIN 316: Recog. & Eval. of Injuries: Head, Neck, Trunk	F	3
KIN 412: Foundations of Injury Prevention/Performance	F	3
KIN 416: Competencies in Athletic Training	F/S	2
KIN 330: Exercise Physiology	F/Su	4
KIN 351: Sociological Aspects of Health & Human Mvmt.	F/S	3
<i>Total credits</i>		<b>15</b>

AT Semester V		
KIN 216: Organization & Administration of AT	S	3
KIN 410: Medical Aspects of Illness Management	S	3
KIN 414: Therapeutic Exercise & Rehab. Techniques	S	3
KIN 416: Competencies in Athletic Training	F/S	2
KIN 350: Psychological Aspects of Sport & Exercise	F/S	3
Correlate	F/S/Su	3
<i>Total credits</i>		<b>17</b>

AT Semester VI		
KIN 489: Kinesiology Internship & Seminar	F/S/Su	7
KIN 460: Introduction to Motor Development	F	3
BMS 301: Human Pathophysiology: Fundamentals	F/Su	1
BMS 302: Human Pathophysiology: Organ Systems I	F/Su	1
BMS 303: Human Pathophysiology: Organ Systems II	F/Su	1
GER Arts & Cultural Diversity	F/S/Su	3
<i>Total credits</i>		<b>16</b>

AT Semester VII		
KIN 489: Kinesiology Internship & Seminar	F/S/Su	7
KIN 400: Ethics & Values in Health/Fitness Professions	F/S	3
KIN 461: Principles of Motor Learning	S	3
Elective	F/S/Su	3
<i>Total credits</i>		<b>16</b>

1. Courses highlighted in gray are only available to those students who have been admitted to the Athletic Training Education Program (ATEP).
2. Students must obtain a minimum grade of "C" or better in Math 105, KIN 270, BMS 232, Chem 100, Physics 120, Bio Sci 202, Bio Sci 203, Psych 101, and Sociol 101.
3. Students must earn a "B-" or better in each section of KIN 416 to be eligible for progression in the program.
4. Students satisfy the GER Cultural Diversity by selecting a GER Arts or GER Humanities class that also satisfies the GER Cultural Diversity requirement.
5. Number of elective credits may vary due to placement tests and foreign language background.
6. To be eligible for internship and graduation, students must achieve a minimum UWM cumulative GPA of 2.500; a minimum cumulative GPA of 2.750 in the Kinesiology Core courses: KIN 320, 325, 330, 350, 351, 400, 460, and 461; and a minimum cumulative GPA of 2.750 in the Athletic Training Core courses: KIN 216, 312, 314, 315, 316, 410, 412, 413, and 414.
7. KIN 489: Kinesiology Internship & Seminar is a 640-hour requirement. This may be taken as one full-time semester or as two consecutive half-time semesters (seven credits in each of the two semesters, as indicated above in semesters VI and VII).

## **CURRICULUM COURSE DESCRIPTIONS**

The Athletic Training Core academic courses are structured around the competencies and clinical integration proficiencies outlined in the NATA Athletic Training Education Competencies Manual, 5<sup>th</sup> Edition. In conjunction with the Kinesiology core courses, the Athletic Training curriculum provides a strong foundation addressing various theories, principles, and clinical skills pertinent to the education of an entry-level Athletic Trainer. All clinical skills are initially presented within the context of a formal academic course.

### **Pre-ATEP (course, taken as part of the admission process)**

#### *KIN 212 Field Work in Athletic Training*

*Field Work in Athletic Training (AT) is a class designed to introduce students to the AT Profession, the UWM Athletic Training Education Program (ATEP) and the responsibilities and expectations of an AT Student as well as an Athletic Trainer. Each student in the Field Work in AT class will be required to participate in 5 clinical observations. These observations will expose the student to the AT settings, various sports as well as the different clinical preceptors that are involved in the UWM ATEP. During these observations, the student will observe and interact with Athletic Trainers and current AT Students (ATS). The underlying objective of this course is to provide the student with exposure to the AT profession and relative insights which will enable each student to make an informed decision as to whether to apply for admission into the ATEP. **Completion of this class is required to become an eligible ATEP applicant.***

#### *KIN 310 Responding to Emergencies*

This course will provide the student with the opportunity to practice and be evaluated for proficiency in the first aid and emergency response skills. The class format consists of both lecture material presented primarily via lecture and video demonstration, class discussion, and video, and of laboratory activities that require participation of all students. Students should come dressed in comfortable clothing and be prepared for physical effort and activities on the floor. Laboratory activities are a necessary part of both the course and for desired certifications. **Completion of this class is required to become an eligible ATEP applicant.**

### **ATEP Core Courses**

#### *KIN 216 Organization & Administration of Athletic Training*

This course will provide the student with the opportunity to embrace and understand, as well as practice and be evaluated for proficiency in organizational and administrative skills pertinent to Athletic Training. The organization and administration skills will be related to personnel, program, and personal management, budgeting, facility design/management, insurance, legal aspects, etc. This course is also directly related to the student's concurrent Competency in Athletic Training course (KIN 416 - section 4) and clinical assignment(s). Thus, the student will be provided the opportunity to implement and further develop the clinical skills associated with this class in a clinical environment.

#### *KIN 312 Introduction to Prevention, Recognition and Treatment of Athletic Injuries*

This course will provide the student with an introduction to Athletic Training. It will provide the student with basic knowledge, techniques, and skills needed to prevent, evaluate, and treat athletic injuries as well as manage emergency situations. This course is also directly related to the student's concurrent Competency in Athletic Training course (KIN 416 - section 1) and clinical assignment(s). Thus, the student will be provided the opportunity to implement and further develop the clinical skills associated with this class in a clinical environment. This course includes a laboratory.

#### *KIN 314 Recognition and Evaluation of Injuries in Athletic Training: Lower Extremity*

This course will provide the student with evaluation knowledge of different lower extremity injuries, examples of documenting injury evaluation findings in a SOAP note format, evaluation techniques for major joints and associated structures of the lower extremity, the ability to formulate a final assessment, and include current literature and research outcomes related to lower extremity injuries. This course is also directly related to the student's concurrent Competency in Athletic Training course (KIN 416 - section 2) and clinical assignment(s). Thus, the student will be provided the opportunity to implement and further develop the clinical skills associated with this class in a clinical environment. This course includes a laboratory.

*KIN 315 Recognition and Evaluation of Injuries in Athletic Training: Upper Extremity*

This course will provide the student with evaluation knowledge of different upper extremity injuries, examples of documenting injury evaluation findings in a SOAP note format, evaluation techniques for major joints and associated structures of the upper extremity, the ability to formulate a final assessment, and include current literature and research outcomes related to upper extremity injuries. This course is also directly related to the student's concurrent Competency in Athletic Training course (KIN 416 - section 3) and clinical assignment(s). Thus, the student will be provided the opportunity to implement and further develop the clinical skills associated with this class in a clinical environment. This course includes a laboratory.

*KIN 316 Recognition & Evaluation of Athletic Injuries: Head, Neck, Trunk*

This course will focus on the identification and management of common injuries to the head, neck, and trunk. Course content will address assessment, evaluation, treatment, and general rehabilitation techniques and strategies. This course is also directly related to the student's concurrent Competency in Athletic Training course (KIN 416 - section 4) and clinical assignment(s). Thus, the student will be provided the opportunity to implement and further develop the clinical skills associated with this class in a clinical environment. This course includes a laboratory.

*KIN 410 Medical Aspects of Illness Management*

This course will focus on the identification and management of common medical conditions and illnesses associated with the physically active population. Course content will address common pharmaceutical intervention, assessment and evaluation procedures, and the development of an appropriate treatment/management plan for the return to activity and/or continuation of current physical activity status. Emphasis will be given to the role of an athletic trainer. This course is also directly related to the student's concurrent Competency in Athletic Training course (KIN 416 - section 5) and clinical assignment(s). Thus, the student will be provided the opportunity to implement and further develop the clinical skills associated with this class in a clinical environment.

*KIN 412 Foundations of Injury Prevention and Performance*

This course will examine the foundational knowledge, skills, and science that inform injury prevention, rehabilitation, and performance in sport and physical activity. Current research related to injury rehabilitation will be discussed. Laboratory sessions will provide hands-on opportunities with many of the rehabilitation tools and techniques discussed in class. This course is also directly related to the student's concurrent Competency in Athletic Training course (KIN 416 - section 4) and clinical assignment(s). This class will rely heavily upon fundamental anatomy and physiological concepts as well as common injury mechanisms.

*KIN 413 Therapeutic Modalities in Athletic Training*

This focus of this course will be on the tissue healing response after injury, neurological pain control theories, and types of therapeutic modalities used in the Athletic Training setting, their selection process, set-up, indications and contraindications, specific physiological effects, and the progression of these modalities in athletic injury management. This course is also directly related to the student's concurrent Competency in Athletic Training course (KIN 416 - section 2) and clinical assignment(s). Thus, the student will be provided the opportunity to implement and further develop the clinical skills associated with this class in a clinical environment. This course includes a laboratory.

*KIN 414 Therapeutic Exercise and Rehabilitation Techniques in Athletic Training*

This course will provide the student with the opportunity to understand and practice the knowledge and clinical skills that correspond with the rehabilitation of athletic injuries. This course is also directly related to the student's concurrent Competency in Athletic Training course (KIN 416 - section 5) and clinical assignment(s). Thus, the student will be provided the opportunity to implement and further develop the clinical skills associated with this class in a clinical environment. This course includes a laboratory.

*KIN 416 Competencies in Athletic Training*

Lecture section: The Friday lecture portion of this class will utilize guest speakers, interns, graduate students, ATS's, and faculty to facilitate the delivery of current research topics, skill techniques, as

well as treatment and rehabilitation strategies that are related to Athletic Training. This also provides an opportunity for athletic training students and the athletic training staff to meet on a regular basis and discuss issues related to the UWM Athletic Training Education Program.

This course is also directly related to your concurrent clinical assignment. The primary focus of the clinical assignments will parallel the specific clinical skills being evaluated during this class. Thus, you will be provided with the opportunity to apply and further develop your clinical skills. Clinical assignments will be discussed in more detail during the first week of seminar class.

**DISMISSAL FROM THE ATEP**

Any student may be dismissed from the ATEP for failure to fulfill all expectations, obligations, and guidelines (academic, clinical, or professional behavior). Students are encouraged to review the associated documents and policies for further details. All violations of ATEP policy and procedure will be reviewed by the ATEP Director and/or Director of Sports Medicine/Head Athletic Trainer.

**FEES ASSOCIATED WITH THE ATEP**

	<b>Equipment or service provided</b>	<b>Fee</b>	<b>Repeated</b>	<b>Total Expense</b>
KIN 310 Responding to Emergencies-	Breathing barrier mask and credentialing fee	\$45.00/course	Once	\$45
KIN 416 Competencies in Athletic Training	This fee is to provide the student with access to the “eValue” online clinical education management platform.	\$60.00/course	5 times (each time KIN 416 is taken)	\$300
KIN 489 Internship in Athletic Training -	This fee is to provide the student with access to the “eValue” online clinical education management platform.	\$10.00/credit	14 credits total	\$140
CPR Recertification	Administrative credentialing fee	~\$25.00	At least once, depending on when initial credential is obtained	\$25
<b>Cumulative expense across degree program</b>				<b>\$515</b>

**INSURANCE**

**COLLEGE OF HEALTH SCIENCES  
DEPARTMENT OF HUMAN MOVEMENT SCIENCES**

STATEMENT OF INSURANCE

**Health and Accident Insurance**

Health and accident insurance is NOT provided for you by the University of Wisconsin-Milwaukee or by the agency in which you are placed as part of your clinical rotation, for fieldwork, field-training, or to meet internship requirements. It is advisable that you maintain 1) appropriate personal health insurance and 2) adequate auto insurance coverage for your vehicle as you may be required to travel between sites.

Liability Insurance

As a student enrolled at a UW-System campus, you represent the University and the state of Wisconsin in the performance of your duties as part of your professional training placements and you are protected under the State of Wisconsin program of Self-Insurance for Liability Protection. If a liability action should arise from the performance of your responsibilities as assigned as part of your field placement, protection for that action would be provided by statute and, if need be, you would be defended by the State of Wisconsin Attorney General’s Office. This coverage is meant to include only those situations in which you are performing duties related to the professional training placement. In cases where you are employed



by the agency in which you are placed (i.e. a paid internship), and the employment is part of your University learning experience leading toward a degree or a certification, the University does not provide liability coverage to you for acts or omissions which may lead to suit.

The UWM Risk Management Office encourages all students to carry personal insurance policies that provide protection in the event of a personal injury and/or damage to or theft of personal possessions. Neither UWM's College of Health Sciences nor the state of Wisconsin provides such coverage to you. It is recommended that you do NOT transport clients, patients, agency staff, or students in your personal car.

#### Labor Disputes

The Department of Human Movement Sciences at UWM depends on agencies outside the University for training and enhancing the student experience. When work or appropriate supervisor stoppage occurs in an agency in which a student is placed, it is Department policy that the student's welfare and education be placed above all else. In the event of a labor action/dispute that results in a cooperating supervisor not being available to directly supervise a student, it is the Department supervisor's responsibility to act on behalf of the student and temporarily remove the student from that placement pending the resolution of the labor action/dispute. Students are not allowed to replace staff. If the labor dispute/job action should continue for an extended period of time, the University will at that point review alternatives for the student involved and likely work to identify a suitable alternative site.

### **OCCUPATIONAL HEALTH AND SAFETY: REQUIREMENTS AND TRAINING**

Universal precautions (Treating all blood and bodily fluids as potentially infections) should be practiced in all patient care, or mock patient care settings. This includes minimally wearing gloves when blood or a bodily fluid is present, but can also include face mask, eye protection, and a gown. The likelihood that someone you work with in a Sports Medicine setting may have a contagious disease is low, but to protect yourself and your patient you must follow proper procedures and universal precautions.

Infectious diseases such as AIDS and Hepatitis B can be transmitted from one person to another in blood and other body fluids, through mucus membranes (eyes, nose and mouth), and skin abrasions (cuts, scratches, scrapes, and rashes).

In the athletic arena, the greatest risk comes from blood and any fluid visibly contaminated with blood, such as saliva of an individual who has a cut in his or her mouth.

#### **General Principles**

- Treat all bleeding injuries, no matter how minor, while wearing gloves
- Never touch an athlete's mouth guard without gloves
- Never clean up blood without wearing protective gloves and clothing
- Immediately wash with soap and water any area of the body that has come into contact with another person's blood or other body fluids. Report this contact to the Norris Health Center. Follow their protocol for exposure.
- Never share shaving utensils
- Never share drinking containers or dip drinking containers into drink fluids
- Never share towels or another player's clothing or equipment

#### **Prevention**

- If in doubt, do not touch a person or items without protection
- Disinfect all contaminated laundry, towels and equipment or dispose of it in a properly labeled biohazard bag
- Dispose of all contaminated bandages in a properly labeled biohazard bag
- Wear gloves when handling all dirty laundry

#### **Sharps Bins**

- These are the small, red, hard plastic containers that sit on counters or are affixed to walls
- Put only sharp objects in sharps bins, no gauze, gloves or paper
- Do not reuse scalpels; dispose of in sharps bin

### **Biohazard Bins**

- These are the large, red containers fitted with biohazard bags
- Used to dispose of anything that is not sharp that has been exposed to body fluids

### **Utensils**

- Once utensils (scissors, tweezers) are exposed to any contamination they should be placed in a small biohazard bag and placed by the sterilization unit
- They will be periodically sterilized by the staff and then returned to the storage containers for use

### OSHA Blood-Borne Pathogen Training

OSHA blood-borne pathogen education is conducted once a year in late January, after the new athletic training students have been accepted into the program. All students will be required to complete an online training program provided by the Department of University Safety & Assurances at UWM. The training will be supplemented by discussion from the ATEP Staff as part of “Seminar in Athletic Training”. Each student signs a form showing completion of the training, and the form is maintained within his/her student file in the ATEP Director’s office. Any student unable to attend the training must attend a make-up training session as soon as possible.

### On-Campus Clinical Site Universal Precautions Protocol

All on-campus clinical sites follow the OSHA Universal Precautions procedures. OSHA manuals are located in the staff offices at each facility and are accessible to students. Supplies are available at each facility and include sharps containers, large item disposal bins with biohazard bags, non-sterile latex and non-latex gloves, and blood/body fluid spill clean up kits. The Universal Precautions materials are located in the taping/wound care area of each facility and are maintained by the ATEP staff. Disposal of biohazard material is arranged with the Department of University Safety & Assurances on campus, which has regular collection intervals and may be called for special collections as required. Requirements for proper disposal of biohazard material include rubber banding any bags and closing the attached lids on all sharps containers. You are encouraged to visit UWM’s Department of University Safety & Assurances’ website at [www.uwm.edu/Dept/EHSRM/BBP/](http://www.uwm.edu/Dept/EHSRM/BBP/) for additional details as well as the online training program.

### Off-Campus Clinical Site Universal Precautions Protocol

The State of Wisconsin has a uniform OSHA Universal Precautions Protocol for all public institutions. Thus, many of the off-campus clinical affiliates operate under the same protocol with regard to Universal Precautions. Furthermore, the Wisconsin Interscholastic Athletic Association requires that all high schools belonging to the association implement and utilize Universal Precautions. Methods for blood borne pathogen training vary across clinical sites and may include videos, workbooks and/or online training. Most sites utilize similar methods for handling blood borne pathogens (biohazard bag, sharps bin, etc.) as utilized on-campus at the University of Wisconsin-Milwaukee. Clinical sites generally have OSHA manuals centrally located at each institution and/or within the clinical site (i.e. athletic training room). Students are encouraged to discuss the site-specific OSHA policies and procedures with their off-campus ACI/CI at the start of their clinical rotation.

