

2014

The Six Domains of Athletic Training: A Guide to the Profession of Athletic Training

Jenna Szuba

Follow this and additional works at: <http://commons.emich.edu/honors>

Recommended Citation

Szuba, Jenna, "The Six Domains of Athletic Training: A Guide to the Profession of Athletic Training" (2014). *Senior Honors Theses*. 375.

<http://commons.emich.edu/honors/375>

This Open Access Senior Honors Thesis is brought to you for free and open access by the Honors College at DigitalCommons@EMU. It has been accepted for inclusion in Senior Honors Theses by an authorized administrator of DigitalCommons@EMU. For more information, please contact lib-ir@emich.edu.

The Six Domains of Athletic Training: A Guide to the Profession of Athletic Training

Abstract

The six domains of athletic training are injury prevention, clinical evaluation and diagnosis, immediate care, treatment, rehabilitation and reconditioning, organization and administration, and professional responsibility. To educate the public about the profession, explaining these six domains can help identify the areas athletic trainers are proficient in. Each domain is different and describes a specific aspect of the profession of athletic training. Together they help to shape and define the profession of athletic training. Not only do the six domains guide athletic training on a big scale, but they can also be found everyday in the athletic training rooms and clinics of certified athletic trainers across the nation. From giving an athlete a Band-Aid to writing an injury report to spine boarding an athlete, every action an athletic trainer performs fits into one of the six domains.

Degree Type

Open Access Senior Honors Thesis

Department

Health Promotion and Human Performance

First Advisor

Jim Sweet

Second Advisor

Jodi Schumacher

Third Advisor

Chris Herman

Keywords

injury prevention, clinical diagnosis, emergency care, treatment & rehabilitation, organization & administration, professional responsibility

THE SIX DOMAINS OF ATHLETIC TRAINING: A GUIDE TO THE PROFESSION OF
ATHLETIC TRAINING

By

Jenna Szuba

A Senior Project Submitted to the

Eastern Michigan University

Honors College

in Partial Fulfillment of the Requirements for Graduation

with Honors in Athletic Training in the School of Health Promotion and Human
Performance

Approved at Ypsilanti, Michigan, on this date April 1, 2014

Table of Contents

Abstract..... 3
Introduction..... 4
Domain I..... 5
Domain II..... 7
Domain III..... 8
Domain IV..... 10
Domain V..... 11
Domain VI..... 12
Reflection..... 13
Case Studies..... 15
Six Domains Brochure..... 29
References..... 30

Abstract

The six domains of athletic training are injury prevention, clinical evaluation and diagnosis, immediate care, treatment, rehabilitation and reconditioning, organization and administration, and professional responsibility. To educate the public about the profession, explaining these six domains can help identify the areas athletic trainers are proficient in. Each domain is different and describes a specific aspect of the profession of athletic training. Together they help to shape and define the profession of athletic training. Not only do the six domains guide athletic training on a big scale, but they can also be found everyday in the athletic training rooms and clinics of certified athletic trainers across the nation. From giving an athlete a Band-Aid to writing an injury report to spine boarding an athlete, every action an athletic trainer performs fits into one of the six domains.

Introduction

Most people in the active population unknowingly cross paths with an athletic trainer at some point in their lives. Whether people are aware of their physical presence or not, athletic trainers are often in the background at many events. Many people are also unaware of athletic training as a profession. It has only recently begun to gain visibility and credibility among communities and other health care professionals. Athletic training is often confused with other professionals such as personal trainers, coaches or nurses. While some of the duties of these professions overlap with athletic training, the profession is completely unique.

