

2025 - 2026



# ATHLETIC

cavaliers

# TRAINING

**It is the responsibility of the student athletic trainer aide and parents/ guardians to read this handbook before signing and returning the forms included in this booklet. Your signature on the form indicates that you have read, understand and will abide by the regulations as stated in this handbook**



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## **Mission Statement:**

The mission of the Student Athletic Trainer Aide Program at College Park High School is to provide high quality medical coverage including prevention, recognition, treatment, and rehabilitation of injuries and illnesses to all student-athletes regardless of sport, gender, or ability level. Our secondary goal, which will enhance the primary mission, is to educate and help develop student athletic trainers into productive members of the health-related professions and society. We strive to meet these goals in a manner that brings pride to our school, our athletic department, and ourselves.

## **Goals & Objectives of Student Athletic Training Program:**

Student athletic trainers will gain knowledge of anatomy and physiology, relate injuries to the demands of sport, assist with immediate care of injuries once proper skills are obtained, observe and understand rehabilitation techniques while assisting athletes with basic rehabilitation exercises, assist with the application of modalities and understand the effectiveness of each, and assist with general athletic training procedures during games and practices.

The student athletic trainer program is unique in that it enables students to gain hands on experience in allied health care. Your role as a student athletic trainer will be rewarding; however, it can also be very challenging. It will require hard work, dedication, teamwork, and self-discipline.

1. To assist in the medical coverage needs of the College Park HS Athletic Programs.
2. To produce high school individuals with a high quality of character who excel in the classroom and in extra-curricular activities.
3. To promote College Park High School at all times.
4. To provide sports medicine educational experience(s) in a variety of settings.
5. To provide the student athletic trainer with a multitude of opportunities to develop skills that will enhance their success after high school.
6. To award those individuals who have surpassed expectations and effectively display responsibility in their work habits.
7. To have fun with fellow student athletic trainers and peers while working toward a common goal.



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## **Role of the Student Athletic Trainer Aide:**

Student athletic trainers function as aides to the certified/ licensed professional athletic trainer. Students work under the supervision of the of the certified/ licensed athletic trainers performing many of the same duties required for the professionals. Students will not be asked to perform duties or given responsibilities that exceed their level of training.

Student athletic trainers must hold themselves to a higher standard than the regular student population. They need to be responsible to attend practices and games as assigned. The professional athletic trainer depends on the student athletic trainers to be where they are assigned, attentive and engaged consistently. At times the student athletic trainer may be responsible for an entire athletic team; they must be prepared for anything at any time.

Athletic training is not just during football/ volleyball season, but all year round. Athletic training starts in August and may run through June. Student athletic trainers are expected to be available Monday through Friday and the occasional Saturday and holiday. The student athletic trainer's peak hours are from 3-6pm with night events that last longer.

**NOTE: If you are a student athlete and a student athletic trainer, guidelines on attendance can be discussed on an individual basis.**

## **General Duties of Student Athletic Trainers Aide:**

1. The student athletic trainer aide's first duty is to his/ her academic studies. The students may be excused from athletic training room duties to pursue academic responsibilities when personally excused by the supervising athletic trainer.
2. The student athletic trainer aide must work two sports per school year.
3. The student athletic trainer aide is expected to commit to 3 days per week after school, including one scheduled competition. Student athletic trainers are encouraged to attend all practices and competitions, but may be difficult with conflicting schedules.
  - a. There will be a sign-up calendar in the athletic training room and schedules must be made at least one week in advance.
4. **The student athletic trainer aide will conduct herself/ himself as a lady or gentleman at all times. Respect is to be shown to coaches, teachers, administrators and other students.**
5. **The student athletic trainer aide will not talk to anyone outside of the athletic training room about a particular athlete's condition. All matters discussed in the athletic training room should stay in the athletic training room.**

6. The student athletic trainer aide is expected to arrive in the athletic training room as quickly as possible after school. When an athletic contest is not directly after school, the student athletic trainer is to be in the athletic training room 1 hour before the beginning of the event unless that time is changed by the supervising athletic trainer.
7. During practice, the student athletic trainer aide is to stand and watch practice. **There should never be a group of students together socializing and not watching practice.** The student athletic trainer should constantly be aware of the potential for injury to athletes.
8. The student athletic trainer aide is expected to stay with the team until the event is completed, assist with the treatments before and after the event, participate in the evaluation of any new injury, and help clean the athletic training room. The student athletic trainer is encouraged to ask questions about injuries at appropriate times.
9. **The student athletic trainer aide will work to learn new taping techniques, treatment techniques, and general first aid.**
10. Student athletic trainer aides will assist in getting all equipment and supplies prepared and set-up for events (practices, games, meets, and contests; both home & away events) and return to the athletic training room after the event(s) to assist in cleaning and storing equipment/ supplies.
11. Athletic training student aides will complete the proficiencies included later in this handbook. Athletic training students will only be allowed to practice these skills on athletes once they have been approved by the certified/ licensed athletic trainer
12. The student athletic trainer aide will be responsible for cleaning and storing equipment used during practices and games. The student athletic trainer will ensure that daily athletic training room maintenance duties are completed before he/ she leave the athletic training room. Student athletic trainers will clean the counter tops and treatment table-s daily.
13. The student athletic trainer aide also must be able to handle seeing people who are injured and bleeding/ vomiting. You may be asked to help with bleeding athletes and with blood/ bodily fluid clean-up. You have the right to speak up if you're uncomfortable doing something that was asked of you.