## **PROFESSIONAL APPEARANCE EXPECTATIONS**

One way to promote professionalism is through wearing appropriate clothing. What you wear will, in part, determine the level of professionalism and respect directed towards you from student-athletes, patients, coaches, team physicians, and anyone else involved with the ATEP. Further, in your role as an athletic training student you will be physically active when working with student-athletes and patients (e.g., bending, squatting, reaching). Thus, it is imperative that you choose appropriate clothing that allows for comfortable movement, yet eliminates the potential for compromising your professional appearance.

Appropriate dress is expected and will be required at all times while in the clinical setting and when representing the ATEP at practice and game coverage. **Each student should consult with his/her assigned Preceptor to verify the dress expectations specific to your clinical experience.** The ATEP provides each student with new polo shirts and/or t-shirts that should be worn during all clinical experiences. Thus, a student should always have appropriate clothing available to wear that clearly identifies you as an athletic training student.

Students will be expected to wear their name tag during all clinical experiences at the Pavilion Sports Medicine Center and Engelmann Athletic Training Room. Nametags should be kept with you so you have them when needed at each facility. A processing fee will be charged to replace any lost name tag. Off-campus clinical sites may have additional, unique requirements.

Students assigned to outside experiences or events should dress for the weather and attempt to wear coats, hats, etc. that have a UWM logo. Students traveling with a team should verify the travel dress code expectations with their Preceptor, and follow them accordingly.

The following apparel is **NOT** allowed during clinical experiences at ANY on or off-campus clinical site.

- Untucked shirts
- Blue Jeans
- Ripped, torn, or frayed clothing
- Fleece sweatpants
- Lycra, spandex, latex or any other tight-fitting clothing
- Clothing that reveals mid-riff or cleavage due to being too short or buttons not buttoned
- Clothing that is high-cut including shorts and T-shirts (both in total length and sleeve length)
- Clothing with non UWM university/college names or logos, product advertisements
- T-shirts that are not UWM ATEP T-Shirt
- Hats, headbands or other headgear in ATR (hats are allowed outside, but must be UWM or plain)

*If your ACI and/or any other member of the ATEP staff believes your clothing does not meet the dress code expectations you will be asked to change into appropriate clothing or asked to leave the facility.*

## **PROFESSIONAL BEHAVIOR EXPECTATIONS**

### **Foundational Behaviors of Professional Practice**



These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

#### **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.

#### **Team 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**

- ♦ Comply with the NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*.
- ♦ Understand the consequences of violating the NATA's *Code of Ethics* and 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 clients'/patients' 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.

## **RE-ENTRY INTO THE ATEP**

### **Procedure for consideration for re-entry into the Athletic Training Education Program**

1. Students interested in applying for re-entry into the Athletic Training Education Program (ATEP) must demonstrate interest in applying for re-entry by communicating with the ATEP Director.
2. Re-admission will not be considered if more than 2 consecutive academic semesters have lapsed between ATEP dismissal and receipt of the student's intention to apply for re-admission.
3. Students must meet the semester GPA requirement to be considered eligible for re-entry into the ATEP. Therefore, the semester GPA must be at least a 2.75 for the semester in which the student is being reconsidered. Final decisions for re-entry will be made at the conclusion of the semester after final grades have been posted.
4. During the semester in which the student is being reconsidered, students will be required to register for 2 credits of KIN 299 Independent Study, which will include completion of a minimum of 40 hours of clinical education in the athletic training facility. In addition, a selection of clinical integration proficiencies representing previous coursework will be re-evaluated and must be passed before the end of the semester (per KIN 299 syllabus). It is the student's responsibility to set up times for the skill evaluations with an appropriate Preceptor. In order to be eligible to apply for re-admission, students must successfully complete the requirements of the KIN 299 course.
5. The student will submit an application at the end of the semester in which they are being reconsidered, assuming successful completion of KIN 299, along with a personal statement. The personal statement must address what contributed to the student being dismissed/leaving the ATEP, and what strategies will be employed to insure the student will not repeat the cycle.
6. At the conclusion of the semester in which the student is being reconsidered, the ATEP admissions committee will review the application and the student's current transcripts and make a final decision regarding re-entry into the program.
7. If re-admitted, the student will re-enter the program the subsequent semester. The ATEP Director will determine the student's revised curriculum plan and appropriate level in the program, based

on the successful completion of courses, AND/OR the need to repeat AT courses. If the student was dismissed due to failed attempts to pass the Cumulative Proficiency Exam (CPE), the student will need to repeat KIN 416 for the semester that they failed, and successfully pass the CPE in order to progress to the next level in the program.

8. If re-admitted, students will be re-admitted on probation and may take no more than 12 credits during the first semester that they are re-admitted to optimize potential for success. Students re-admitted must meet the academic criteria (Semester GPA of 2.75) for the subsequent semester or they will be dismissed from the program. A student dismissed from the ATEP following re-admission can neither appeal for reconsideration nor be eligible to re-apply to the program.
9. If a student unsuccessfully attempts to be re-admitted, they are not eligible to apply for subsequent re-admission.

### **TECHNICAL STANDARDS FOR ATHLETIC TRAINING STUDENTS**

The Athletic Training (AT) Program at the University of Wisconsin-Milwaukee is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is 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 establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as to meet the expectations of the program's accrediting agency - the Commission on Accreditation of Athletic Training Education (CAATE). Prior to admission into the AT Program, all students must meet the following technical standards. In the event that a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program and/or may be dismissed from the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the AT Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, and integrate concepts, to problem solve in the formulation of a basic assessment, and to make therapeutic judgments regarding physical deviations from the norm.
2. *Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques and to accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.*
3. The ability to communicate (oral and written) effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the AT Program will be required to verify that they understand and meet these technical standards or that they believe that, with reasonable accommodations, they can meet the standards. Technical standards will be evaluated through requirements associated with Field Work in Athletic Training (KIN 212) and/or Responding to Emergencies (KIN 310) as well as verification of a physical examination by a licensed physician or other qualified health care provider.

It is the student's responsibility to contact the Student Accessibility Center if the student believes he/she will require accommodation to meet the technical standards. The Student Accessibility Center will verify the student's disability and, in consultation with the department, identify the accommodation(s) that the department should provide to such student so that the student can meet the technical standards. This determination may include a review of whether the accommodations requested are reasonable, a review of whether the proposed accommodation would pose a direct threat to clinician/patient safety, and take into account the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I certify that I have read and understand the technical standards of admission listed above, and I believe to the best of my knowledge that I meet each of these standards with or without reasonable accommodation. I understand that if I am unable to meet these standards, I will not be admitted into the program and/or may be dismissed from the program. If I believe I will require reasonable accommodation to meet each of these standards, I understand that it is my responsibility to contact the Student Accessibility Center to determine what accommodations may be reasonable.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **TRANSFER STUDENT ADMISSIONS**

DUE TO THE SEQUENTIAL AND CUMULATIVE NATURE OF THE CURRICULUM, TRANSFER STUDENTS MUST COMPLETE ALL OF THE ATHLETIC TRAINING CORE COURSES AT UWM. GENERAL EDUCATION REQUIREMENTS, ELECTIVES AND PROFESSIONAL CORE COURSES MAY BE TRANSFERRED IN ACCORDING TO UWM GUIDELINES. ACCEPTANCE OF TRANSFER CREDITS IS DETERMINED BY THE DEPARTMENT OF KINESIOLOGY IN CONSULTATION WITH THE ATEP DIRECTOR, AND THE KIN UNDERGRADUATE PROGRAM DIRECTOR.

## **CLINICAL EDUCATION REQUIREMENTS**

### **OVERVIEW**

A requirement of each section of the KIN 416 "Competencies in Athletic Training" course is that the students must participate in a clinical education experience each semester starting when he/she enters the program. The clinical education experiences serve as an extension of the formal academic courses and present the student with opportunities to apply the clinical skills in a practical athletic training environment under the guidance of a Preceptor. KIN 416 is taken each of the first 5 semesters in the program (semesters 1-5). The primary focus of the clinical education experience for each of the 5 semesters corresponds to the educational competencies and clinical skills that are presented in the formal academic courses and evaluated in the "Competencies in Athletic Training" course. Upon completion of the 5th semester in the ATEP, each student will have been evaluated for proficiency in all of the athletic training competencies and clinical integration proficiencies outlined in the 5<sup>th</sup> Edition NATA Athletic Training Education Competencies Manual. During semester 6 (and 7 if necessary) of the ATEP, if academically eligible, each student participates in a clinical internship (640 hours total) as part of the KIN 489 Internship course. The internships allow each student to assume greater responsibility and facilitate the application of all knowledge and clinical skills acquired during semesters 1 to 5.

The clinical education component of the ATEP is designed to provide a solid educational foundation and facilitate the application of the fundamental knowledge base in a variety of sports medicine settings both at UWM and off-campus. The role of the ATS is to function as a health care professional by utilizing knowledge and applying clinical skills ***within the student's scope of practice and under the supervision of an Athletic Trainer/Preceptor.***

Students will have clinical education experiences at on-campus and off-campus locations. Assignments are based on the student's semester in the program, skill level, maturity, academic standing in the program, and the clinical experience need of the student. All clinical experiences are part of the course requirements for each section of "Competencies in Athletic Training" (KIN 416) or "Internship" (KIN 489). Students are expected to fulfill the requirements of their clinical assignments, as determined by the Director of Clinical Education and their Preceptor. Course grades will be comprised of a performance score for the responsibilities assigned as part of the clinical assignment and be based, in part, on meeting the goals and expectations set forth by the Preceptor, as well as a final evaluation from the Preceptor. The final evaluation will address demonstrated competency throughout the clinical assignment.

### Clinical Education Definitions

#### A. Direct Supervision

1. The Preceptor must be physically present and have the ability to intervene on behalf of the ATS and/or the patient, to provide on-going and consistent education.
2. ATS should provide services to patients only when directly supervised by the appropriate Preceptor. ATS should only travel with athletic teams when their Preceptor directly supervises them.
3. The Preceptor will plan, direct, and advise the clinical experience. Preceptors should allow students the appropriate freedom to engage in critical thinking and decision-making in a suitable, supervised environment.
4. When directly supervised, the ATS may perform any clinical task/skill, provided they have received the appropriate education and evaluation in that task/skill at that point in the curriculum.
5. All clinical experiences required as part of the ATEP must include direct supervision.

#### B. Unsupervised

1. Any clinical opportunity not meeting the definition of direct supervision.
2. If a student is unsupervised, they can no longer function as an ATS, and therefore the skills that they are able to perform revert back to any other credential that they may have (first aid/CPR Pro certification, etc.).
3. Students pursuing additional clinical opportunities on their own, regardless of supervision, do so at their own liability. Students are encouraged to obtain additional liability insurance.

#### C. Service Learning

1. Activities outside of any other ATEP requirements (e.g., Special Olympics, State Games, other Professional Development Unit (PDU) activities). If athletic training skills are performed, they must be directly supervised by an appropriate Preceptor.

#### D. Clinical Experience

1. Any clinical experience required by the educational components and experiences of the ATEP.

### ANNUAL FALL WORKSHOP

Each August, there will be a day-long workshop for all ATEP students. This all day (9am-5pm) workshop is typically during the first week of August. The purpose of this workshop is to:

- Discuss and review ATEP policies and procedures
- Review clinical skills and emergency procedures
- Meet with Preseason/Fall Preceptors to discuss preseason/fall clinical education placements
- Review and re-certify first aid and CPR skills

Due to the high importance of the information covered and skills reviewed, this workshop is **MANDATORY FOR ALL ATHLETIC TRAINING STUDENTS, INCLUDING INTERNS**. Failure to attend the workshop will adversely affect your standing in the ATEP.

### CLINICAL EDUCATION DESCRIPTION

During the first two semesters in the ATEP, the student is assigned to a UWM on-campus Preceptor(s), who works in the UWM Athletic Training Facility. Students will learn from the Preceptors working with Division I student-athletes in contexts such as pre-season practices, daily practices, and competition.

Each assignment will require the application of different skills on the part of the ATS. When appropriately supervised by a Preceptor, there may be opportunity to experience traveling to an away competition, including overnight stay. The University covers all expenses for such travel.

During the program all students will complete at least two clinical education experiences at an off-campus high school, college, hospital, clinic, or other organization in the greater Milwaukee community. The student will be expected to travel to this site a number of times per week to work with the Preceptor and the patients/athletes utilizing the services provided by the facility. These sites may include sports medicine or family practice clinics, outpatient/inpatient rehabilitation clinics, high school athletic, college athletic, professional teams, and/or industrial rehabilitation settings. The off-campus clinical experiences require that the ATS have reliable off-campus transportation. Some of the sites are accessible via the Milwaukee County Transit System. *Accommodations for students without personal vehicles can be made after discussion with the Director of Clinical Education.* The purpose of the off-campus experiences is to provide the ATS with exposure to a variety of athletic training settings and the opportunity to work with other athletic trainers and allied health professionals.

Exact details of any experience will be established in advance and in coordination with the student by the Director of Clinical Education and the Preceptor. The ATS is also encouraged to attend and experience as many events/competitions associated with the off-campus site as possible. In most cases, particular importance is placed upon the student being exposed to activities/patients presently not offered through the UWM varsity athletics program (i.e. hockey, wrestling, football, softball, industrial, and family practice).

It is important for the ATS to remember that he/she is a representative of UWM during all on or off-campus assignments and related travel. Therefore, the student is expected to represent UWM appropriately and professionally at all times as described in the Code of Conduct and Foundational Behaviors of Professional Practice guidelines.

## **CLINICAL EDUCATION EXPECTATIONS**

### Clinical Assignment Orientation Check-List

Prior to the start of each clinical assignment, you are expected to discuss and review the following informational items with your Preceptor. This information, along with additional items, is part of the clinical assignment expectations, which are established at the beginning of each clinical assignment. In addition, you should take an opportunity to ask questions you may have regarding the clinical assignment, including but not limited to:

#### Orientation to clinical site

- Clinical supervisor (Preceptor) expectations
- Your clinical assignment goals and objectives
- Your expectations of the Preceptor
- Communication of “teachable moments” and/or constructive criticism
- Tentative schedules as well as major tournaments/events
- Your clinical assignment schedule (including class and work schedule)
- Instructions for how you sign-up for games and practices
- Instructions for how (email, home phone, cell phone/text, and/or other) you notify your Preceptor of a change (last minute and well in advance) in your schedule
- Instructions for how your Preceptor can contact you
- Location of where the current clinical assignment schedule will be posted
- How often your clinical experience hours will be approved
- How to process Clinical Integration Proficiency (CIP) evaluations
- Dress code expectations
- Review of clinical site emergency procedures and emergency action plan
- An opportunity to ask questions regarding your clinical assignment as well as an invitation to ask questions throughout the experience



### Clinical Assignment Attendance

You are expected to attend all activities that are associated with your specific clinical assignment schedule, including practices, games, athlete/patient treatments, and other commitments as described by the supervising Preceptor, as outlined in your agreed upon schedule. If you are unable to attend a clinical assignment commitment, you **MUST** notify the supervising Preceptor **AS SOON AS YOU KNOW** that you will be unable to fulfill any obligation. Failure to notify all appropriate individuals will adversely affect your clinical performance evaluations, course grade, and/or standing as a student in the ATEP. It is **your** responsibility to contact the Preceptor.

### Communicating With Your Preceptor

If you determine that you will be unable to attend a previously scheduled clinical assignment, you will be expected to contact the supervising Athletic Trainer/Preceptor according to your agreed upon communication method(s):

### "Time-Off"

If you need time-off for an approved absence from your clinical assignment, you must request that in advance to your supervising Preceptor.

### Class

Specific attendance policies for each academic course will be announced on the first day of class, and listed in the appropriate course syllabus. In general, however, frequent absences from class will be reflected in examination performance. You should communicate any anticipated absence to the instructor in writing as soon as possible. If you will miss class due to a travel commitment with your clinical assignment, notify your instructor as soon as you know the dates that you will be absent. You should make arrangements to obtain course information, complete assignments, and re-schedule quizzes/exams as allowable. **Travel commitments may not qualify as excused from all instructors.**

### "Down Time"

There will be times in which your clinical site is "quiet". That is, there may be no injuries to treat or rehabilitate, all teams are at practice, and/or athletes and patients fail to show for appointments. You may be enticed to relax and talk with your fellow students. Although there are times for relaxing and talking, down time provides you with an opportunity to complete a number of projects or work on clinical skills, practice logs, and/or clinical integration proficiencies. Take advantage of this time. You will find that "down time" can present very valuable learning opportunities. When "down time" does occur, work on one or more of the following:

- Complete any progress notes, new evaluations, and treatments that are not finished
- Document injuries, illnesses, and treatments as outlined by the clinical site, if applicable
- Work on practice logs and/or clinical integration proficiencies (evaluations, taping, injury recognition, etc.)
- Review an Athletic Training textbook, research article, or other resource
- Check the bulletin board for "clinical experience opportunity" events and sign up if available
- Clean – check schedule and work on your assigned area or anything that needs attention
- Assist other athletic trainers in getting their teams ready. It helps create a positive atmosphere
- Work on anything else **pertaining to athletic training**

### Clinical Experience Hour Log

Students are required to record all clinical experience hours accrued in the "Time Tracking" option on eValue ([www.e-value.net](http://www.e-value.net)). The supervising Preceptor must approve all hours on a regular basis. Failure to appropriately log clinical hours will adversely affect your clinical course grade. Refer to the KIN 416 or KIN 489 syllabus for specific policies and expectations.