Athletic trainers graduate from colleges or universities across the nation with a Bachelor's of Science degree in Athletic Training, and are proficient in many areas of the health care profession. To better understand which areas athletic trainers are educated in, one can simply look at the six domains of athletic training that guide all aspects of the profession. The six domains of athletic training are:

- 1) Injury Prevention
- 2) Clinical Evaluation and Diagnosis
- 3) Immediate and Emergency Care
- 4) Treatment, Rehabilitation and Reconditioning,
- 5) Organization and Administration
- 6) Professional Responsibility

While each domain is a unique and separate category that represents a specific aspect of the profession of athletic training, together they help to shape and define the foundation of the curriculum in athletic training educational programs at

colleges and universities as well as the function of practicing athletic trainers. These six domains affect the policies and proccdures set in place by the governing bodies, the scope of practice for each athletic trainer and they assist in the formation of the questions for the certification exam. Not only do the six domains guide athletic training on a grand scale in education, but they can also be found in practical use everyday in the athletic training rooms of certified athletic trainers across the nation. From giving a patient a Band-Aid to writing an injury report to spine boarding an athlete, every action an athletic trainer performs fits into one of the six domains.

Domain I: Injury Prevention

Injury prevention is the first of the six domains. The main goal of this domain is to “make the competition as safe as possible to minimize the risk of injury”.³ It is unique from the other five domains because athletic trainers are the frontline professionals responsible for this duty.⁴ “They are the only health care professionals whose expertise in prevention ranges from minor sprains to catastrophic head and neck injuries, and from minor illnesses to exertional heat syndrome.”² They are responsible for making sure that athletes are healthy, conditioned and that they do not have any medical conditions that could be dangerous when compcting. Athletic trainers are also responsible for safety equipment such as helmets, dangerous weather and field conditions. Injury and illness prevention can take numerous forms. Education and communication between the athletic trainer and parents,

coaches, athletes and administration about the risks associated with competition is vital in preventing injuries and illnesses.⁵

The education athletic trainers receive in injury prevention can be seen daily in athletic training rooms. One of the simplest and most common forms of injury prevention seen is preventative taping. This is a skill that athletic trainers use on a daily basis. Whether it is ankles, wrists, fingers, elbows or another body part, preventative tape and braces are applied to resist certain motions or provide support to avoid injury.

Another example of prevention is the annual pre-participation exam. Athletic trainers must understand the process of pre-participation exams as they identify athletes with medical conditions that make them more at risk to injury.⁵ Once at-risk athletes are identified, athletic trainers are able to put preventative care plans in place.

On a daily basis, athletic trainers also monitor the weather and need to communicate to coaches and administration when the conditions make outdoor activity dangerous. Lightning, and high levels of humidity and high temperatures are a few examples of extreme weather that athletic trainers need to be concerned of.

When certified athletic trainer, Kasey Ficken was asked what she did on a daily basis to prevent injuries, "education of athletes" was her first response as she stated, "Educating athletes about proper techniques when warming up and cooling down can help prevent injuries such as muscle strains and heat illnesses."¹ Athletic trainers can educate their athletes through quick instructions or in professional presentations to coaches, parents and administration.

Injury prevention can cover many areas and athletic trainers are also routinely adept in flexibility and cardiovascular fitness assessment, postural and ergonomic assessment, designing conditioning programs, and assessing muscular strength and endurance.

Domain II: Clinical Evaluation & Diagnosis

Athletic trainers are often the first person to see an injured patient after he or she has sustained an injury. Therefore, athletic trainers must be proficient in the domain of clinical evaluation and diagnosis. They must be able to provide a clinical diagnosis to determine a course of action.⁴ Athletic trainers may evaluate injuries under different circumstances such as in the pre-participation exam, on-field acute conditions, in the clinic or athletic training room for acute or chronic injuries, or an on-going evaluation to track progress of an injury or illness. Regardless of the circumstance, athletic trainers use the same skill set to determine the severity of the injury, functional limitations and a differential diagnosis. Once a diagnosis is made regarding the injury, the athletic trainer is able to establish immediate care and long and short-term goals for the patient. The athletic trainer is also able to recognize when an injured patient needs to seek further medical attention such as x-rays, an MRI or casting.

Each day athletic trainers perform multiple evaluations within the walls of the athletic training room or clinic. These evaluations can be of musculoskeletal injuries or of medical conditions and are usually divided into two separate sections.

The first section of the evaluation is subjective as it is learning about the patient's symptoms, which cannot be measured. The athletic trainer will obtain information about the injury through a medical history. The patient will be asked numerous questions regarding medical past, description of the injury including mechanism, prior injuries and any other factors that may influence the current condition.²

The second section of the evaluation is the objective physical examination. In this section, the athletic trainer will observe and palpate the injured area checking for any abnormalities such as swelling or bruising. Range of motion and strength will be tested and measured and a functional assessment (walking, throwing, etc.) will be performed.

The last thing an athletic trainer will do when evaluating is a series of special tests. Each test can help rule out or confirm specific injuries. Once the evaluation is completed, the athletic trainer is able to diagnose the type and extent of the injury or medical condition.⁴

Evaluations of an injured patient do not stop once the initial evaluation is completed. Athletic trainers must continue to evaluate the status of the patient in order to meet the needs of their recovering injury and make appropriate changes to the treatment plan.

Domain III: Immediate & Emergency Care

The third domain is an area of expertise that athletic trainers need to be well trained and proficient in, but is the one domain that is used least.

Athletic trainers need a specific skill set for immediate and emergency care because they are often on the scene when a patient becomes injured and are the first to respond. They must be able to quickly assess the situation, activate a pre-determined emergency action plan without alarming the patient, begin life saving procedures such as cardiopulmonary resuscitation (CPR), use emergency equipment such as an automated external defibrillator (AED) or splints, and communicate with coaches, transports units and administration in emergency situations.⁵ Being able to “recognize signs and symptoms of life-threatening conditions is the cornerstone of effective management of emergencies”.⁴ Therefore, all athletic trainers need to maintain current certification in first aid, CPR and AED use to keep their credentials up to date. The skill set required in emergency situations includes how to splint fractured bones and dislocations, how to remove helmets, control of bleeding, cervical spine stabilization and spine boarding.

All athletic trainers understand the importance of keeping calm and having a plan in emergency situations. For this reason, all athletic training rooms have emergency action plans (EAP) set. These plans are created and edited yearly and list the steps that need to be taken to ensure the patient is safe. EAPs vary depending on the type, size and location of the athletic training room or clinic. However, regardless of the setting, all EAPs have the same general steps athletic trainers follow. This first step is to identify and contact all personnel involved to initiate their role in the EAP during an emergency situation. The athletic director, coaches, parents and other staff athletic trainers are all examples of personnel that may need to be contacted to ensure the EAP is effective. The next step is to locate any

emergency equipment needed such as the AED, braces or a spine board. Next the athletic trainer needs to have clear communication with any emergency care providers such as hospitals, physicians or paramedics to discuss location of the injured athlete, current situation and any other vital information. If an ambulance is called, the athletic trainer needs to determine who will be going with the athlete, then gives specific directions to the venue, which is listed, step-by-step, in the EAP. Finally, after the situation is taken care of, the athletic trainer needs to contact the emergency care providers or facilities to follow up with the current status of the athlete. Athletic trainers are well rehearsed in the EAP and should be practiced with different scenarios taking place.

Domain IV: Treatment, Rehabilitation & Reconditioning

The main goal of the fourth domain is to return injured patients to optimal performance and function.⁴ To achieve this goal, athletic trainers are able to assess the status of patients with post-operative, acute, and chronic musculoskeletal injuries in order to identify functional limitations, therapeutic exercise modality intervention, and short and long-term treatment goals.² All of these aspects combine together to create the treatment plan, which athletic trainers design, administer and execute. Treatment plans vary based on each individual and injury and must be modified and updated as the patient progresses through it.