## **CLINICAL EDUCATION INVESTMENT OF TIME**

- A. Competencies in Athletic Training (KIN 416) Requirements (Semesters 1-5)
  1. Students are expected to complete at least the minimum numbers of clinical hours that are necessary to fulfill the requirements and expectations of their clinical assignment(s), as

determined by the Director of Clinical Education and their appropriate Preceptor. No more than 300 clinical hours may be accrued during a single 15 week semester.

2. In addition to the regularly scheduled clinical assignment(s), specialized hour requirements include:
  - a. Semester 1: none
  - b. Semester 2: 15 hours high school observation
  - c. Semester 3: 15 hours sports medicine clinic
  - d. Semester 4: 15 hours sports medicine clinic
  - e. Semester 5: 15 hours general medical experience
- B. All clinical hours must be logged by the student, and approved by the appropriate Preceptor, on eValue (www.e-value.net).

## **CLINICAL SKILL INSTRUCTION AND ASSESSMENT**

The ATEP curriculum is guided, in part, by the NATA Athletic Training Educational Competencies, 5<sup>th</sup> Edition. This manual contains over 500 educational competencies and clinical proficiencies that are required of an entry-level athletic trainer. The 5<sup>th</sup> Edition of the NATA Athletic Training Educational Competencies document has been organized into five sections, one for each of the first five semesters of the ATEP curriculum based on when athletic training courses were delivered as well as an appropriate order for development of specific clinical skills. Individual competencies and clinical integration proficiencies were subsequently allocated into the corresponding formal lecture courses. The program uses four methods for clinical skill and professional behavior assessment, outlined below. All methods of clinical skill performance will be graded using the Clinical Performance Grading Scale below.

Clinical Performance Grading Scale		Errors/Omits		
		None	Minimal	Significant**
Prompts	No	5*	4*	2
	Yes	3	2	1
Did Not Attempt		0		
Not Applicable		NA		
*Proficient (80% or better)				
**1 or more errors/omits that compromise patient safety; or large # of errors/omits				

5 - Proficient: No errors/omits, no prompts

4 - Proficient: Minimal errors/omits, no prompts

3 - Not Proficient: Any prompts, no errors/omits

2 - Not Proficient: Significant error(s)/omit(s), no prompts; Or prompts and minimal errors/omits

1 - Not Proficient: Significant error(s)/omit(s) and any prompts

0 - Did not attempt skill

NA - Not applicable

### **1. Clinical Skills Tests**

Athletic training students are evaluated in didactic courses with traditional methods such as quizzes, exams, research papers and other projects or assignments. The initial delivery and evaluation of clinical competencies occurs within each AT Core Course and is performed by the course instructors/Preceptors. Each AT Core course includes a laboratory section (with the exception of KIN 216 Org. and Admin. in Athletic Training) which is designed to provide further instruction, formal evaluation of clinical skill proficiency level, and opportunities for practical application of clinical skills. On a weekly basis, each student receives instruction, practice opportunities, and evaluation on a different clinical skill or skills. Clinical skill testing occurs throughout the semester in practical exam format that is conducted either: (a) orally in a one-to-one format between the student and Preceptor or (b) through written response assignments and/or tests when appropriate (i.e. pharmacology drug cards, timed lab stations). Specific evaluative criteria have been established for each clinical skill.

*All clinical skills tests must be passed with a minimum score of 80% to be allowed to progress to the next level within the ATEP. Students will be allowed to re-test or remediate up to three non-pass skill tests,*

and it is the decision of the instructor as to how the non-pass is handled. The score from the original skills test will be used in the calculation of the student's grade

## 2. Clinical Integration Proficiencies (CIP)

During each clinical education experience, a student is evaluated on their ability to integrate the skill competencies, clinical decision making, and professional behavior into a discriminatory thought process. That is, a student is evaluated in the context of direct patient care for the CIP in which s/he formulates correct clinical decisions (i.e. which special test to use, goniometer use for the ankle) and subsequently performs the entire clinical skill component (i.e. ROM assessment, neurological testing). If the circumstances of the clinical assignment are such that there is no opportunity to perform a clinical skill from the comprehensive set of related CIP, the Preceptor will create a "mock" exam to simulate an appropriate potential clinical situation. Preceptors will provide the student feedback using individual CIP evaluation forms on eValue (www.eValue.net). The student will also provide reflective comments on his/her performance on the CIP. Specific CIPs must be evaluated according to a student's level within the program, and these requirements are distributed to each student at the start of each semester in the KIN 416 syllabus and KIN 489 syllabus. The CIP schedule is also provided below.

All CIPs required for that semester must be passed with a minimum score of 80% to be allowed to progress to the next level within the ATEP. Students should repeat CIPs until they pass each one with at least an 80% score no later than the final due date listed in the KIN 416 or KIN 489 syllabus. All students must pass all of the required CIPs by the due date listed in the KIN 416 or KIN 489 syllabus to be allowed to progress to the next level within the ATEP. Additional details can be found in the KIN 416 or KIN 489 syllabus

University of Wisconsin - Milwaukee  
Department of Kinesiology  
Athletic Training Program  
Clinical Integration Proficiency Schedule



Name: \_\_\_\_\_

AT Program Acceptance Year: \_\_\_\_\_

CIP	Semester Evaluated >>>	SEM 1	SEM 2	SEM 3	SEM 4	SEM 5	PRE-INT*	INT
CIP-1-F	Prevention and Health Promotion: Fitness and Performance Assessment				1**			
CIP-1-N	Prevention and Health Promotion: Nutrition Analysis					1		
CIP-2-B	Protective Equipment- Bracing	1		1				
CIP-2-FB	Protective Equipment- Football				1			
CIP-3	Environmental	1						
CIP-4-LE	Clinical Assessment and Diagnosis - LE*** 1)Foot/toes _____ 4) Knee _____ 2)Ankle _____ 5)Thigh _____ 3)Lower leg _____ 6) Hip _____		2	2	2			
CIP-4-UE	Clinical Assessment and Diagnosis - UE*** 1)Shoulder _____ 4) Forearm _____ 2)Upper arm _____ 5) Wrist _____ 3)Elbow _____ 6)Hand/fingers _____			2	2	2	2	1
CIP-4-HNT	Clinical Assessment and Diagnosis - HNT*** 1)Lumbar/Pelvis/SL _____ 4)Head/face/TMJ _____ 2)Thoracic/Rib _____ 5)Concussion _____ 3)Cervical _____				2	3		
CIP-4/7-TM	Therapeutic Modalities CIP - 7 - Psychosocial Techniques (assessed with CIP-4-TM)		1	1	1			
CIP-4/7-R	Rehabilitative Techniques CIP - 7 - Psychosocial Techniques (assessed with CIP-4-R)					1	1	1
CIP-5	General Medical					1	1	1
CIP-6-CPR	Clinical Assessment - Acute Emergency Care CPR/AED	1	1					
CIP-6-OA	Clinical Assessment - Acute Emergency Care Oxygen/Airway			1				
CIP-6-S	Clinical Assessment - Acute Emergency Care Splinting/Spinal Stabilization	1		1				
CIP-6-O	Clinical Assessment - Acute Emergency Care Open Wound - Bleeding Control	1	1					
CIP-6-C	Clinical Assessment - Acute Emergency Care Closed Wound - PRICE	1	1					
CIP-8	Psychosocial Disorders - Mental Health Emergencies				1	1		
CIP-9	Healthcare Administration - Documentation					1		
TOTAL PER SEMESTER		6	6	8	10	10	4	3

12/18/2013

\*If necessary

\*\*Numbers indicate the minimum number of times the CIP must be passed (≥80%) each semester. Dates should be entered in the section once the CIP is passed.

\*\*\*Upon completion of the internship, one CIP for each of the body areas listed must be passed. It is the student's responsibility to monitor/complete all areas.

### 3. Clinical Education Performance Evaluations

For KIN 416, Competencies in Athletic Training, clinical education performance will comprise 20% of the course grade, and will include the following methods of evaluation:

1. Establishment of Clinical Assignment Goals/Objectives, Clinical Assignment Expectations\*, and Professional Behavior Self/Preceptor Expectations
  - a. \*This must also be completed each time you begin a new clinical assignment.
2. ¼ Preceptor Evaluation of ATS - Preceptors will be notified on E-Value.
3. Mid-Term Self/Preceptor Evaluation of ATS
4. ATS Evaluation of Preceptor/Clinical Site
5. ¾ Preceptor Evaluation of ATS - Preceptors will be notified on E-Value.
6. Final Self/Preceptor Evaluation of ATS (considering expectations).
7. Professional Behavior Self/Preceptor Assessment
8. ATS Evaluation of Preceptor/Clinical Site

More details, including due dates, can be found in the KIN 416 syllabus. All Semester 1-5 evaluation instruments will be provided as part of the KIN 416 class, accessible on eValue ([www.e-value.net](http://www.e-value.net)). In addition to the requirements outlined in the expectations of your clinical assignment, please note the specialized hour requirements described earlier, unique to each semester. Failure to complete the requirements and expectations of your clinical assignment(s), any of the required evaluations, and/or any required specialized hours will result in a grade reduction.

At mid-semester and the conclusion of each semester, the Preceptor and student will have a conference that is guided by the questions on the "Preceptor Evaluation of ATS" evaluation. Each semester in the ATEP has a unique evaluation form. Each of these evaluations is designed to address areas that the student and/or Preceptor views as weaknesses and/or strengths. Upon the conclusion of the meeting, the Preceptor and student complete the evaluation on eValue ([www.e-value.net](http://www.e-value.net)). All evaluation forms are reviewed by the ATEP Director of Clinical Education and ATEP Director and maintained in the student file. The ATEP Director of Clinical Education will discuss any significant concerns regarding student performance or clinical integration proficiency level directly with the student and any relevant course instructors/Preceptors.

Clinical requirements for the internship (KIN 489) are outlined in the KIN 489 syllabus.

### 4. Cumulative Proficiency Exam (CPE)

The Cumulative Proficiency Exam (CPE) will occur at the end of Semesters 1-5 and will be a cumulative assessment of clinical skills, decision making ability, and professional behaviors learned in the courses during that semester:

1<sup>st</sup> Semester - KIN 312

2<sup>nd</sup> Semester - KIN 314, KIN 413

3<sup>rd</sup> Semester - KIN 315

4<sup>th</sup> Semester - KIN 316, KIN 412

5<sup>th</sup> Semester - KIN 216, KIN 410, KIN 414

*The CPE must be passed with a minimum score of 80% to be allowed to progress to the next level within the ATEP. Students will be allowed to re-test or remediate the CPE once, and it is the decision of the instructor as to how the non-pass is handled. The score from the original CPE will be used in the calculation of the student's grade.*

## **INTERNSHIP**

The Internship Program is a "capstone" event in the academic career of the undergraduate student. This culmination of the student's professional and academic activities is intended to nurture the student's growth into the role of an entry level professional. The student will be exposed to a range of professional experiences that will encourage the growth of their clinical confidence and promote a broader understanding of the art and science of athletic training. The internship experience is part of the course

“Kinesiology Internship and Seminar” (KIN 489), which is delivered and supervised by the ATEP Director of Clinical Education. The internship site is jointly determined by the student and the Director of Clinical Education in the semester prior to beginning the internship.

The clinical portion of the KIN 489 course is paired with a Seminar, providing the student with an opportunity to discuss and share experiences with their peers. The seminar serves a support function, assisting students in transitioning from the academic to professional culture. Therefore, such topics as time management, advocacy, ethics, exam preparation, professionalism, management style, job-hunting strategies, and continuing education are discussed. More information about the internship can be found in the KIN 489 syllabus.

### **PRESEASON CLINICAL EDUCATION EXPERIENCES**

The objectives of pre-season clinical education are to gain experience with pre-participation screening, heat illness prevention, evaluation, and treatment, and managing days with multiple practice sessions. Athletic training students must accrue a minimum of 40 hours of clinical experience during August pre-season practices/games prior to beginning the 4<sup>th</sup> semester in the program. These clinical hours may be accrued prior to the 2<sup>nd</sup> semester, prior to the 4<sup>th</sup> semester, or may be split over the two consecutive years.

Students must declare their intention of participating in preseason experiences by the end of the Spring semester to the Director of Clinical Education who will make final placements either on-campus or off-campus. Students may arrange a schedule with their Preceptor that is conducive to their summer commitments and working plans. This clinical experience is separate from that which is required during the KIN 416 Competencies in Athletic Training course. However, skill evaluation and clinical integration proficiency completion may be carried over to the fall semester requirements.

### **PROGRESSION REQUIREMENTS FOR CLINICAL EDUCATION**

<b>SEMESTER</b>	<b>DESCRIPTION OF CLINICAL EXPERIENCES<sup>1,2</sup></b>	<b>PLACEMENT REQUIREMENTS &amp; EXPECTATIONS<sup>3</sup></b>	<b>PLACEMENT ELIGIBILITY CRITERIA<sup>4,5</sup></b>
<b>PRE-ATEP</b>	The Pre-ATEP semester provides prospective applicants with the opportunity to observe the professional role and responsibilities of an Athletic Trainer and an Athletic Training Student. Students will be placed in 5-7 different clinical experiences across an 8-week time period resulting in approximately 20 hours of observation. Clinical observations will occur at one or more of the on-campus Athletic Training Facilities and/or local high school facilities. Observation times may occur Monday - Sunday, during morning practices (6:00am - 12:00 pm), afternoon practices (12:00 - 8:00 pm), and/or during home competition events (day and evening).	<ul style="list-style-type: none"> <li>▪ Attend all scheduled observation times</li> <li>▪ Conduct during observations strongly influences admittance into the ATEP</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enrolled in KIN 212 and KIN 310 with intent to apply for admission into the ATEP</li> <li>▪ Completion of OSHA/BBP/ HIPAA training prior to first observation</li> </ul>
<b>1 (Spring)</b>	<p><b>Clinical Focus:</b> General skills associated with acute injury care, first aid procedures, environmental issues, taping and wrapping techniques, communication, and medical documentation.</p> <ul style="list-style-type: none"> <li>▪ Students will be placed with an on-campus Preceptor and complete clinical experiences with swimming/diving, cross-country, track, men's/women's basketball, men's/women's soccer, baseball, and/or volleyball.</li> <li>▪ Semester 1 students will not be placed off-campus.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Successfully complete the requirements and expectations of the clinical assignment(s) (average 8-12 hrs/wk) per UWM on-campus clinical assignment/Preceptor</li> <li>▪ Successfully complete Semester 1 clinical skills practice log</li> <li>▪ Successfully complete Semester 1 clinical integration proficiencies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Admission into the ATEP</li> <li>▪ Completion of all immunization documentation, physical exam, and background check</li> <li>▪ Concurrently enrolled in ATEP Semester 1 coursework</li> <li>▪ Copy of current first aid and CPR Pro certifications</li> </ul>
<b>2 (Fall)</b>	<p><b>Clinical Focus:</b> In addition to areas listed above; Assessment and evaluation of injuries to the hip/pelvis, knee, leg, ankle, and foot; identification and recognition of signs and symptoms for common lower extremity injuries and pre-disposing conditions; exposure to lower extremity protective equipment; and application of therapeutic modalities.</p> <ul style="list-style-type: none"> <li>▪ Students will be placed with an on-campus Preceptor with one or more of the UWM athletic teams listed above.</li> <li>▪ Students will complete a minimum of 15 hours of observation/exposure at an off-campus high school affiliate.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Successfully complete the requirements and expectations of the clinical assignment(s) (average 8-12 hrs/wk)</li> <li>▪ Complete a minimum of 15 hours of high school observation</li> <li>▪ Participate in pre-season experiences</li> <li>▪ Successfully complete Semester 2 clinical skills practice log</li> <li>▪ Successfully complete Semester 2 clinical integration proficiencies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Successful completion of Semester 1 coursework</li> <li>▪ A grade of B- or better in KIN 416 - Semester 1</li> <li>▪ Successful completion of Sem. 1 clinical assignment(s)</li> <li>▪ Concurrently enrolled in ATEP Semester 2 coursework</li> <li>▪ Completion of Annual ATS Workshop (OSHA/BBP training, CPR Pro re-certification)</li> <li>▪ Completion of pre-season clinical hours (approx. 20 hrs)</li> </ul>