A large portion of an athletic trainer's day revolves around treatment and rehabilitation. Because athletic trainers work with many different athletes, they are

knowledgeable in the physical demands and specifications of each sport.⁵ This allows them to create treatment plans that are customized to each athlete. It is important that athletic trainers treat the individual rather than the injury. For example, a treatment plan of a senior football quarterback with a wrist sprain would vary greatly from a sophomore female cross country runner with a wrist sprain. A good treatment plan will encompass many different therapeutic interventions such as manual therapy, condition exercises to increase strength and range of motion, proprioceptive exercises for balance, agility and cardiovascular exercises, modalities, sport specific exercises and any necessary splints or braces.²

Another large aspect of the treatment plan that athletic trainers are educated in is the psychological aspect of injuries and the rehabilitation process.³ Patients can have difficulties coping with injuries and the pressures of adhering to a treatment plan. Therefore, athletic trainers are able to support and push their patients towards their treatment goals.

Domain V: Organization & Administration

Organization and administration is defined as “an organization’s or professional association’s ability to function effectively, cope adequately, to change appropriately, and to grow from within”.⁴ Athletic trainers are able to utilize physical, financial, and human resources to deliver efficient and effective care for their patients.² Organization and administration is the glue that holds all six domains together. Without certain aspects of organization and administration such

as an educated staff, supplies, finances, standards, and policies and procedures, none of the other domains can be accomplished.

Patients rarely notice most of the work athletic trainers do that falls within the fifth domain because the work is done behind the scenes. Inventory, injury reports, staffing decisions, budget report, policies and procedures are completed frequently by athletic trainers to ensure their clinic or athletic training room is running smoothly. "Maintenance of records and accurate documentation is mandatory for communication, reimbursement, risk management, and determining best practices".⁴ While patients are often unaware of the behind the scenes work athletic trainers do, they unintentionally aide in completing the tasks associated with the fifth domain everyday. Following rules of the athletic training room and treatment or rehabilitation logs are both important in the eyes of an athletic trainer but may seem insignificant in the eyes of the patient.

Domain VI: Professional Responsibility

Positive representation of the profession of athletic training is the main goal of the professional responsibility domain. Athletic trainers follow the *Code of Ethics, Standards of Professional Practice* set in place by NATA and the Board of Certification (BOC) as well as their respective state's regulations.⁵ They keep their certification up to date and most importantly practice ethically and professionally at all times.

Maintaining professional responsibility in the clinic and athletic training room can be broken into four roles. These four roles are student, educator, counselor and researcher.³ Athletic trainers continue to perceive themselves as students and continue their education long after earning a bachelor's degree. They are always expanding their knowledge so they may continue to provide the best care possible. This is done by attending lectures, conventions, workshops or in-services. On the flip side, athletic trainers are educators as well. They must be able to communicate with coaches, patients, parents and other health care professionals about injuries, medical conditions, and the profession of athletic training.

Following the lines of being an educator, athletic trainers act as counselors to patients and their family. When an injury occurs, they inform the patient about the type and severity of the injury and how it will affect their ability to compete.

Lastly, athletic trainers aid in the progress of their profession as researchers. This aspect of professional responsibility can "enhance their visibility and credibility by engaging in research and scholarly publications".³ When athletic trainers are able to be proficient in all four roles, they are properly fulfilling their professional responsibility.

Reflection

While earning my degree in athletic training over the course of the past four years, I have been truly surprised at how many people are uninformed about the profession of athletic training. I found myself constantly explaining who athletic

trainers are and what we do. Even over this past and final semester, while doing an internship out of state and working tournaments and competitions with athletes and their families at a national level, I would have to explain the role of an athletic trainer.

Thus, I have chosen to educate the public and spread a positive message about athletic training. I opted to focus on the six domains of athletic training because I found it was an easy way to encompass and explain all areas of education and proficiency that are required of athletic trainers.

The breakdown of these six domains is helpful in distinguishing us from other health care professionals as well. For example, athletic trainers are often confused with personal trainers. While both professions work with strengthening and reconditioning, personal trainers are not educated in evaluation and diagnosis, or immediate and emergency care.

Included in this attachment is a brochure that easily and briefly explains the six domains. I created it for athletic trainers to be able to give to the public to educate them about the profession of athletic training.

I believe that athletic trainers play a vital role in the health care team and deserve more acknowledgment from the public. Perhaps with a little more educational awareness the general population will have a clearer understanding of our role in the community. My goal in creating this brochure is to begin to fulfill my professional responsibility as an athletic trainer and spread a positive message about what the field of athletic training truly entails.