SEMESTER	DESCRIPTION OF CLINICAL EXPERIENCES <sup>1,2</sup>	PLACEMENT REQUIREMENTS & EXPECTATIONS <sup>3</sup>	PLACEMENT ELIGIBILITY CRITERIA <sup>4,5</sup>
3 (Spring)	<p><b>Clinical Focus:</b> In addition to areas listed above: Assessment and evaluation of injuries to the shoulder, elbow, forearm, wrist, and hand; identification and recognition of signs and symptoms for upper extremity injuries/conditions; exposure to upper extremity protective equipment.</p> <ul style="list-style-type: none"> <li>Students will be placed with an on-campus Preceptor with one or more of the UWM athletic teams listed above and/or an off-campus Preceptor with a local high school affiliate.</li> <li>Students will complete a minimum of 15 hours of clinical experience at a sports medicine clinic (on or off-campus).</li> </ul>	<ul style="list-style-type: none"> <li>Successfully complete the requirements and expectations of the clinical assignment(s) (average 10-15 hrs/wk)</li> <li>Complete a minimum of 15 hours in a sports medicine clinic</li> <li>Successfully complete Semester 3 clinical skills practice log</li> <li>Successfully complete Semester 3 clinical integration proficiencies</li> </ul>	<ul style="list-style-type: none"> <li>Successful completion of Semester 2 coursework</li> <li>A grade of B- or better in KIN 416 - Semester 2</li> <li>Successful completion of Sem. 2 clinical assignment(s)</li> <li>Concurrently enrolled in ATEP Semester 3 coursework</li> </ul>
4 (Fall)	<p><b>Clinical Focus:</b> In addition to the areas listed above: Assessment and evaluation of injuries to the head, face, spine, and thorax; recognition of signs and symptoms for head, face, spine, and thorax injuries; exposure to equipment intensive experiences; foundations of injury prevention and performance.</p> <ul style="list-style-type: none"> <li>Students will be placed with an off-campus Preceptor and complete an equipment intensive experience, most likely at an off-campus affiliate site with college or high school football. Clinical experiences with ice-hockey will also be considered.</li> <li>Students will complete a minimum of 15 hours of clinical experience at a sports medicine clinic (on or off-campus).</li> </ul>	<ul style="list-style-type: none"> <li>Successfully complete the requirements and expectations of the clinical assignment (average 10-15 hrs/wk)</li> <li>Complete a minimum of 15 hours in a sports medicine clinic</li> <li>Successfully complete Semester 4 clinical skills practice log</li> <li>Successfully complete Semester 4 clinical integration proficiencies</li> </ul>	<ul style="list-style-type: none"> <li>Successful completion of Semester 3 coursework</li> <li>A grade of B- or better in KIN 416 - Semester 3</li> <li>Successful completion of Sem. 3 clinical assignment(s)</li> <li>Concurrently enrolled in ATEP Semester 4 coursework</li> <li>Completion of Annual ATS Workshop (OSHA/BBP training, CPR re-certification, etc.)</li> <li>Completion of pre-season clinical hours (approx. 20 hrs)</li> </ul>
5 (Spring)	<p><b>Clinical Focus:</b> In addition to the areas listed above: General medical illnesses and conditions; pharmacological principles and protocols, medication documentation procedures; asthma and anaphylaxis; strength and conditioning principles; therapeutic exercise techniques and functional exercise training; administration and organization of athletic training.</p> <ul style="list-style-type: none"> <li>Students will be placed with an on-campus Preceptor with one or more of the UWM athletic teams listed above and/or an off-campus Preceptor with a local affiliate (high school, college, clinic, etc.).</li> <li>Students will complete a minimum of 15 hours of general medical experience at a local physician clinic.</li> </ul>	<ul style="list-style-type: none"> <li>Successfully complete the requirements and expectations of the clinical assignment (average 12-20 hrs/wk)</li> <li>Complete a minimum of 15 hours in a general medical clinic</li> <li>Successfully complete Semester 5 clinical skills practice log</li> <li>Successfully complete Semester 5 clinical integration proficiencies</li> </ul>	<ul style="list-style-type: none"> <li>Successful completion of Semester 4 coursework</li> <li>A grade of B- or better in KIN 416 - Semester 4</li> <li>Successful completion of Sem. 4 clinical assignment(s)</li> <li>Concurrently enrolled in ATEP Semester 5 coursework</li> </ul>
Pre-Intern (if needed)	<p>Following successful completion of the 5th semester, if a student does not begin their internship during the following term, either by choice or because they did not meet the eligibility requirements to begin their internship, they must complete a Pre-Intern clinical experience.</p>	<ul style="list-style-type: none"> <li>Enrollment in 2 credits of KIN 299 each Pre-Intern semester.</li> <li>Successfully complete the requirements and expectations of the clinical assignment (minimum of 100 supervised clinical hours)</li> <li>Successfully complete Pre-Intern clinical integration proficiencies</li> <li>Pre-Intern students must earn a B- or better in KIN 299 in order to be eligible for progression to the internship. If any of the KIN 299 requirements are not met, the highest grade a student can earn is a C+.</li> </ul>	<ul style="list-style-type: none"> <li>Successful completion of Semester 5 coursework</li> <li>A grade of B- or better in KIN 416 - Semester 5</li> <li>Successful completion of Sem. 5 clinical assignment(s)</li> <li>Enrolled in 2 credits of KIN 299</li> </ul>

SEMESTER	DESCRIPTION OF CLINICAL EXPERIENCES <sup>1,2</sup>	PLACEMENT REQUIREMENTS & EXPECTATIONS <sup>3</sup>	PLACEMENT ELIGIBILITY CRITERIA <sup>4,5</sup>
6 - 7 (Summer, Fall, and/or Spring)	<p>Each student is required to participate in a capstone internship experience. This is accomplished by enrolling in KIN 489 for a total of 14 credits. These credits can be split amongst a maximum of 2 terms including summer, fall, and/or spring terms, provided the two terms are consecutive, and the student is registered for a minimum of 3 credits. This flexibility allows for a number of different internship options, based on the student's preference and ATEP affiliations. Internships can be completed anywhere, provided there is an affiliation agreement in place. The internships are designed to facilitate the broadening of the student's knowledge base and further development of all clinical skills. The internship will be a capstone event in the student's academic career and, thus, students are expected to demonstrate the maintenance of proficiency in all clinical skills.</p> <p>Internship sites/supervisors are jointly chosen by the student and the ATEP Director of Clinical Education.</p>	<ul style="list-style-type: none"> <li>▪ Enrollment in KIN 489 for a total of 14 credits (1-2 consecutive terms, minimum of 3 credits, maximum of 14 credits)</li> <li>▪ Accrue a total of 640 clinical hours</li> <li>▪ Successfully complete Intern clinical integration proficiencies</li> <li>▪ Demonstrate maintenance of clinical skills presented in Semesters 1-5</li> </ul>	<ul style="list-style-type: none"> <li>▪ Successful completion of Semester 5 coursework</li> <li>▪ A grade of B- or better in KIN 416 - Semester 5</li> <li>▪ Successful completion of Sem. 5 clinical assignment(s)</li> <li>▪ Concurrently enrolled in ATEP Semester 6 or 7 coursework</li> <li>▪ KIN Core and ATEP Core GPA of 2.75 or better</li> <li>▪ Completion of required internship paperwork</li> <li>▪ Completion of Annual ATS Workshop (OSHA/BBP training, CPR re-certification, etc.)</li> <li>▪ Submission of current background check materials</li> <li>▪ Other items as required by the internship site(s)</li> </ul>

<sup>1</sup> Clinical experience times may occur Monday - Sunday during morning practices (6:00 am – 12:00 pm), afternoon practices (12:00 - 8:00 pm), and/or during home competition events (day and evening). Clinical experience times may change due to changes in sport practice and game times. Students are expected to make a reasonable attempt to adjust his/her schedule for unforeseen changes. Students are responsible for their own travel to/from any clinical site. Students may request placement at an approved affiliate site on a Milwaukee County bus route. Students are responsible for making arrangements with their supervising Preceptor to fulfill the required expectations of their clinical experiences.

<sup>2</sup> All REQUIRED off-campus experiences will be arranged through the ATEP Director of Clinical Education. Off-campus placements are based, in part, on demonstration of academic and clinical progress that suggests a student is ready for off-campus placement. Students on academic probation may not be eligible for off-campus placement. If so, appropriate on-campus accommodations will be arranged. Students pursuing additional approved clinical experience opportunities off-campus are encouraged to purchase a supplemental liability policy (see ATEP Director of Clinical Education).

<sup>3</sup> Additional clinical hours (practices, games, travel, surgical observation, etc.) may be available and students are encouraged to maximize their clinical experiences and notify their Preceptor to make appropriate arrangements. Surgical observations are available through the Director of Clinical Education.

<sup>4</sup> Students must follow the athletic training curriculum plan and fulfill all academic requirements as listed in the "ATEP Academic Requirements" chart. Students are encouraged to meet regularly with the ATEP Director and/or Academic Advisor to discuss their specific academic plan.

<sup>5</sup> Students are required to attend the annual Athletic Training Student Workshop, typically held in early August. As needed, OSHA/BBP training and re-certification for CPR Pro must be successfully completed in this workshop.

## **STUDENT EVALUATION OF PRECEPTORS AND CLINICAL SITES**

At the midpoint and conclusion of each semester, the student completes an evaluation of the Preceptor and the clinical site. These evaluations are completed on eValue ([www.e-value.net](http://www.e-value.net)) and periodically reviewed by the ATEP Director of Clinical Education. Preceptors can access summary reports at the conclusion of each term, which preserve the anonymity of the student. The ATEP Director and/or the ATEP Director of Clinical Education may follow up on any evaluations or specific comments that suggest a potential conflict or concern and appropriate corrective actions will be taken to eliminate the concern. Students are provided opportunities at the mid and end-semester Preceptor conference to discuss any concerns they may have with regard to their clinical experience.

## **SUPPLEMENTAL CLINICAL OPPORTUNITIES**

In addition to the required clinical experiences as part of "Competencies in Athletic Training" (KIN 416) and "Kinesiology Internship and Seminar" (KIN 489), ATS will have numerous opportunities to participate in supplemental experiences. Examples of such supplemental clinical opportunities include, but are not limited to, opportunities related to UWM sponsored athletic events, off-campus experiences at high schools, colleges, or other facilities, UWM sports camps, surgical observation, charitable event medical staff, community first aid, physician shadowing, etc. Although not required, supplemental clinical opportunities may broaden the scope and depth of a students' education, expose the student to the diversity of practice approaches within the Athletic Training profession and establish a strong professional network. Students interested in supplemental opportunities should initiate the process by contacting her/his Preceptor and the ATEP Director of Clinical Education for specific details. Each semester in KIN 416 and KIN 489, students are required to complete Professional Development Units (PDUs).

Supplemental clinical opportunities such as those described above are eligible for PDUs. Additional information regarding PDUs will be provided during KIN 416 and KIN 489.

## **UWM ON-CAMPUS CLINICAL SITE PROCEDURES**

### **EMERGENCY ACTION PLANS & PROCEDURES AT UWM**

EAP are posted in each ATR (gold forms) and should be taken to each practice site (on & off campus) by the AT staff (carry in fanny pack or kit).

#### **Fundamentals**

- ✓ KNOW WHERE A PHONE IS AND MAKE SURE IT WORKS BEFORE YOU NEED IT. If no phone is permanently located in the area make sure one of the staff has theirs (another ATS/ATC or coach).
- ✓ KNOW EMERGENCY NUMBER FOR YOUR LOCATION (Home, off campus and when traveling)
  - 9-911 ON CAMPUS PHONE
  - 911 IN MILWAUKEE COUNTY or when using a cell phone
- ✓ Know your location and directions for EMS crews. This includes names of roads (closest main intersection), buildings, and parks and how to access the area you're in. See the charts below for specifics.
- ✓ STAY ON THE LINE UNTIL THE 911 OPERATOR OR CAMPUS POLICE TERMINATE THE PHONE CALL.

#### **Procedures**

- A. The best trained, most experienced Health Care Provider (physician, staff, student) should take the lead role and direct the others as to what steps should be taken. The patient's safety and care is most important. Do not let an ego hinder patient care.
- B. The situation should be assessed and appropriate medical information about the patient/injury should be gathered PRIOR to calling 9-911/911. If it is truly an emergency situation, make sure you stress this, and back it up with specific information, i.e. such as head trauma with LOC. (Call 229-4627 for non-emergency campus police, such as injury just needing transport)
- C. Discuss and assign all roles prior to practices and games, then review during each one:
  1. Who will activate EMS?
  2. Who will retrieve additional supplies from sideline?
  3. Who will get keys to access gates/doors?
  4. Who will meet and direct the ambulance to the scene?
- D. When calling for emergency services, identify yourself as an ATHLETIC TRAINING STUDENT (ATS) and relay any information about the situation that may help determine the appropriate response needed (Campus Police will intercept the call if made from a campus phone so let them know who is on the scene ATS, ATC, MD whomever is there assisting, and what is needed, emergency response/assistance or transportation). If needed, they will relay the information to the Milwaukee Fire Department who will then dispatch emergency crews.

#### **Reminders**

- ✓ Campus Police must be notified of all on campus incidents, so call them after 911. (229-4627 campus police non-emergency 4627 from campus phone)
- ✓ All emergencies should be taken to Columbia Hospital.
  - If an orthopedic injury occurs, ask the emergency room to page one of our team orthopedic surgeons. Team Orthopedic Dr. \_\_\_\_\_ Phone Number \_\_\_\_\_  
Team Orthopedic Dr. \_\_\_\_\_ Phone Number \_\_\_\_\_
  - If the injury is non-orthopedic, have the emergency room notify UWM's Team Physician  
Team Physician \_\_\_\_\_ phone number \_\_\_\_\_.



- ✓ Medical bills must be sent to the individual athlete or the athletes' parents insurance. The UWM Athletic Department has **Secondary** coverage for **ATHLETIC INJURIES** and requires the bills to go through the patients insurance first before it can be processed by the Athletic Department insurance. For more information on medical bills, see "Health Insurance".

**ON-CAMPUS EMERGENCIES ACTION PLANS**

	<b>ADDRESS &amp; Closest intersection</b>	<b>ACCESS Directions</b>	<b>KEYS</b>	<b>CLOSEST PHONE AND NUMBER</b>
<b>Pavilion Sports Medicine/Athletic Training Room</b>  Suite 250	3409 N. Downer  Downer & Hartford	West off of Downer at sign for PAVILION BUILDING. Drive west to main entrance. Use elevator in lobby to get to 2 <sup>nd</sup> floor. Left off elevator to suite 250.	Athletic Training Staff or ATS	KCP ATR Office or TX area 229-6572
<b>Pavilion Arena</b>  Room 249	3409 N. Downer  Downer & Hartford	West off of Downer at sign for PAVILION BUILDING. Drive west to main entrance. Use elevator in lobby to get to 2 <sup>nd</sup> floor. Left off elevator to Gym, room 249.	None needed	No phone, go to Sports Med across the hall, suite 250  Sports Med # 229-6572
<b>KLOTSCHÉ ARENA</b>  Room 220	3409 N. Downer  Downer & Hartford	West off of Downer at sign for NORRIS HEALTH CENTER. Drive to West end of parking lot, all the way between the HC & KC and enter through garage door on South East corner of Klotsche (To right of drive that runs between HC & KC)	None needed for garage door. Door must be opened from the INSIDE.	East Arena Wall Blue Phone  229-4748
<b>KLOTSCHÉ POOL</b>	3409 N. Downer  Downer & Hartford	West off of Downer at sign for PAVILION BUILDING. Drive west to main entrance. Pool access through loading dock or pool door.	Staff Athletic Trainer Building Supervisor Lifeguard	Red wall phones on each end of Pool (north and south)  229-4660
<b>ENGELMANN ATHLETIC TRAINING ROOM</b>  B45	2033 E. Hartford  Hartford & Maryland	South off of Hartford onto access road East of Engel Mann Hall. Follow road around to right, enter double doors at South Loading Dock. Stairs or elevators down to B45	Staff Athletic Trainer	Athletic Training Room desk or office 229-5976
<b>ENGELMANN FIELD</b>	2033 E. Hartford  Hartford & Maryland	South off of Hartford into Cunningham Hall Parking Lot. All the way through lot to south end walkway going up to field. Access gate at top of hill on south side of field.	Head Coach Staff Athletic Trainer Event staff should unlock gates during games.	Athletic Training Room 229-5976

## OFF-CAMPUS EMERGENCIES

	ACCESS ADDRESS Closest Intersection	ACCESS ROAD	KEYS	CLOSEST PHONE AND NUMBER
<b>SHOREWOOD HIGH SCHOOL TRACK</b>	1701 E. Capitol Drive	Access is via the road West of SHS on Capitol Drive. This road abuts West side of track.	Head Coach SHS Custodian	AT or Coach Cell phone SHS Pay phone
<b>HANK AARON FIELD</b>	Field: 4200 Green Bay Avenue Access: 1402 Hampton	South end of parking circle adjacent to the Recreation Building. Take access road South thru park to HA Field.	None needed	AT or Coach Cell phone

Accessing Emergency Services off-campus is the same as noted previously except first call is directly to a 911 operator, not campus police.

## RECORD KEEPING AND DOCUMENTATION

When completing all written records and documents, remember that **OTHER PEOPLE HAVE TO READ THESE RECORDS AND DOCUMENTS!** Thus, your handwriting **MUST BE LEGIBLE.**

We use an electronic medical records program called SportsWare. Students may access this through their preceptor. ATS are encouraged to learn how to use the program so they feel more fully involved with the overall healthcare process.

Athletic Training Students are encouraged to do evaluations (new or follow-up). ATS should challenge themselves to work on skills they are currently learning. You can begin a new evaluation even if you do not know how to do the whole evaluation. ATS can begin evaluations by taking a history.

Within the EMR program, the SOAP format is available to document findings from an injury evaluation.

### Soap Notes

Use SOAP Note format for all injury evaluations

**S-SUBJECTIVE**

**O-OBJECTIVE**

**A-ASSESSMENT**

**P-PLAN**

### Subjective

This section is where one documents the information received from the patient that is relevant to the patient's present condition (symptoms and related info). Document the following:

- Primary Complaint: Current symptoms, location, onset of condition
- MOI: Position of limb/person, stress, direction of force  
Changes in training > shoes, surface, technique, frequency
- Characteristics of symptoms: Onset, location, severity (0-10 scale), Pain quality & pattern (sharp, achy, numbness, continuous, intermittent)

- Disability from injury: Limitations from activities and ADL (activities daily living)
- Related Medical history: Thorough past medical history, family history, current meds, Anything else pertaining to situation such as what they have done for treatments and their response to treatments

### Objective

This section includes measurable or observable information (signs) used to evaluate the injury, assess what is normal and what isn't. It also serves as comparable data for the future to monitor patient progress.

You should document the following:

- Amount and type of observable deformities, swelling or color changes
- Palpation results (ID Structure(s) involved if able), Pain patterns and locations
- ROM/AROM/PROM (range of motion, active and passive ranges of motion), any limitations
- Muscle testing and function
- Results of neurological exam/dermatome response
- Stability Tests (Laxity, end feel, pain)
- Special tests findings
- Functional/Activity of Daily Living (ADL)/Sport Specific testing results

### Assessment

This section of the note contains the problem list and provides a summary of the patient's primary concerns. It becomes a reference point for others who read the medical record. You should document the areas that were not within normal limits and state the specific condition(s) to be treated. Document the athlete's current practice status given your assessment. Be specific with any limitations.

### Plan

This section contains the plan for the patient's treatment. One or more treatments may exist to achieve each of the specific goals. Make sure to specify what was done for what injury if more than one injury.

- Be sure to document what treatments you provided (modalities used, exercises, times, weights, and repetitions) in addition to this evaluation.
- Indicate treatments you would like made next visit as well as suggested frequency of visits.
- Short-term goals include reducing or resolving the most severe complaint and may include re-education, equipment changes, etc.
- Long-term goals include lasting changes to biomechanics, posture, strength and/or conditioning, and criteria for discharge from care.

### Daily Progress Notes

There is an area within the EMR to document daily treatment and rehabilitation protocols. You will want to include the following information when documenting.

When completing any daily progress note, include the following information:

- Name - Complete patient name
- Sport (if applicable) –
- Date of service
- Pain Level - 0 is no pain, 10 highest
  - You should differentiate activities (ex:3 at rest, 5 while running)
- Swelling - Indicate amount and type
- Subjective Information
  - Indicate any new information since last appointment
  - Patient response to last treatment
  - Status since last appointment and/or any problems?
- Objective Information
  - Measurable data that has changed since last appointment
  - Increase or decreases in ROM, strength or stability
- Plan - Today's treatments and activities
  - List out everything and be as specific as possible
  - Indicate modality settings and site of application

- Indicate what stretches and/or exercises they are doing (include quantity and duration)
- Changes Next Visit - Any additions or changes you would like to see take place next appointment
- Comments - Additional information that did not fit into the above categories

✓ Check over all information before saving the daily treatment and rehabilitation program. It should be clearly written, complete, and utilize appropriate medical language. Remember these are part of a permanent medical file.

### **ELECTRONIC MEDICAL RECORDS/injury tracking**

A **coach's report** will be **generated as arranged by an ATC and their coaches** (usually weekly but, may be more or less if desired by coaching or athletic training staff). This will assist everyone in determining what the current activity status (full go, limited, no play) is for each athlete. Include a comment on progress of injury, illness, how rehabilitation is progressing, possible return date, and other pertinent information. A copy of the report should be distributed to the Head Athletic Trainer, Head Coach (some teams may request additional reports for assistant coaches), and another copy should be filed into the team binder.

The ACI may assign the Athletic Training Students to input data for injury tracking and coaches reports. The Certified Athletic Training Staff will monitor and assist with the data input and generating reports. Injuries, illnesses, other medical conditions as well as treatments should be recorded into the computer on a regular basis. Daily is best but at times not possible due to staffing and ATR activities. Follow the guidelines given by your ACI as minimums for data input and generating coach's reports.

#### **Strength and Conditioning Limitations**

Fill out the Strength and Conditioning Information sheet and forward this to the Strength and Conditioning Coach or supervisor. It is important that they know of any limitations you have given an athlete. They are part of the team caring for our athletes and can only participate if they are informed of injuries, limitations and rehabilitation plans.

### **CLEANING AND MAINTENANCE**

#### **Keeping our facilities clean, facilitates a higher quality of health care!**

It is expected that **EVERYONE will assist** with keeping all of the Athletic Training Rooms clean. Please **"Clean it right the first time so it does not have to be done again"** is our motto.

#### **Tables: WIPE DOWN After each use**

- Use a general cleaner after each patient
- Use a sanitizer if any body fluids or blood on table, and at end of day

#### **Counters, Cabinets, Shelves and Ledges: Daily**

- Wipe with disinfectant spray at end of day
- Straighten anything stored under, in, or on top of these areas

#### **Modalities: Daily**

- Wipe down surfaces daily
- Make sure each modality is turned off at end of day
- Put electrodes away on correct side of storage sheets and closed in containers
- Throw away old and/or worn electrodes (too pitted or dry, worn cords)
- Loosely wrap cords in Velcro straps and place cords and electrodes in drawer when done. (Careful not to pinch cords in drawer, this will damage them)

#### **Rehabilitation Room and Equipment: Daily**

- Wipe down all equipment as used
- Weekly scrub down equipment to remove any scuff marks & dirt
- Place all equipment on designated space, racks, or shelf when not in use (Keep in rehab room, not in treatment areas)

## **Laundry: Daily**

### *Wash*

- You must wear gloves when handling dirty laundry
- Take full white bin to equipment room 118 at Klotsche or B83 at ENG, add hot pack covers as Needed to fill load. Hot pack covers should be washed weekly, so grab some each time.
- ENG > add laundry to front and close door hard (or it leaks), add soap top right, punch "light" wash, on front panel.  
KCP > take laundry to KC equipment room 118. Add laundry (use gloves), Follow instructions on washer to begin wash. Use "towel" setting.

### *Dry*

- Put towels in dryer (clean lint trap at Eng)
- KCP > select high and dry for 20 min
- Eng > punch letter E which is a 30 min timer
- Fold and separate towels. Unstained one for treatments, stained ones for cleaning.
- Put towels in designated space in each ATR

## **Sweep or Vacuum: Daily**

- Use a broom or vacuum to clean floors
- Make sure to clean under tables and behind equipment
- Clean dust bag on small vacuum after each use, check bag regularly on floor models

## **Mop: Weekly (any tile area, especially wet rooms)**

### **Engelmann**

- Mop is in wet room
- Add soap and water stored under sink , Pick a corner & begin mopping
- Move equipment as needed, change water as needed
- Go over floor with clean water to rinse it, clean mop bucket before storing

## **Pavilion**

- Scrub brushes and squeegee in wet room
- Add soap and water stored under sink, Pick a corner & begin scrubbing
- OK to rinse down area with hose then squeegee into drain. Rise well, soap is slippery

## **Coolers: CLEAN AFTER EACH USE**

- Clean with soap and water inside and out, use brush to scrub
- Don't forget the **spouts**, run warm water through each time or they will begin to stick
- Rinse and dry, then place upside down on rack in designated spaces (sorted by size)
- If there are too many coolers to fit on the racks, return some to long term storage

## **Water Bottles: CLEAN AFTER EACH USE**

- Rinse inside and out, use brush and soap as needed
- Rinse and place upside down in racks in designated spaces (sorted by Teams)
- Clean caps by Rinsing, spraying with alcohol, let sit 1 min, then rinse again
- Keep caps in designated trays and store in designated shelf space
- If there are unused sets of water bottles take to long term storage or discard them

## **Carts: Daily**

- Use soap and warm water to remove all stains and spills
- Wipe down with dry towel and return to cart storage area

## **Hydrocollator: (Moist Hot Packs) Check Daily**

- Wipe clean and check water level daily, add as needed to cover hydroc packs

## **MONTHLY CLEANING: UNPLUG BEFORE DRAINING TO CLEAN INSIDE!!!!**

- Drain water into floor drain in wet area

- Throw out damaged hydroc packs and replace with new ones from storage
- Scrub inside or unit with brush, Rinse thoroughly, close valve before refilling with hot water
- Plug in and check temp setting if applicable to unit
- Check unit in about 30 min to make sure working properly (should be warm)

✓ Hydrocollator Units should not be cleaned before games or the afternoon practice rush; they are unable to heat back up in time for treatments. Please begin cleaning only after morning or afternoon practices have started and no games are scheduled.

#### **Whirlpools: Daily**

- You should use gloves
- Scrub out any stains or build up using soap (soft scrub or general cleaner) and water
- Rinse thoroughly, Wipe down inside and out with disinfectant

#### **Storage Closets: Weekly or as needed**

- Place all items in designated areas (helps with function and inventory)
- Keep things off the floor and out of doorways (hazard and inconvenient)
- If there is too much equipment to keep clean, determine what is not needed at this time and move into long term storage (bins or cage)

#### **Ice Machine**

- Wipe outside surfaces daily
- Rinse air filter/WEEKLY (on front)

#### **Freezer: Defrost yearly**

- Remove contents and store in a cooler
- UNPLUG, Melt built up ice with hot water or a blow dryer
- Wipe down all surfaces inside and out
- PLUG IN !!!! Then restock

#### **Biohazard Bins & Sharp Disposal Containers**

- Pick-up is about every other month
- If the bins are full prior to pick-up, notify a staff athletic trainer to arrange an extra pick-up
- If bins are damaged notify a staff athletic trainer to arrange a replacement
- If bins are dirty on outside clean with bleach or disinfectant

#### **ATS Locker Room > KCP 250 Q: Daily**

- Each student will be given a locker to use
- Keep extra ATS shirt here so always prepared for clinic times
- ATS may use a lock to secure their lockers (locks left on will be cut off in June)
- Room needs to be kept clean. Things left on floor may be thrown out or given away
- All lockers will be emptied in June of each year. Items left in lockers will be thrown out

#### **ATS Office > KCP 250 A**

- Area for ATS to work on educational assignments or athletic training in general.
- DO NOT CHANGE settings or save things to the computers. Use flash drive to save to.
- Files found on the ATEP computers that do not belong there will be deleted.
- Room needs to be kept clean. Things left on floor may be thrown out or given away
- **Everyone needs to help keep eating area clean! Wipe Micro(in & out) & table after use**
- *Date and initial items in frig so it can be cleaned periodically, items not marked will be tossed*

#### Supplies & Storage Areas

Each ATR should be stocked with supplies to function on a daily basis.

**Keeping all areas organized and stocked is everyone's responsibility.** Assigned group should check what's needed and restock each area. Everyone doing their part will keep the ATRs running smoothly. It also aids in maintaining inventory (easier to count things when they are where they belong) and utilizing

the budget for wants needed most (reorder things that aren't needed because they were not stored properly).

**TAPE COUNTERS: Supplies needed most often kept here**

Tape counters should be kept stocked with a variety of tape and supplies needed regularly. Use the Tape Counter stocking diagram on the wall for a reference. Keep counter organized, always **restock and straighten out after use so its ready for the next person who needs it.**

Cabinets under the counters at Engelmann should be stock with boxes of the most commonly used items such as 1.5" coaches tape, 2" & 3" stretch tape and pre-wrap. There are several taping counters at KCP so significantly more supplies will be kept there. KCP cabinets will be labeled with which items should be stored in each one. Once again keeping it organized will make everything run smoother and aid with inventory and purchasing.

**Supply Room and cabinets:** KCP has a separate supply room 250 Q and Engelmann has the cabinets in the taping area. These areas will be used to house back up supplies. Cabinets, shelves and bins in these areas are marked and need to be kept organized. These areas will store extra tape, ice bags, sleeves, immobilizers, splints, boots, braces, and other general AT supplies. Please return things where they belong, do not just drop them off or stuff them onto any shelf or open spot.

**Long Term Storage:**

Cage: Long term storage  
Extra Coolers  
Gatorade

Cups

Long term to daily use:

Move cups, tape, coolers, and anything else needed out of the storage areas to the athletic training room and place each item in the proper place. Use carts to move large heavy items. Become familiar with what is stored in the various areas so you can get more as needed. Keys for the Cage and Bins are in 250B on key rack. Take enough to fill available space.

**Running Low Form:**

Each ATR will have a form posted for students and staff to write down supplies that we are getting low on (posted in taping areas). As you remove supplies from long-term storage areas please pay attention to how many are there. When there is only 1 or 2 of something left please indicate this on this form.

**Failure to do this may result in us completely running out of something.** Please take the time to do this as it really helps keep the ATR running smoothly and decreases stress for the person in charge of inventory and purchasing.

In the event that you notice we are completely out of something please leave a note for Becky indicating what is needed. Leave not on desk or in her mailbox.

Equipment Signout

Be sure to document when and what equipment is given to an athlete.

**Equipment: Write down on Equipment sign out Log, fill in all spaces**

**(Anything from crutches, knee immobilizers to elbow sleeves ...)**

- This is anything that will be used for an extended period of time and for possibly more than one person
- All Equipment needs to be signed out to the athlete. This helps the staff monitor use and helps with purchasing (staff knows what athlete has already been given so we aren't just giving 2<sup>nd</sup> sets of equipment the athlete has lost or forgotten)
- When an athlete no longer needs the equipment ask them to return it.
- If it is still in good condition and can be used again, returned equipment needs to be cleaned and repaired before returning to storage
- Don't forget to mark down that the equipment has been returned on the equipment sheets

- ✓ Athletes may have equipment for injuries that occurred while participating in a UWM sponsored intercollegiate activity. Injuries that occurred elsewhere (intramurals, summer league, etc.) are the athlete's responsibility. They may, however, purchase orthopedic devices from the sports medicine staff through the Norris Health Center just as any student may.
- ✓ The athlete is responsible for the equipment given and should not be given replacements if they forget or lose theirs. They may be given a second set if the first is worn out or broken due to use

### **CONDUCT AS A HOST ATHLETIC TRAINING STUDENT**

As a host athletic trainer/athletic training student, you are representing UWM, UWM Athletics, and the ATEP. You are expected to act professionally and provide the highest quality of hospitality to any visiting team and athlete. This is also a great opportunity to begin developing your professional networking skills with visiting athletic trainers and students. When acting as a host athletic trainer/athletic training student, follow these guidelines:

1. Introduce yourself to the visiting athletic trainer and/or athletic training student.  
If an athletic trainer or athletic training student does not accompany the visiting team, introduce yourself to the head coach. Let them know that you are available to assist them during their stay. You must maintain professionalism and render medical decisions in a non-biased manner.
2. Explain the Emergency Action Plan for the facility  
Make sure they understand them. Tell them who will have the phone and how to contact this person if they (the visitors) need emergency care and where the athlete will be transported (Columbia Hospital).
3. Introduce our team physicians if they are present.  
If physicians are not present, explain that they are on call and available to provide care as needed.
4. Plan to have the game site set up at least **1 hour prior** to event start.  
Ask the coach when their team will take the field and arrange to have the field set up by that time so you are available to them during warm-up.
5. Explain to the visiting team Athletic Trainer and/or athletic training student what emergency equipment is available. At the minimum, have these items on the field or readily available:

CPR mask	Ambu-bag	Biohazard supplies	Splints	Phone
Ice	Water	Cups/water bottles	Supply bag	AED
6. Explain any high-risk situations  
If any known high-risk situations exist, explain to the visiting team athletic trainer, student, or coach that you are aware of hazards, why they are present, how they have been controlled, and to notify all of their team members of the hazards.
7. Provide assistance to the visiting team athletes and/or athletic training staff as needed
8. Carry your athletes' parent insurance forms in kit on the field. You may not have time to go back to the athletic training room to get this information when an injury occurs. Work with the supervising athletic trainer to secure each athlete's insurance information form. **If no insurance info available send bill to athlete not UWM**
9. Have staff and other athletic training room phone numbers readily available.
10. All emergencies are taken to Columbia- St Mary's Hospital  
If an orthopedic injury occurs, ASK the emergency room to page one of our team orthopedic surgeons. If the injury is non-orthopedic, have the emergency room notify the Team MD. Team MD must clear all non-orthopedic injuries prior to returning if taken to the emergency room.
11. Hospital Charges  
Medical bills are initially sent to the individual athlete or the athletes' parents insurance. The UWM Athletic Department has **Secondary** coverage for **ATHLETIC INJURIES** and requires the bills to go through the patients insurance first before it can be processed by the Athletic Department insurance. For more information on medical bills, see "Health Insurance".



## **SPORTS MEDICINE CENTER PROCEDURES**

The following procedures will be used in the Sports Medicine Clinic in the Pavilion Sports Medicine Department. Everyone is expected to follow them. All of us using the same system will make for a better work place and improve patient care.

- ✓ Remember to wear your **nametag** and follow the **dress code**.
- ✓ Do not place your name on the ATS schedule unless you will be there consistently
- ✓ Be punctual, others are depending on you.

### Scheduling

**Fill in all information and write legible (others need to read it).**

***Please take care when doing the scheduling!!***

**Errors in scheduling can have a significant ripple effect on the clinic.** The patient will be upset and/or the clinician will have an overload. Please follow the scheduling procedures carefully. Ask if unsure, don't just stick someone in the schedule.

General Students **need a referral** from Norris for treatments in the Sports Medicine Clinic. **Ask them** if they have been seen for the current injury or have a referral from Norris. They need a Referral for each injury to be treated in the Sports Medicine Clinic.