Case Studies

Domain I: Injury Prevention

Background: A female high school soccer athlete walked into the athletic training room at 4pm with a chief complaint of feeling light-headed and dizzy. She reports having to leave practice as she thought she might pass out. It is the week following try-outs in mid-March and the soccer team practiced outside where it was about 50 degrees and sunny. The athlete was a junior on the varsity soccer team and was 16 years old. She stated the teams new coach has increased the amount of sprints and jogs in practice compared to last year's coach. Athlete did not participate in a winter sport, but did attend weekly conditioning sessions for the soccer team. She reports beginning to feel lightheaded about 30-45 minutes into practice. After about an hour, athlete removed herself from participation.

Athlete has a previous history of concussions, with her last concussion being 6 months ago. However, she does not report hitting her head within the past 24 hours. She states she has a minor headache. The athlete says she drank one 16 fl oz water bottle throughout the day. Her lunch for the day consisted of a salad without any meat or fruit on it and was eaten at 11am. She did not eat anything else throughout the afternoon or before practice.

Physical observation shows the athlete to appear slightly pale and "out of it". Athlete was lethargic and feels better sitting down. She had normal pupillary reaction and cranial nerve testing.

Impression: While the athlete did present with some concussion symptoms and she has a history of concussions, the athlete did not have the proper mechanism and her cranial nerves were normal. Therefore, concussion could be safely ruled out.

The athlete's signs and symptoms were consistent with dehydration and lack of nutrients from not eating enough. The athlete did not consume enough water or calories to support her through the increase of physical activity during practice.

Treatment: The athlete was immediately given a snack and drink of gatorade and goldfish. She stayed in the athletic training room and rested for 15 minutes.

To prevent further episodes and subsequent injuries, the supervising athletic trainer and myself gave a presentation to the team, coaches and parents on proper nutrition. We covered the main points of nutrition and explained how an active body needs calories to be able to produce energy efficiently. We discussed techniques for staying hydrated throughout the day as well as the importance of eating full, healthy meals and snacks before physical activity. Each athlete, parent and coach left the presentation with a nutritional handout that listed examples of foods and beverages to keep their body healthy and well nourished.

Response: After giving the athlete the snack and Gatorade, she immediately began to feel better. Within 15 minutes, all of her symptoms had resolved.

Education is one of the simplest forms of injury prevention. After speaking at the team meeting, there were no other cases of dehydration or a lack of proper

nutrition among the team for the rest of the season. By educating the girls about how to take care of their bodies, they were able to ensure they were drinking and eating enough throughout the day. Talking with coaches and parents and educating them about proper nutrition also proved to be beneficial and prevent further injuries. By making them aware of the situation, they were able to play a role in supervising the athletes and providing them with opportunities to hydrate and eat healthier.

Domain II: Clinical Evaluation & Diagnosis

Background: A patient came into the clinic with sharp pain in his right midfoot. He reports playing baseball and stepping in a hole in the outfield while trying to catch a fly ball. He reports immediate severe pain and a snapping feeling in foot. The patient is unable to weight bear and describes an increase in pain when pressure is applied.

A physical examination reveals swelling and bruising on the dorsal aspect of the right midfoot. Bruising is also visible on the plantar surface of the foot. The second metatarsal is tender to palpate and point tender. The patient has pain at the end range of all motions and has decreased strength secondary to pain. The patient experiences pain with a heel raise and the long bone compression test.

Impression: At this point the athletic trainer is able to determine the impression of

injury is a Lisfranc fracture. However, they are unable to confirm this diagnosis without a further referral to a physician.

Treatment: The patient is sent to a physician to get a set of x-rays completed. The images will be able to reveal fractures or any other abnormalities in the bones. Multiple sets of x-rays are taken including different angles of the injury, while weightbearing and when non-weightbearing. The x-rays confirm the athletic trainer's impression of injury. The patient has a Lisfranc fracture.