### **Columns are labeled as follow and info for each area is explained**

- In Cmp – Check off after Appointment has been entered into the Computer
- New - Indicate if it is a new evaluation (place X in 2nd column can also hi-light as well)
- Time – time patient is scheduled, be careful when double booking
- Name - first and last name (when putting in computer be aware of variations)
- MR# - Last four digits of social security number
- Area - Area being treated (back or ankle or...)
- S/A – S if Student, if Athlete put in sport initials (wsc for women's soccer, base for baseball...)
- Who Sched – put in your initials so we know who scheduled, able to correct ongoing problems
- Coded/NS – Check off after entering today's treatments (coding) into the computer or indicate why a patients isn't coded if they were not in for treatments.
  - NS=No Show
  - CX = cancelled
  - Rsch - reschedules to another time and/or date
- ✓ **Do not over book anyone's time slots without checking with them first.**
- ✓ Be careful not to double book to many people at any given time, check everyone's schedule. Do not double book all the providers at any given time; this can lead to space issues.
- ✓ Try to keep patients with same provider if time slot is available, increases consistency of care.
- ✓ MVA (motor vehicle accidents) and student workman's comp (no longer cover employee workman's comp) must be seen by PT (Tom L) first, he will then transfer them to another providers schedule when and if appropriate.

**Do not schedule new evals in time slots with a NO in the NEW INJURY column.** This is marked this way for a reason; staff may not be available to do it or limited on time. Highlight new evaluations once scheduled in book to make it easier to keep track of them.

Athletic Training Students are encouraged to do new evaluations if they feel comfortable with the injury being presented. Should the evaluation be for an area they do not know how to do the whole evaluation, ATS should be able to begin by taking a thorough history as (1<sup>st</sup> sem skill) The goal is not to diagnose, but to gather enough information, do steps you are educated/trained in, then ask for assistance from ATC.

### Checking In a Patient for Sports Medicine:

- Check Schedule, if patient is 15 or more minutes late or not on the schedule at all, check with provider to see if they have time and space to do rehab/treatment.
- **Find chart and review** last treatment(s) or evaluation (make chart for new patients)

- **Introduce yourself** to each patient you work with. This communication helps put the patient at ease and makes our staff seem more personable. We do not want to appear too busy and/or too distant (remember students as well as athletes may not know who you are).
- Find a space in clinic for patient (use curtained areas for sports med clinic patients if available)
- **Discuss with patient** how they are feeling, how they felt after **last treatment**, gather info that may add in their treatment for today
- We all need to monitor the check-in area if no one is staffing it. Periodically look for people waiting to check in, check waiting area for patients who may be waiting and provider doesn't know they are there waiting.

#### General Treatment guidelines:

- ✓ Make sure patient care is not stagnant. Something should be changing almost every day, increasing reps, weights, or adding new activities.
- ✓ Make sure the patient is progressing toward a specific goal.
- ✓ Make sure patient is using correct techniques for assigned exercises and stretches.
- ✓ If assigning exercises or stretching, you should list explain each exercise and/or include a sheet with a picture and directions (several kits/boxes to make these in front office).
- ✓ The time or resistance on the bike or stepper also needs to be changed unless it is being used for a warm up.

#### Open/Close Procedures for Sports Medicine Clinic

**Open >** Sports Medicine Clinic should have been cleaned at closing so all that should be needed is some general set up. *Give the Clinic a once over, take care of anything needed. If room is not properly closed the night before and left a mess for you please let Becky know so she can get problem corrected*

- Pull charts and put in each ATC/PT's chart holder (name facing backwards, not showing)
- Make sure patients have been entered into each persons schedule, (Directions back of binder)
- Vacuum as needed
- Fill Whirlpool if needed (check schedule) > whirlpool temps> hot 104-108, cold 55-60
- Return stray equipment to where it belongs
- Check modalities > fill ultrasound bottles, electrodes stored properly, cords stored
- Make sure hydrocollator covers are stored on drying rack and packs are in unit correctly, add water to hydroc unit if not covering packs

#### **Close >**

- Make sure all treatments are coded into the computer for each patient (directions in binder)
- Treatments should be documented in files and countersigned by supervising health care provider
- Charts should be filed when completed
- Turn off all machines and put away any accessories (theraband, electrodes, etc.)
- Wipe down tables used during clinic appointments

#### Body Fluid Clean-Up (this includes vomit)

The primary responsibility of dealing with the initial cleanup of body fluids lies with the medical staff no matter where it occurs within the building. While the area is being decontaminated (ten minutes), exchanges with patients and materials should occur at an alternate location (opposite side of treatment area).

#### Cleanup Procedure

1. Go get the Biohazard Cleanup Kit from the closest location to the spill
  - Kits are available in 250 C taping area, or cabinet in treatment area
2. Put on the gloves. If splashing is anticipated, protective eyewear and a mask should be worn
3. Remove visible material with the absorbent towels
4. Dispose of towels in the biohazard bag provided
5. The area should then be decontaminated with 1:10 bleach solution for ten minutes

6. If the spill is in a common area, mark it off with a wet area sign.
7. Dry the area with absorbent towels and dispose of the towels in the biohazard bag
8. Dispose of the gloves in the biohazard bag and wash hands well

### **PAVILION AND ENGELMANN ATHLETIC TRAINING ROOM PROCEDURES**

***The ATR's are for Collegiate Athletics  
or Students with APPOINTMENTS in the Pavilion Sports Medicine Clinic.***

***If Emergency, Evaluate the Emergency situation and call 9911 for assistance from Campus Police  
Student's with NON-EMERGENCY and no appointment injuries should be referred to NORRIS***

General ATR procedures

#### **OPENING:**

The following items should be completed each morning when opening the athletic training room:

- Unlock front glass doors and open wooden door to entrance
- Computers in treatment are turned on
- Chemicals in the Swim-Ex checked and logged
- Whirlpools are filled and sanitizer is added
- Gatorade cooler in wet-room is filled and flavor noted on dry-erase board
- Turn on lights ( Wet Room, Treatment Area, Taping Room, Rehabilitation Room)
- Make note of neatness and cleanliness of facility overall. Let John know if there are deficiency(s).

**Close > General cleaning and maintenance should be done by everyone.** Any area is not being taken care of by assigned group assigned should be **reported to Becky** so she can address it with those involved. Closers do have a few chores to do but are not responsible for taking care of the entire Sports medicine suite.

The following items should be completed each evening when closing the athletic training room:

- Islands in Treatment area are clean (treatment binders are put away, papers cleaned off, counters wiped off, etc.)
- Computers in treatment are turned off
- Vacuum athletic training room (treatment area, rehabilitation area, adjacent halls, front office, waiting area)
- Tables in treatment area are wiped down and pillow cases are changed
- All modalities are wiped off and turned off
- Chemicals in the Swim-Ex checked and logged
- Whirlpools are drained and cleaned
- Gatorade cooler in wet-room is dumped out and cleaned
- All rehabilitation equipment is put away
- Check if plants in waiting area need to be watered
- Check that all office doors are closed and locked (Staff offices, Doctor's Office, Front Office, Swim-Ex, Front glass double doors, Front wooden door)
- Turn off lights (Swim-Ex, Wet Room, Treatment Area, Taping Room, Rehabilitation Room)

**Space Utilization: SPACE is limited in each Athletic Training room. Everyone must cooperate during busy times.** If you see another team trying to get ready and they need the space, help create the needed space by moving athletes out of the athletic training room if they are just "hanging around" and/or not in need of immediate treatment or assistance. This includes those athletes who are icing.

During the busy times, use the following list to determine which athletes and/or teams should receive priority treatment and assistance. Don't forget to leave space for Sports Medicine Clinic Patients. Keep Curtained tables open for these patients during Sports Medicine Clinic Times.

1. Acute and Emergency Injuries and Situations
2. Sports Medicine Clinic Patients
3. Game preparation - home and away teams
4. In-season pre-practice preparation
5. In-season post-practice treatments
6. Non-Traditional season pre-practice preparation
7. Non-Traditional season post practice treatments
8. Out of season treatments and anything else

- ✓ Do your best to be efficient and attempt to accommodate everyone. However, DO NOT compromise the **quality** of treatment just to increase the **quantity** of treatments.

### **Clinical Assignments**

On-campus clinical assignments with ATEP staff, including practices and games, are assigned to allow students opportunities to practice and refine their clinical skills in the context of direct patient care.

To assist in providing quick response times in an emergency or acute injury, work with your fellow students and staff ATC to plan the best medical coverage possible. Furthermore, **while attending athletic practice** sessions, utilize the time to **practice clinical skills**, monitor injuries and any limitations that have been placed on athletes, and receive staff guidance on professional applications. **Have Practice Log** with you so it is easy for you and your preceptor to determine exactly what skills need to be review/practiced. Take extra supplies (tape, braces, thermometers ...) to practice so you have what you need with you if time allows for skill practice.

- ✓ Memorize and regularly **review** the venue specific emergency action plan (**EAP**)with your fellow students and staff athletic trainer.

### **Pavilion & Engelmann Key Usage**

- Students accepted into the ATEP will be given access that will allow them to access certain areas of the ATR and educational areas at the Pavilion
- Engelmann Keys will be signed out to athletic training students by the supervising trainer of a sport when they deem it necessary.
- All keys are to be signed in/returned immediately when finished with the assigned duties.
- Students will be asked to reimburse the Sports Medicine Department for lost or unreturned keys (\$75.00)

### **UWM ATHLETIC INJURY REFERRAL**

**Emergency Situation/Injury** > Activate EMS and stabilize athlete as able (see emergency procedures)

#### **Non-Emergency:**

All injuries should be reviewed with the supervising Certified Athletic Trainer or the Secondary ACI as availability dictates. At that point, a referral for further medical care can be made to the appropriate specialty using the Athletic Training referral form. Athletic training students should follow-up as instructed with the athlete or provider and follow-through with the treatment plan as indicated. If the referral provider's instructions are unclear, contact the provider directly.

**Appointments are NECESSARY** to see a team physician/consultant. The appointment book is kept in the doctor's office.

#### Chiropractor

The team Chiro comes in on Tuesday and Thursday

### General Medical/Illness

Athletes can be seen by the general medical doctors who come on Wed afternoons.

### Norris Student Health Center

Athletes may also be referred to Norris Student Health Center by using the referral form. Include athlete info, general description of illness, and treatments patient may have tried (OTC med, rest, whatever). Keep pink copy of form (in the patient file) and send to white and yellow copy to Norris Health Center with athlete who will be seen as a "WALK-IN" or scheduled for appt. Athlete should return yellow copy with providers eval and plan on it. File this in patient file and shred pink copy.

<h2>Sports Medicine Policies and Procedures</h2>
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### **MISSION STATEMENT**

(11/12)

The University of Wisconsin-Milwaukee Athletic Training staff will provide the best possible illness and injury care, treatment, rehabilitation, and reconditioning to all intercollegiate student-athletes at UWM. We will work in cooperation with the university health center staff and community health care providers. The Athletic Training staff is committed to providing all healthcare services in a professional manner that demonstrates care, concern, and compassion. We acknowledge that the student-athlete should have a positive athletic career and be able to live the rest of his/her life to its fullest. All will be done within the rules of the State of Wisconsin, the NCAA, the Horizon League, and the University of Wisconsin-Milwaukee

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### **THE FOLLOWING INFORMATIONAL TOPICS AND SPECIFIC POLICIES GUIDE THE SPORTS MEDICINE DEPARTMENT AT UWM.**

**Athletic Trainer Goal and Cooperative Statement:** A UWM licensed/certified athletic trainer (also known in this document as athletic trainer and LAT) is the student-athlete's first contact in the medical care process. All illnesses and injuries are to be reported to the athletic trainer, first with the team athletic trainer then with any other UWM licensed/certified athletic trainer. The athletic trainer will initiate appropriate care for the condition and/or refer the athlete to an appropriate healthcare provider. The athletic trainer will communicate with the student-athlete (SA) and the coaching staff during the care of an illness/injury. The goal of the athletic trainer is to return the athlete to activity as soon as the condition(s) is resolved and/or the risk of further new injury/illness is equal to or less than pre-injury/illness conditions.

**Athletic Training Staff:** The athletic training staff/licensed/certified athletic trainers are part of a sports medicine group of providers which includes on-campus and off-campus health care providers and is referred to separately to mean the UWM athletic training staff of licensed/certified athletic trainers that care for UWM student-athletes.

**Athletic Training Student:** The Athletic Training Education Program is an academic program in the Department of Kinesiology and is additionally supported by the Athletics Department and Norris Health Center. The athletic training student is part of the sports medicine team and is supervised by the staff licensed/certified athletic trainers.

**Team Medical or Team Orthopedic Surgeon Physicians:** These physicians, to be described within this document as "team physicians" for simplicity) are community based physicians that UWM partners with to provide medical care. When services occur off campus (ex: in the office, at a hospital, etc), there will be a charge for those services. When the care occurs on campus (ex: in the athletic training room, at a game or practice site, etc), there is not a cost to the student-athlete. There could be a charge for other (non-team physician) services (ex: lab, X-ray, MRI, etc) required to diagnose an issue even though the evaluation and referral for that service occurs on campus.

The NCAA Sports Medicine Handbook is used as a reference for all medical decisions and will be referred to if a specific topic is not listed.

## 1. INJURY/ILLNESS CARE AND TREATMENT

### A. Reporting

Per the student-athlete cooperative statement which all SA's sign, all injuries to the student-athlete are to be reported to a staff licensed/certified athletic trainer (LAT) within 24 hours or within 24 hours of the return to campus after an away competition. This allows for the proper evaluation and treatment/care of the injury to occur as quickly as possible.

#### ***Definition of an Emergency Illness/Injury:***

A life threatening illness, physical condition, or severe, traumatic head/neck/trunk/limb injury. An emergency is not a blister, sore throat, "cold", wart, sore or aching muscles or similar non-acute injury or illness.

All emergencies will be referred to the nearest hospital emergency room by coaches or athletic trainers, unless the EMS is required to transport to another site because of their protocol for injury care.

### B. Injury/Illness Evaluation Protocol

A UWM licensed/certified athletic trainer will evaluate all injuries and initiate a treatment/rehabilitation plan. During the initial evaluation and/or follow-up treatments, if it is determined that the injury is such that a physician evaluation is necessary, the student-athlete will be referred to one of the community based general medical or orthopedic physicians that UWM partners with for further examination. A sports medicine referral form is required and will be fill out by the LAT if the student-athlete is referred off campus. Follow-up physician visits will be on an as needed basis.

### C. Injury/Illness Referral

Except in an emergency, the Director of Sports Medicine (DSM) must approve off campus injury care, even if suggested by a team physician. A student-athlete may choose other providers but medical costs will be their own responsibility unless approved by the DSM. The LAT associated with the student-athletes sport or a team physician has the final say in return to practice and competition. Please refer to the athletic insurance policy guidelines before pursuing injury/illness care off-campus. Always consult the Director of Sports Medicine when seeking injury care off campus.

### D. Illness Care and Treatment

Illnesses to student-athletes affect athletic performance. All illnesses are to be reported to a LAT as soon as possible. The LAT is the first person the athlete should see with an illness. They will assess and provide treatment per outlined protocols or will set up an appointment with the necessary health care provider either on campus at Norris Health Center (NHC) or, if care is not available on campus, the athlete will be referred to a team physician or other off-campus medical provider. Care off campus, other than medical emergency, must be approval by the Director of Sports Medicine. If there is an emergency, care will be referred to the nearest emergency room.

### **STUDENT-ATHLETE PROTOCOL FOR ILLNESS CARE ON CAMPUS (NON-EMERGENCY)**

- I. See an athletic trainer who will assess the illness and do one of the following:
  - a. Give OTC medications to manage the illness or condition.
  - b. Refer the student-athlete (SA) to the Medical Team Physician or Norris Health Center (NHC)
    - i. When referred to NHC:
      1. The student-athlete will receive a referral form from the athletic trainer and should take the referral form with them to the provider.
      2. After the assessment, if medication is required, listed are steps to be taken to receive medications:
        - a. If only OTC medication(s) are prescribed, the student-athlete will take the prescription to the athletic training room to receive those medications.
        - b. If only prescription medication(s) are prescribed or prescription with OTC medications are prescribed, the student-athlete will:

- i. Proceed to the cashier window on the 1<sup>st</sup> floor
  - ii. Show the cashier the prescription and the referral form
  - iii. Receive a paid receipt. There is no cost to the student-athlete with the referral form.
  - iv. Proceed to the pharmacy with the paid receipt and the prescription
  - v. Return the yellow copy of the referral form received from the NHC provider to the referring athletic trainer
- ii. When seen by the team medical physician in the ATR:
  - 1. The SA will receive OTC medications in the ATR
  - 2. If prescription medications are prescribed
    - a. The athletic trainer will fill out a referral form and assist the SA in getting the prescription re-written by a NHC provider. This may require a separate appointment at NHC. A prescription can be entered in Pyramed by the medical team physician.
    - b. After the prescription is rewritten, then follow the same procedure listed above in I.b.i.2.b.

### **STUDENT-ATHLETE PROTOCOL FOR EMERGENCY ILLNESS CARE**

- 1) Injury must meet the definition of an emergency defined above in this document.
- 2) Go immediately to the nearest hospital emergency room.
- 3) Inform a licensed/certified athletic trainer.
- 4) Inform your head coach.

#### **E. Athletic Injury Definition, Injury Care Time Limits, and Medical Bills Time Limit**

An injury is defined as trauma to the body which occurred as a result of the student-athlete's participation in formal, monitored (coached) intercollegiate athletics sport sponsored by UWM. The injury cannot be a pre-existing condition. It must be evaluated by a UWM licensed/certified athletic trainer and documented in the student-athlete's medical file. UWM athletic training services will provide care for an athletic injury for up to 180 days after the last day of class (not finals) of the last semester the student-athlete participated (practice or competition) as an NCAA and UWM eligible student-athlete. Medical bills, except physical therapy, chiropractic, orthotic, and massage therapy charges, associated with an injury that occurred prior to leaving UWM and is a result of intercollegiate participation will be considered for payment for up to 180 days after the injury date as long as the care has been approved by the Director of Sports Medicine. Any off campus care, including surgeries or special tests, must be completed prior to the last day of classes of the last semester of eligibility. If the sport continues past that date, then the coverage for off campus medical care will extend 14 days past the end of the last competition. Please refer to the insurance sub-heading within the Sports Medicine Policy and Procedures for proper handling of intercollegiate participation injury related medical bills and contacting the Director of Sports Medicine.

### **2. PRE-PARTICIPATION PHYSICAL EXAMINATION AND YEARLY RETURNING ATHLETE QUESTIONNAIRE**

The NCAA and UWM require every student-athlete to have a complete physical examination prior to the start of any monitored or coach directed practice and/or competition. This exam will occur on campus. The physical exam includes medical history; height/weight, blood pressure/pulse; physician visit with a heart check; urinalysis (as needed); musculo-skeletal exam; sickle-cell education and information gathering, testing or wavier; ADHD information gathering; and concussion screening. Subsequent yearly health questionnaires will be collected from all returning student-athletes. Each questionnaire will be evaluated by a LAT. Follow-up evaluations will be scheduled with the appropriate health care provider as needed. Both the physical and questionnaire become part of the student-athlete's medical file kept in the Sports Medicine Center. A returning student-athlete may request an evaluation of an injury or illness. Use of the intercollegiate strength training or any other intercollegiate managed facility is prohibited prior to completing the physical or health questionnaire.

### 3. ORTHOPEDIC PHYSICIAN COVERAGE

The Intercollegiate Athletics Department maintains professional relationships with community-based board certified orthopedic physicians who make visits to the training room and/or practice and competitive events to provide injury evaluation and care and for the convenience of the student-athlete. There are advantages with using these doctors including their extensive knowledge and experience with sports related injuries, athletic trainer's knowledge of the type of care/surgery this doctor provides, and convenient and easy follow-up in the athletic training rooms. The student-athlete may choose another physician, but follow-up and medical costs will be billed to the parent(s) or student-athlete. There are times when the LAT may request the athlete see a physician within the athlete's health insurance plan. Communication between that physician and the athletic trainers is imperative for proper follow-up and treatment. Please remember, choosing care off-campus, not with a team physician, outside of your personal medical insurance network, and/or not having that care approved by the Director of Sports Medicine will result in a cost to you.

### 4. CLEARANCE TO PARTICIPATE AFTER AN INJURY/ILLNESS – SAFE RETURN TO ACTIVITY

The team physicians and LAT's have the final decision on whether an athlete is ready to return, even if another non-team physician "clears" the athlete for practice or competition. Occasionally, we will require additional information, clearance in writing, functional tests, further rehabilitation and testing prior to an athletics department "release" back to sports practice or competition, again, even if "cleared" or "approved to return" by another physician. The university medical staff will use the following criteria as a guide for return to activity for musculo-skeletal injuries:

- 1) Full, pain free range of motion of joint and/or associated muscles and tendons
- 2) Little to no swelling
- 3) 90% or greater strength when compared bilaterally
- 4) Ability to perform sport and position specific activities effectively and efficiently with little to no residual effects (increased pain and/or swelling) to the injured area
- 5) Be mentally prepared to return to high level activity with little to no hesitation/apprehension

Other injuries or illnesses including but not limited to closed head injury (concussion), mononucleosis, eye, ear, skin, and cardiac conditions will be determined on a case-by-case basis in consultation with team physicians. There is a separate protocol for return to activity following a concussion. The most recent Bethesda Guidelines will be consulted and used as a guideline for some cardiac conditions.

### 5. PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS

The Athletics Department will pay for medications from Norris Health Center pharmacy when the medications are associated with athletic injury or illness AND the visit has been approved by the licensed/certified athletic trainer AND they have the referral form from the athletic trainer with them at the time of service. The student-athlete must follow the STUDENT-ATHLETE PROTOCOL FOR ILLNESS CARE ON CAMPUS (NON-EMERGENCY) listed earlier.

*THE LICENSED/CERTIFIED ATHLETIC TRAINER CAN PROVIDE OVER-THE-COUNTER MEDICATIONS FOR THE FOLLOWING:*

athletic related musculo-skeletal injuries for pain/inflammation  
abrasions, cuts, and lacerations  
common cold – runny nose, congestion, watery eyes, sneezing, mild fever  
sore throat  
minor cough  
headache  
diarrhea  
gastric hyperacidity  
constipation  
nausea  
motion sickness



minor skin rash  
to this list.

Periodically, there maybe additions or deletions

### *PRESCRIPTION AND OTHER OVER-THE-COUNTER MEDICATIONS*

Prescription and over-the-counter medications for these conditions and situations are not paid for by the Athletics Department.

Birth control

Sexually transmitted diseases

Skin diseases not caused by direct intercollegiate athletic practice or competition (ex. scabies, yeast infection, Herpes simplex, bacterial vaginosis)

Chronic, long term illnesses/diseases (ex. asthma, cancer, HIV, childhood illness, heart conditions)

Any medication not on Norris Health Center formulary

Prescription medication costs for most other conditions will be paid for by the Athletic Department only when obtained from the Norris Health Center pharmacy with a referral form. The student-athlete is required to obtain OTC medications from certified athletic trainers in the athletic training room and not Norris Health Center pharmacy except when OTC's are prescribed WITH prescription medications. Medications obtained at off-campus pharmacy's will not be paid for by the athletic department or its' insurance company.

The Director of Sports Medicine reserves the right to amend these lists and protocol.

### *MEDICATION DISPENSING DATES – LIMITS TO ATHLETIC DEPARTMENT PAYMENT FOR COVERED MEDICATIONS*

NCAA rules do not permit dispensing medications to student-athletes past the last day of finals for the spring semester or NCAA championship of that student-athletes sport, whichever is later nor prior to the NCAA allowable start date or the first day of classes of the fall semester, whichever is earlier. The only exception is if the condition presented itself prior to the end of spring semester and treatment is required to continue past the above limits or the SA is in school during the summer semester.

## **6. ILLNESS RELATED CARE AT NORRIS HEALTH CENTER, URGENT CARE/EMERGENCY ROOM VISITS AND ASSOCIATED LABORATORY TESTS**

The Athletic Department will pay for illness-related laboratory tests when evaluation of the condition is completed by a Norris Health Center provider or a Medical Team Physician at Norris Health Center. The Norris Health Center Laboratory will be used to collect the lab specimen. When other types of laboratory testing and/or imaging procedures are required to evaluate an illness, the student-athletes personal health insurance plan will be utilized which may require referral to an "in plan" provider that is off-campus. The provider and the Director of Sports Medicine are required to determine the need for referral which will keep out of pocket costs to the patient minimal. The Athletics Department will not pay for non-athletic INJURY or ILLNESS related medical costs including, but not limited to, urgent care/emergency room visits, treatments required during or as a result of those visits, medications, and laboratory tests that occur during or after those visits. Medical costs associated with these visits are the responsibility of the student-athlete/parent, either personally or through an existing personal medical insurance plan.

## **7. HEALTH CENTER UTILIZATION DURING SUMMER ACADEMIC SEMESTER**

If the student-athlete is taking summer classes, the health center fee is paid as part of the segregated fee. For student-athletes that are on the roster of sports that start prior to fall classes and the athletic trainer or team physician refers the SA to the health center, the Athletic Department will pay the summer fee on an as needed basis. Otherwise, student-athletes will have to pay the current summer fee to utilize the services at Norris Health Center during the summer semester. The summer semester time period is defined by the academic calendar as printed in the bulletin of classes. Over and above these defined dates, the health center defines its own eligibility for service dates which vary each year and are available from the health center.

## **8. SUBSTANCE ABUSE PROGRAM**

UWM intercollegiate athletic program has a substance abuse program. There is a separate statement that explains the policy and procedures. It is available on-line at [www.uwmpanthers.com](http://www.uwmpanthers.com) and you may see the Director of Sports Medicine to get a copy at any time. It is printed in the student-athlete handbook which the student-athlete receives each year at the academic/compliance/sports medicine meeting held for each team in the fall. At that time, the student-athlete has an opportunity to ask questions and will sign a written agreement, which states they have received and read the policy and agree to be part of the program. The program will work in conjunction with the NCAA CHAMPS LifeSkills Education Program, called "SUCCESS" at UWM, in the education of street drugs and their abuse in intercollegiate athletics. The policy allows testing for street drugs and performance enhancing drugs. The program is designed to identify a student-athlete who may have a problem abusing drugs (including alcohol) and to protect the health and safety of the student-athlete and others. The NCAA has a separate year around drug testing program. The banned drug list is included with the UWM drug testing policy.

## **9. TOBACCO**

The use of any tobacco or tobacco related item/substance around athletic facilities, during practice, a game or while traveling with a team by any team member, coach or official is prohibited by UWM policy and NCAA rules. If the student-athlete is currently using tobacco products and would like to stop, a cessation program can be utilized through the health center. See an athletic trainer or team physician for help. Remember, tobacco is a known cancer causing substance.

## **10. PERFORMANCE ENHANCING SUBSTANCES/PRODUCTS**

See the Performance Enhancing Substances Position Statement and Banned Drug List located in the sports medicine section of the student-athlete handbook. It provides valuable information on performance enhancing substances. If the student-athlete has questions about a specific product being taken or is considering one, please contact an athletic trainer or Director of Sports Medicine. It is the policy of the Athletic Department that no staff, including coaches and the sports medicine staff, will approve, endorse, promote, or assist in the purchase of performance enhancing substances or products. Most of these products are not guaranteed pure and ingredients list may not be accurate. The student-athlete might have adverse health reactions/complications and/or a positive drug test for an unknown, non-listed ingredient when taking a performance enhancing substance.

## **11. NUTRITION**

The Athletic Department currently retains a Registered Dietitian and is available by appointment through the sport LAT. Healthy nutritional habits and proper food selection are a huge part of athletic success and peak performance. SA's can get answers to questions like: What do I eat for practice/games? Am I eating enough calories? Am I eating the best foods for me? Am I lacking food groups that will help me perform better? Why am I losing/gaining weight? For answers to these and other nutritional based questions, contact the sport LAT.

## **12. DISORDERED EATING/EATING DISORDER**

The student-athlete may find themselves or other student-athletes in situations where their food choices are not the best or most appropriate for their activity. They may be silently dealing with issues of "how do I look?", "Am I being accepted by my friends?", "I wish I looked like that person.", "If I could only lose a few pounds, I'd feel better." Restricting food intake, restricting certain food categories, not eating enough calories for your activity, missing certain kinds of nutrients in your diet, and other situations may lead to poor overall athletic performance and can be defined as "disordered eating". More important though, it may lead to poor overall health now and in the future. If you find you are asking yourself or if others are asking you some of the previous/following or similar questions or are making similar statements, you should consider speaking to someone you trust about getting answers to the questions listed above and below:

My roommate is not eating right. Is there something wrong?  
I get real tired just minutes into my workout but I think I'm in shape; I'm working hard; why is this happening?  
I skip breakfast because I can't find anything to eat before my morning workout that doesn't upset my stomach or give me cramps. Is this affecting my performance and what can or should I eat?  
I skip lunch because I can't back to my apartment after class and before practice.  
Do I have disordered eating? How do I find out and where do I get help?  
What is the difference between disordered eating and an eating disorder?  
I always tell people the truth; "I eat right" but I throw-up after I eat. That won't hurt me, will it?

If you find yourself eating and the purging, taking diuretics, avoiding eating or eating so little food that you are losing significant weight, you may have an eating disorder. These actions have significant negative health outcomes. All disordered eating/eating disorder questions are held in confidence. People who will help are around you every day. Ask the athletic training staff, coaches, athletic department staff, Norris Health Center physicians, health educators, dietitian, or psychologists. There's nothing wrong with seeking help; there's no negative stigma attached to asking questions or talking about an issue with someone.

### **13. CHIROPRACTOR UTILIZATION**

UWM Athletics has a partnership with a community-based chiropractor and is available by appointment in the athletic training room for no charge with referral from your sport athletic trainer. The student-athlete may, on his/her own, utilize this chiropractor or another chiropractor off-campus at their office. Any charges incurred as a result of the off-campus care will be the responsibility of the student-athlete and/or the parents' insurance company. The Athletics Department/sports medicine department recognizes that chiropractic care can help some individual situations, but the athletics department will not pay for these services nor will its' insurance plan. If off-campus care is utilized by the student-athletes, it is requested that the care be made known to the athletic training staff so all injury care can be coordinated and documented in the student-athlete's medical file.

### **14. MASSAGE THERAPIST UTILIZATION**

The student-athlete may, on his/her own, utilize a massage therapist. Any charges incurred as a result of these services will be the responsibility of the student-athlete and/or parents. The Athletics Department/sports medicine department recognizes that massage therapy care can help some individual situations, but the athletics department will not pay for these services nor will its' insurance plan. If these services are utilized by the student-athletes, it is requested that it be made known to the athletic training staff so all injury care can be coordinated and documented in the student-athlete's medical file.

### **15. PHYSICAL THERAPY COVERAGE**

The student-athlete may, on his/her own, utilize a physical therapist. Any charges incurred as a result of these services will be the responsibility of the student-athlete and/or parents. The Athletics Department/sports medicine department recognizes that physical therapy care can help some individual situations, but the athletics department will not pay for these services nor will its' insurance plan. Only when care is needed during academic breaks for continued care of an existing injury which occurred as a result of intercollegiate athletic related trauma and/or when approved by the Director of Sports Medicine, will these services be considered and athletic insurance will assist with costs. Physical therapy providers need to be within the student/parent health insurance plan. If the student athlete/parents chose a provider outside of their insurance plan, the athletic department will not assist in the payment of costs. If these services are utilized by the student-athletes, it is requested that it be made known to the athletic training staff so all injury care may be coordinated and documented in the student-athlete's medical file.

### **16. DENTAL COVERAGE**

The athletic department does not pay for routine dental care including but not limited to cleaning, fillings, caps, root canals, tooth removal, bridge work, etc. The athletic department is allowed to pay for restoration of dental health if damage occurs to a HEALTHY tooth as a result of injury during a scheduled,

monitored intercollegiate athletic practice or competition. This does not include travel to and from events or practices. Payment of bills for covered dental injuries will be coordinated between parent insurance and the Athletics Department insurance plan.

#### **17. EYE INJURIES, CORRECTIVE OR COSMETIC EYE WEAR**

The athletic insurance does cover an injury to the eye as a result of injury during a scheduled, monitored intercollegiate athletic practice or competition. Payment of bills for eye injuries will be coordinated between parents insurance and the Athletics Department insurance plan. UWM will not purchase corrective or cosmetic eye wear, including glasses, sports goggles and contact lenses. UWM will repair or replace prescription sports goggles if the student-athlete enters UWM with them but will not replace these items if lost.

#### **18. CUSTOM ORTHOTICS OR SHOE INSERTS**

There may be times when a custom orthotic is recommended by a staff athletic trainer. This is a suggested treatment device, not a required treatment device. If the student-athlete elects to get the suggested orthotic, the cost incurred will be their own. UWM Sports Medicine/Athletic Department has no process in place to bill insurance nor does the athletic insurance pay for these. If the orthotic device is covered by the parent's insurance plan, the student-athlete will have to file for a reimbursement from their insurance company. It is suggested that the student-athlete check with their insurance/parent's insurance company PRIOR to incurring the cost of the orthotic or may elect to pay for the orthotic out-of-pocket.

#### **19. PRE-EXISTING CONDITIONS**

LAT's need to be made aware of pre-existing injuries and illnesses so we may accurately and effectively care for situations and conditions when a SA arrives on campus. Pre-existing condition is defined, in this setting, as an injury or illness that has residual issues, conditions and/or limitations still attached to it when the athlete enters UWM as a freshman or transfer. Pre-existing conditions are to be stated at the initial physical in the health history. The Athletic Department insurance plan will not pay for on-going treatments for pre-existing conditions but the athletic training staff will, however, provide care within their expertise and assist the student-athlete in treatment and rehabilitation of a pre-existing injury or medical condition as able and when appropriate.

#### **20. BLOOD BORNE DISEASE/BLOOD DURING ACTIVITY/OPEN CUTS**

UWM follows the universal standards/NCAA/OSHA policy and procedures for the care of blood/body fluids/open cut wound injury care. These policies state that if an athlete has an open/bleeding wound they will be removed immediately from practice or competition. The wound will be cleaned and dressed. Any bloody practice gear/game uniform will be cleaned or changed and, if safe/appropriate, the student-athlete may return to activity. If it is the professional opinion of the athletic trainer that the wound cannot be covered appropriately to stop bleeding and keep blood off the skin, or the injury is severe enough that further injury and bleeding will occur, the student-athlete may not return to activity. The athletic trainer will wear protective items/clothing to control the spread of any blood borne disease and dispose of all blood tainted/soiled supplies in the appropriate container. The soiled clothing will be bagged separately and washed separately using an appropriate solution and technique.