The physician and athletic trainer then work together to create a treatment plan for the patient. The plan includes placing the patient in a cast for six-eight weeks followed by a rehabilitation protocol to restore range of motion and strength.

Response: Because of the skills athletic trainers possess in the domain of clinical evaluation and diagnosis, the patient was properly cared for throughout the entire process. The athletic trainer began with a personal examination using both a subjective and objective evaluation. Once determining an impression of the injury, the athletic trainer recognized that the patient needed a referral to see a physician. This allowed the injured area to be x-rayed and confirmed diagnosis. With a correct diagnosis, the athletic trainer is then able to create a treatment plan based off of the unique aspects of the patient's injury.

Domain III: Immediate & Emergency Care

Background: Athlete is a 16-year-old female participating in a weekend field hockey tournament. During one of the games athlete was hit in the head with a field hockey ball and collapsed to the ground immediately. Upon meeting her on the field the athletic trainer realizes there was no loss of consciousness and she has a laceration on her forehead.

The laceration is on her forehead above her left eyebrow and is 4cm long, full thickness tear. Athlete is crying and is having trouble breathing and remaining calm. She reports having a headache but is unable to report any other symptoms.

Athlete's mother is present at the time of injury and reports that athlete had been hit and had lacerated the other side of her forehead last season.

Impression: The athletic trainer is able to determine that stitches are going to be needed for the laceration. The athlete also appears to be experiencing the beginning stages of shock. Due to the mechanism and the symptom of a headache, it is also possible the athlete has a concussion. However, the current condition of the athlete is allowing the athletic trainer to perform a full concussion evaluation.

Treatment: The first step the athletic trainer took was ensuring the athlete was conscious and breathing. The main concern at this point was to stop and control the bleeding. Gauze was applied with pressure until the bleeding had been under

control. The athlete was then given instructions to take deep breaths to slow her breathing down.

At this time, it was already determined the athlete needed stitches and had to be taken to the hospital. The parent had requested that an ambulance be called to transport them to the hospital as they traveled by bus with the team, and did not have a personal vehicle with them. The athletic trainer followed the steps of the emergency action plan (EAP) in order to ensure the emergency situation was handled properly.

The athletic trainer called 911 and gave specific details about the situation and directions to the location of the injured athlete. The head athletic trainer and complex managers were then called and told an ambulance was coming on to property.

While waiting for the ambulance the athletic trainer got necessary information from the athlete regarding name, age, allergies, and current medications for the hospital. The athletic trainer also kept the athlete calm until the ambulance arrived.

Response: The athlete was taken to a local hospital where she received stitches for the laceration and was diagnosed with a concussion. Because of the emergency care skills of the athletic trainer and the property's EAP, the athlete was well taken care of.

Emergency situations like this one show the importance of immediate care skills and emergency action plans. The entire athletic training staff had reviewed

and practiced the EAP at the beginning of each semester and ensured all staff involved with an emergency situation would be on the same page. Because the EAP, the athletic trainer was able to calmly and efficiently provide further care to the athlete and inform supervisors and administration without any confusion.

Domain IV: Treatment, Rehabilitation & Reconditioning

Background: Sydney, a 17-year old, female high school athlete is dealing with a complaint of chronic shoulders pain and multidirectional instability. She is a junior and a member of the varsity cross country, basketball and track teams.

She had previously dislocated her left shoulder during a basketball game one year prior to current injury. After being removed from participation for one month and performing strengthening and therapeutic exercises with the high school's athletic trainer, she was able to return to play with minor difficulties.

Sydney's current should pain began when she dislocated it during an away basketball game on December 6th. She rated her pain at three out of ten. The athletic trainer was able to reduce the dislocation and determined she had full strength and full range of motion. Sydney returned to play.

Sydney's home athletic trainer did an evaluation the next day ad found the following results from the physical exam:

- No deformities
- Full range of motion
- Strength 5/5
- Negative Empty Can
- Negative Full Can
- Negative Clunk
- Negative Neer's
- Negative Hawkins Kennedy
- Negative Apprehension
- Negative Relocation

- Negative O'Brien's

Sydney then began a treatment plan to strengthen all the muscles in her shoulder joint and returned to play.