There is a separate Communicable Blood Borne Disease policy. It states the university policy as well as the athletics department's policy. It is available upon request from the Director of Sports Medicine.

#### **21. PRACTICE TIME LIMITATIONS/ATHLETIC TRAINING ROOM AVAILABILITY**

UWM Athletics Department policy states: Any practice for intercollegiate athletics including stretching, pre-practice warm-up, conditioning, running and weight lifting will not start prior to 6:30 a.m. This includes coached and un-coached activities. The athletic training room will not open prior to 6:00 a.m. for pre-practice preparation.

All practices for intercollegiate athletics will conclude by 12:00 a.m. (midnight). This includes all stretching, post-practice activities, conditioning, running and weight lifting. This includes all coached and un-coached activities. The athletic training room will close no later than 12:30 a.m. for a night practice.

The Sports Medicine Staff recognizes the NCAA rule that states student-athletes are restricted to 20 hours of athletic related activity any 7 day period during the official season, a day off in any 7 day period, and 8 hours of athletic activity a week in any other part of the academic year.

## **22. ATHLETIC MEDICAL INSURANCE, PERSONAL/PARENTS' MEDICAL INSURANCE, HMO/PPO**

Intercollegiate athletic medical insurance acts as a secondary policy to personal/parents' medical insurance. If the student-athlete is not covered by personal or one of the parent's/guardian's medical insurance policy(ies), we highly recommend arranging for coverage or a policy to act as the primary policy in case of injury or illness. Make sure it covers intercollegiate athletic injuries which, many times, is an option (called a "rider") that must be added to the base plan. Most insurance companies have medical insurance plans. The Director of Sports Medicine has information about policies if you cannot find any.

THE ATHLETICS DEPARTMENT MEDICAL INSURANCE (ADMI) ONLY PAYS FOR **INJURIES** (NOT ILLNESS) THAT OCCUR IN MONITORED INTERCOLLEGIATE ATHLETICS AND IN THE SPORT WHICH THE ATHLETE IS ELIGIBLE (AS CONSIDERED BY THE NCAA ELIGIBILITY). ADMI DOES NOT COVER NON-ATHLETIC INJURIES OR ILLNESSES (ex: bike/car accidents, injuries occurring in a dorm or apartment, mononucleosis, or concussion resulting from non-intercollegiate activities)

For off-campus procedures: The Director of Sports Medicine will review each request for off-campus care. When the student-athlete has personal medical insurance, providers within that plan must be used. Medical costs will not be paid for by the ADMI if the student-athlete chooses a physician outside of his/her parents' health insurance plan. If the athlete seeks further medical care on his/her own, the cost of these services will be the responsibility of the student-athlete and/or parents' personally or through medical insurance.

The ADMI will pay for claims (bills) only after all information needed to process a claim has been received and the personal/parents insurance has paid. The student-athletes and parents cooperation is important in gathering and facilitating the transfer of information to all parties to assist in the payment of medical bills.

Please remember: BY LAW, THE ATHLETIC DEPARTMENT DOES NOT GET A COPY OF ANY MEDICAL BILLS. THEY WILL ONLY BE MAILED TO THE PATIENT. The SA or the parents should mail copies of all bills and evidence of benefits statements of bills associated with athletic related trauma injuries in a timely manner to the athletic trainer of that sport or the Director of Sports Medicine when received so payment may be facilitated.

If all necessary information has not been received after 12 months from the injury date, the ADMI, the athletics department, and the university will not be responsible for paying the claim (bill). Parents and athletes need to cooperate with requests for information and turn in all medical bills, medical records (if requested), and evidence of benefit statements (EOB's) from personal/parents insurance company to the certified athletic trainer for that sport or the Director of Sports Medicine.

### ***PERSONAL MEDICAL INSURANCE FORM and COPY OF PERSONAL MEDICAL INSURANCE CARD***

Every athlete must have provided the Director of Sports Medicine the personal/parent health insurance form and a copy of both sides of the personal medical insurance card, whether they are or are not covered by their parents' policy. If the form is not on file, the athlete will not be allowed to practice or compete. This form is provided to all athletes (or parents) each year (summer), is available on-line, and must be filled out each year. The information must be accurate and up to date. If parents change health insurance companies or jobs, please download a new form from UWMPanthers.com .

\*Mail bills, forms, cards, and EOBs to the Director of Sports Medicine; UWM; Sports Medicine Center, PAV 250; 3409 N. Downer Ave; Milwaukee, WI 53211.

### **23. REFERRAL TO UWM AND NON-UWM HEALTH CARE PROVIDERS**

After an injury occurs, there may be an occasion when the student-athlete will be referred for additional medical care. After an initial athletic trainer evaluation, treatment will be initiated or the athletic trainer will refer, if necessary, to a physician at the Norris Health Center, team orthopedic physician, team medical physician, urgent care, or emergency room. These physicians/care facilities may refer the student-athlete to additional medical care. If the athlete seeks further medical care on his/her own, the cost of those services will be the responsibility of the student-athlete and/or personal/parents' insurance. The Athletics Department will not be responsible for any part of the cost if the referral process is not followed. To hold down medical costs, the team physicians will refer out to physicians who are within the student-athlete parents' insurance plan. Insurances might not pay all medical costs if the student-athlete chooses a physician outside of his/her parents' medical insurance plan. This will be an out-of-pocket cost to the student-athlete or the parents. The university will not pay for services rendered without a referral and when the personal/parent health insurance plan rules have not been followed. All off-campus referrals have to be approved by the Director of Sports Medicine.

### **24. LIGHTNING & ACTIVITY**

Using the "Flash to Bang" measurements, any practice or competition for intercollegiate athletics including stretching, practice warm-up, conditioning, and running will be stopped and all student-athletes and staff will seek safe shelter if time between the flash of the lightning and the bang of the thunder is has follows:

For each five seconds count between the flash and the thunder, lightning is one mile away.

Examples: 30 seconds = 6 miles

*This policy is based on information from the National Lightning Safety Institute, the NCAA, and the NATA.*

When a storm is six miles away, all personnel and athletes are to clear the practice or competition area and seek safe shelter. The athletes and personnel may return to the area 30 minutes after the last flash of lightning or sound of thunder. All fans will be encouraged to seek safe shelter by event staff, coaches, or medical staff.

### **25. WALK-ON TRYOUTS**

Coaches will direct student-athletes to the office of the compliance coordinator to fill out the required academic/compliance/eligibility forms. The SA will then be directed to the team athletic trainer for that sport who will set up a full physical with the licensed/certified athletic trainer for that sport and a medical team physician. This will occur on campus and there will be no cost to the student-athlete. It is against NCAA rules to tryout, practice, be coached, or compete without a full physical and cleared by the medical team physician. The SA must complete a full athletic physical by UWM medical team physicians prior to any tryout, practice, or competition.

### **26. MEDICAL RECORDS AND CONFIDENTIALITY**

All medical records are confidential. No medical records are released without the student-athlete's written permission. The licensed/certified athletic trainer cannot discuss medical issues with parents or family members unless granted approval by the student-athlete or is present during the discussion. All medical records generated by Sports Medicine are retained for 7 years from the last year of the last entry into the record.

### **27. JEWELRY**

As per league and NCAA rules, all external jewelry is prohibited during practice and competition. Also, any jewelry in or around the mouth is prohibited during practice and competition because health delivery may be compromised or delayed.

## **28. HEAD INJURY/CONCUSSION**

Head injury/concussion is one of the most difficult injuries to determine safe return to activity. UWM will determine return to activity each episode on a case by case basis. Some criteria to be used to guide return to activity decisions will be headache, nausea/vomiting, sensitivity to light, confusion, feeling hazy/foggy/groggy, change in sleeping habits, previous concussions, memory/recall, concentration, cranial nerve responses, balance, return of symptoms with progressively increased activity. The athlete should not practice "on their own" as they need to avoid second impact syndrome/second concussion syndrome. This list is not fully inclusive.

Student-athletes who exhibit signs, symptoms, or behaviors consistent with a concussion will be removed from practice or competition and evaluated by a UWM staff athletic trainer or team physician. Student-athletes diagnosed with a concussion will not return to activity for the remainder of that day. The student-athlete will be re-evaluated periodically so as to determine safe return to activity. UWM uses a 5 day progressive activity level return to activity plan as long as symptoms do not return. If symptoms return during the progression, the 5 day plan will be extended.

Every student-athlete will participate in baseline concussion testing during their pre-participation physical exam. This information will be used as part of the injury management and return-to-play decision.

Every student-athlete will sign a statement in which they accept the responsibility of reporting their injuries and illnesses to the sports medicine staff including signs and symptoms of concussions. Also, they recognize the UWM sports medicine staff has the unchallengeable authority to determine management and return-to-play decision for any ill or injured student-athlete.

## **29. PAIRED ORGAN**

Most people are born with several organs that are paired bilaterally in the body. We are concerned about all paired organs but will focus on eyes and kidneys in this policy. Student athletes that have one eye or are legally blind in one eye (400/20 or worse) may participate by wearing protective sports goggles. The athletic department will not purchase new sports goggles but will repair or replace them if broken during a scheduled, coached practice or competition. Single kidney conditions will be determined by the team physician on a case by case basis. This condition must be conveyed during the initial pre-participation exam and any subsequent change in a kidney should be brought to the team physician's attention.

## **30. HEART CONDITION**

Heart conditions will be considered on a case by case basis. Issues will be referred to specialist as necessary. There may be times when off-campus medical test will be required prior to return to activity. In these situations, the student-athlete will need to access personal/parents health insurance plans. Many times, the Bethesda Guidelines will be used as a reference when determining return to activity. The team physician has the final decision on return to activity even if "cleared" by another provider.

## **31. INTERNAL ORGAN INJURY/ILLNESS**

Injury or illness to an internal organ will be considered on a case by case basis. Issues will be referred to specialist as necessary. The team physician has the final decision on return to activity even if "cleared" by another provider.

## **32. STUDENT-ATHLETES COMPETING "UNATTACHED" (not as a UWM team member)**

Student athletes attending events "unattached" or independent of UWM that get hurt or incur an illness or disease are not covered by the Athletic Department Insurance. All medical bills will be the responsibility of the student-athlete. The sports medicine staff will evaluate, assess, treat, and rehabilitate injuries that occur to UWM intercollegiate student-athletes within the limits of our care protocols at the on campus athletic training room(s). If further medical evaluation, tests, or surgeries are required as a result of the injury, the costs incurred as a result of those procedures will be the sole responsibility of the student-athlete and any personal/parents insurance.

### **33. BASIC ATHLETIC TRAINING ROOM RULES**

- No cussing, degrading comments, or jokes that refer to or focus on diverse populations
- Respect those working in the athletic training room and with your sport
- Respect the equipment and facility; keep it clean and clean up after yourself
- Shower before using the whirlpools
- Remove muddy/dirty shoes before entering the Athletic Training Room
- No talking on a cell phone while in the ATR. You may text as long as it does not take away from the treatment or rehabilitation process.
- No food in the service areas of the ATR; OK in staff offices, athletic training student office
- No drinks in the treatment, rehabilitation, SwimEx areas of the Athletic Training Room

There may be specific sport rules added by the licensed/certified athletic trainer working with your sport. You will be warned once and asked to leave after the second occurrence.

### **34. PREGNANCY OF THE STUDENT-ATHLETE**

It is highly recommended that the student-athlete inform the medical team physician and the team athletic trainer of this condition so, if needed, appropriate medical care can be conveyed. UWM athletics will follow the NCAA recommendations.

### **35. SICKLE CELL TRAIT**

Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells. Although certain ethnic groups are at higher risk for having sickle cell trait, persons of all races and ancestry could test positive. Diagnosis can be made with a simple blood test.

Sickle cell trait is often asymptomatic, but during intense, sustained exercise, red blood cells can sickle (change from a normal disc shape to a crescent or "sickle" shape), which can accumulate in the bloodstream and "logjam" blood vessels resulting in student-athlete collapse or decrease the blood's ability to carry oxygen to muscles, including the heart, effecting the muscles ability to function properly.

The NCAA requires all NCAA Division I student-athletes to have the opportunity to know of their sickle cell trait status. To facilitate this, UWM requires one of the following to occur: 1) provide testing results from previous testing either as an infant or from their family physician, 2) be tested as part of the pre-participation physical exam, 3) waiver out of this requirement. Further explanation of the sickle cell trait, testing, and waiver process is provided to all incoming student-athletes with other pre-participation physical information.

### **36. NOT LISTED**

If a situation or condition has not been listed here, the rules in the NCAA Sports Medicine Handbook for the current academic year will be used as a guideline for care/treatment/decisions concerning that particular situation/condition. Additionally, reasonable and prudent medical treatment will be provided as indicated.



**UNIVERSITY OF WISCONSIN-MILWAUKEE SPORTS MEDICINE**  
**DIRECTORY OF PERSONNEL, FACILITIES, AND HOURS**

<b>Athletic Training Staff</b>	<b>Main Sport Responsibility</b>
<p>John Ochsenwald, ATC, LAT            Director of Sports Medicine, Head Athletic Trainer, Assistant Clinical Professor            Office: Pavilion Sports Medicine Center, Suite 250 - 414-229-6572            Cell: 414-750-4756            Home: 262-375-2424            johno@uwm.edu</p>	<p>Men's Soccer</p>
<p>Becky Worman, ATC, LAT            Assistant Athletic Trainer, Clinical Instructor            Office: Pavilion Sports Medicine Center, Suite 250 - 414-229-6572            Cell: 414-750-4758            Home: 414-443-0424            pzycho@umw.edu</p>	<p>Women's Basketball            Co-Men's &amp; Women's XC            Co-Indoor, Outdoor Track/Field</p>
<p>Brandon Wells, ATC, LAT, CSCS            Assistant Athletic Trainer            Office: Pavilion Sports Medicine Center, Suite 250 - 414-229-6572            Cell: 414-750-4755            Home:            wellsb@uwm.edu</p>	<p>Men's Basketball            Women's Tennis            Cheerleaders</p>
<p>Renee Reckelberg, ATC, LAT            Assistant Athletic Trainer            Office: Pavilion Sports Medicine Center, Suite 250 – 414-229-6572            Cell: 414-750-4604            Home:            manofsky@uwm.edu</p>	<p>Women's Volleyball,            Co-Men's &amp; Women's XC            Co-Indoor, Outdoor Track/Field</p>
<p>Kelly Poster, ATC, LAT            Assistant Athletic Trainer            Office: Pavilion Sports Medicine Center, Suite 250 - 414-229-6572            Cell: 414-            Home:            kmposter@uwm.edu</p>	<p>Men's &amp; Women's Swimming &amp;            Diving</p>
<p>Chad Henneberry, ATC, LAT            Assistant Athletic Trainer            Office: Pavilion Sports Medicine Center, Suite 250 – 414-229-6572            Cell: 414-430-0604            Home:            crh2@uwm.edu</p>	<p>Women's Soccer, Baseball</p>
<p>Lian Hobinski, ATC, LAT            Assistant Athletic Trainer            Track &amp; Field            Office: Pavilion Sports Medicine Center, Suite 250 – 414-229-6572            Cell:            lian@uwm.edu</p>	<p>Men's and Women's Cross            Country            Men's &amp; Women's In &amp; Out            Morning Athletic Training Room            Coverage</p>

## **Athletic Team Physicians, Doctors, and Health Care Providers**

These professionals are part of the UWM Sports Medicine team and are available by referral through the athletic training staff. All injuries (orthopedic, dental, eye, etc) and illnesses are to be evaluated by an athletic trainer prior to seeing one of these professionals when not an emergency. There will be a charge for services if care occurs at off-campus facilities.

### **MEDICAL**

Dr. Brian Hirano, M.D. Medical Team Physician  
Dr. Marnie Pearsall, M.D. Medical Team Physician

### **ORTHOPEDIC SURGEONS**

Dr. William Smith, M.D. Team Orthopedic Surgeon  
Dr. Donald Middleton, M.D. Team Orthopedic Surgeon  
Dr. Todd Swenson, M.D. Team Orthopedic Surgeon

**DENTISTS** (emergency use) Student-athletes may use for general dental health if you have no dentist or are away from your regular dentist. Call your dental insurance company and check to make sure your dental insurance will cover the visit's costs.

Dr. Joseph Schell, DDS

### **GENERAL SURGEON**

Dr. Richard Cattey, MD

### **CHIROPRACTOR**

Dr. Ken Koch, DC Team Chiropractor (on campus appointments)

### **OPHTHALMOLOGISTS**

Milwaukee Eye Care Associates, Prospect Avenue

**HEALTH EDUCATION SERVICES** - Coordinate appointment with team staff athletic trainer  
Nutrition Evaluation, Disordered Eating & Eating Disorders, Tobacco Cessation, Women's Health Issues, Men's Health Issues, Sleep Disorders, Substance Abuse-including alcohol, support groups, more.

**DIETITIAN** – a staff athletic trainer can assist in scheduling an appointment

Susan Kundrat, RD, Dietitian

## **ATHLETIC TRAINING ROOMS**

Pavilion Sports Medicine Center 229-6671(fax)	9:00a-6:30p Monday-Friday	414-229-6572(v)	414-
Engelmann Sports Medicine	per team need	no phones, use cell numbers	

These are general times. They may vary, shorter or longer, depending on team coverage needs, and travel requirements by staff athletic trainer. Weekends are "as needed" for team practice and event coverage and if licensed/certified athletic trainers are available.