The next injury happened on December 9th at another basketball game. Sydney's shoulder subluxed when she was fighting for the ball with an opponent. She reports feeling an increase in pain and instability.

Upon a physical examination, Sydney had decreased strength, and limited range of motion. She did not return to play and scheduled an appointment with a physician.

The physician's initial examination consisted of x-rays of her injured shoulder, which came up inconclusive. Next, the physician ordered a magnetic resonance imaging (MRI). The results of the MRI revealed that Sydney had a Bankhart lesion.

Impression: Upon the first evaluation performed by the athletic trainer, the impression of Sydney's injury was shoulder instability due to weak shoulder muscles.

When she subluxed her shoulder and saw a physician the impression of injury changed. Because the physician was able to order an MRI for her, it made it clear the diagnosis was a Bankhart lesion.

Treatment: Sydney had many different treatment plans throughout her injury. After her first dislocation, her treatment plan consisted of rehabilitation exercises

with her high school athletic trainer. The main goal was to strengthen the muscles of her shoulder. She completed exercises with different levels of therabands including shoulder extension, internal and external rotation and rows.

After Sydney subluxed her shoulder, her physician decided to schedule an Arthroscopic surgery to repair the tear for December 28th. It was an outpatient surgery with up to a six-month recovery time. The treatment plan and rehabilitation process was divided into 4 phases each with individual short term goals that combine to create a long term goal.

The first phase focused on healing and increasing mobility. Sydney was to wear an arm sling unless performing exercises. Some of the therapeutic exercises she executed were pendulum swings, isometric exercises and scapular range of motion.

Continuing to increasing mobility and increasing strength within the shoulder is the goal of the second phase. Sydney no longer needs to wear the arm sling, and therabands levels are increased. Free weights are added to the protocol in the motions of scapular protraction and retraction.

In the third phase of the treatment plan, increasing strength and mobility continue to be the main goals. Sport specific motions began to be infused with the rehabilitation exercises and weights and repetitions were increased.

In the final stage of the rehabilitation process and treatment plan, the chief objective is returning the athlete to participation. The physician, physical therapist and the athletic trainer communicated to determine when Sydney could return to

play at what limitations were set for her safety. Sport specific exercises helped prepare Sydney to be completely functional in each of her three sports.

Response: Due to the treatment plan set in place for Sydney, she was able to return to play and excel in her sports during her senior year. The success of the treatment plan is due to the efforts of the athletic trainer along with the physician and physical therapist.

They were able to continuously evaluate the status of Sydney's injury to progress her through the treatment plan. The athletic trainer at her high school supported Sydney throughout the plan and pushed her to meet and surpass her goals.

Thanks to the efforts of the medical team that work with Sydney she is now a college athlete who is top ranked within her university's division. The success that Sydney had with her treatment plan shows the importance of adjusting and making changes to the treatment plan. Adapting it according to the athlete's current condition allows the athlete to be more motivated throughout the entire process and more likely to achieve their goals.

Domain V: Organization & Administration

Background: The school year is coming to an end at a medium sized high school and the athletic trainer has begun to do inventory of the remaining supplies. The

athletic director gave the athletic trainer a set budget to spend on supplies and requests to see the list of supplies to be ordered at the beginning of August.

The high school has about 800 athletes and the athletic trainer is responsible for over 40 teams. She is the only staff member, and has two small athletic training rooms with storage for supplies.

Impression: The athletic trainer receives a lump sum budget and needs to carefully determine what supplies are necessary. As she is only allowed to do one order of inventory per school year, the athletic trainer must ensure she will have enough supplies to last her from August until June of the following year.

Plan: The athletic trainer follows many techniques to ensure she will have enough supplies for the following school year. First, a total count of all remaining inventory is taken. Then she compares it to the amount of the respective supplies ordered at the beginning of the year to see how many of each supplies were used. This will help determine which supplies are most needed and how many of each item are used throughout the year.

Another technique the athletic trainer used is reviewing injury reports from the past school year. By reviewing past injuries, the athletic trainer can see what supplies such as tape, braces or rehab equipment were used.

After the athletic trainer compiled a list of supplies to be ordered and the total amount of money she will be spending, she has it approved by the athletic

director. The list of supplies will then be ordered and delivered to the school in the beginning of August.

Response: Understanding what type of budget the athletic trainer has to work with is important in ensuring the athletic training room runs smoothly and efficiently. By following helpful techniques when completing and ordering inventory, the athletic trainer is able to ensure there are enough supplies for all teams and athletes she is responsible for. Using these techniques also shows the athletic director why certain items are ordered. The athletic trainer is able to provide a sound rationale for her list by showing how last year's order was used.

Budgeting and inventory is a large aspect of organization and administration in an athletic training room. Without the correct amount of supplies, athletic trainers are not able to provide their athletes with quality care. It also shows how athletic trainers need to manage their inventory so no supplies are wasted. Finally, when compiling an inventory list, athletic trainers need to work with administration to determine budget, need for supplies and type of ordering system.

Domain VI: Professional Responsibility

Background: On an annual basis, athletic trainers have to maintain certain standards to keep their certification current. These include paying their dues, keeping their CPR certifications up to date, following the BOC's Standards of Professional Practice, and taking continuing education units (CEUs). According to

the BOC, athletic trainers are responsible for acquiring a minimum of 50 CEUs within a two-year span. If they do not meet these requirements, athletic trainers will lose their certification and not be able to practice within the profession anymore.

Impression: To ensure that their certification is kept current, athletic trainers attend different workshops, in-services, and conventions to complete CEUs. Each unit is equal to a different number of credits, depending on length and work involved with the CEU. For example, an online CEU on ImPACT Concussion Software is equal to 12 CEUs while attending the NATA Annual Convention is equal to 24 CEUs. Athletic trainers are allowed to choose which CEUs they attend based on their own specific interests providing they complete at least 50 CEUs within two years.

Plan: Many in-services and other workshops are available to athletic trainers as CEUs to complete their recertification requirements and expand their knowledge in the profession. There are many topics available such as concussions, biomechanics and orthotics, physical medicine and rehabilitation, and new and upcoming modalities.

A list of open CEUs are available on the BOC website along with additional information such as dates, amount of credits, location and associated fees. Some CEUs are offered as online classes over a period of time while others are offered as one-day workshops. Developing a plan to determine which CEUs to attend over the next two years allows athletic trainers to ensure they complete all necessary credits within the designated timeframe.

Response: Attending CEUs not only ensures athletic trainers maintain their certification, but it also fulfills the duties associated with the sixth domain. CEUs are an example of athletic trainers acting as students and completing their professional responsibility. Attending CEUs allows them to stay on the current edge of the profession by learning new techniques and practices from other athletic trainers and health care professionals. They give athletic trainers opportunities to expand their knowledge and give their patients and athletes the best care possible and therefore, positively represent the profession of athletic training.

References

1. Ficken, Kasey. Personal interview. 5 Mar. 2014.
2. Fincher, Lou. "Athletic Training Services: An Overview of Skills and Services Performed by Certified Athletic Trainers." *National Athletic Trainers' Association*. N.p., Jan. 2010. Web. <<http://www.nata.org/athletic-training>>.
3. Prentice, William E., and Daniel Arnheim. *Principles of Athletic Training: A Competency-based Approach*. New York: McGraw-Hill Higher Education, 2011. Print.
4. *Role Delineation Study/Practice Analysis*. 6th ed. N.p.: Board of Certification, 2010. 2010. Web. <<http://bocatc.org/resources/role-delineation-study-practice-analysis>>.
5. Winterstein, Andrew P. *Athletic Training Student Primer: A Foundation for Success*. 2nd ed. Thorofare, NJ: SLACK, 2003. Print.