## **Student Athletic Trainer Aide Duties & Athletic Coverage:**

### **Athletic Training Room:**

- A. Arrive after school in timely manner and perform the following tasks as needed.
  - a. Make sure all rehab equipment is put away neatly and organized.
  - b. Wipe down treatment & taping tables and counter surfaces with antibacterial/ antiviral solution as needed.
  - c. Empty any coolers that were used and set them upside down on metal rack
  - d. Rinse well and wipe out with cleaner any coolers that were used for anything other than water and clean the outsides if muddy or sticky.
  - e. Wash water bottles and caps.
  - f. Restock taping tables and bandage jars as needed
  - g. Alert certified/ licensed athletic trainer if you notice anything that needs repair or if there is a large item that needs to be restocked.
- B. Pre-practice care of athletes:
  - a. Apply only the wraps, dressings, bandages, protective pads, and taping you are qualified to apply.
  - b. Be sure the injury treatment record is filled in or needed for any care given.
- C. Conduct in the athletic training room during practice:
  - a. Put the room in order after the last athlete has left. Clean tables and restock supplies.
  - b. Provide treatments only when directed by certified/ licensed athletic trainer.
  - c. If there are no athletes to treat, use this time wisely. Be practicing procedures on each other or reading related material. You may study your class work once athletic training room duties are completed.
  - d. Be prepared to care for any athlete who is brought in for first aid.

### **Practices:**

- A. Practice Conduct:
  - a. Take practice supplies to the field before practice begins. Injuries can occur in the first minutes of practice.
  - b. Station yourself and your equipment so you are near the action and can be easily spotted, if needed.
  - c. Do not turn your back to the practice area to talk. Keep alert at all times.
  - d. Assist in water breaks.
  - e. Care for injured players and escort them to the athletic training room if necessary.
- B. Post practice athletic training room conducts:
  - a. Be sure all injured athletes are cared for before leaving.
  - b. Put practice supplies away and clean if needed.
  - c. Clean tables. Generally, put the room in order before you leave.
  - d. Be sure all dirty wraps and towels are in the laundry bin.



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## Contests/ Games:

- A. Pre-Contest/ Game Conduct (Home):
  - a. Dress appropriately.
    - i. Be dressed and ready to work on time.
  - b. Help with the pregame taping at the appointed time.
  - c. Go over pregame checklist. Be sure all necessary items are on the field well before the start of the game.
- B. Pre-Contest Conduct (Away)
  - a. Be on time & dressed appropriately
  - b. Be sure all supplies/ equipment is ready & loaded into appropriate vehicle.
  - c. If riding on bus, **Sit at the front of the bus just behind the coaches.**
  - d. Find the home athletic trainer, introduce yourself as the high school student athletic trainer, and that you are able to help with any injuries that may occur to your athletes.
- C. Contest/ Game Conduct (Home or Away):
  - a. During the game, stay close to your equipment/ supervising athletic trainer. Pay close attention to what is going on. Never turn your back to the field or court. This is for your safety also.
  - b. Stand ready to bring needed equipment onto the field.
  - c. Always carry scissors, gauze, gloves, and tape in your pocket (or fanny pack).
  - d. Assist with giving water during the game.
  - e. During halftime, assist with water needs. Stay available to help certified/ licensed athletic trainer with first aid/ treatments.
- D. Post Contest/ Game Conduct:
  - a. Be sure all equipment is returned to the athletic training room.
  - b. Assist players in removing tape, dressings, wraps, and bandages.
  - c. Put the room in order before you leave.

## Class & Work Schedule:

- A. Each student athletic trainer will be given two copies of their sport's schedule (parent copy & student copy). If there is any conflict in the work schedule, students are expected to find their own replacement and approve the schedule change with the certified/ licensed athletic trainer. Only emergencies will be excused otherwise. Each student will submit a list of days they need off as soon as possible.
- B. Special cases in schedules should be discussed with the certified/ licensed athletic trainer.
- C. Student athletic trainers are expected to work home games & practices during holiday breaks.



## **Expectations of Student Athletic Trainers:**

### **General:**

- Learn as much as possible on a daily basis. Observe injury evaluations and ask questions at appropriate times. Understand the reasons for and physiological basis of all treatments and rehabilitation techniques.
- **Know the athletic training room(s) and athletic training kit(s).** Learn the location and purpose of all equipment and supplies.
- Report all injuries to certified/ licensed athletic trainer.
- Look for things to do. Do not just sit or lay around while others are working.
- **DO NOT** sit in the bleachers or visit with fans until the game is over and all athletic training duties are finished. Student athletic trainers may not invite anyone onto the game field/ court during games, this is in compliance with the UIL rules.

### **Commitment:**

It is not the desire of the student athletic trainer program to consume all of your free time as a high school student. However, assisting in the health and well-being of the College Park High School athletic population is a HUGE responsibility. If you truly have made a commitment to this program, to the athletes, and to yourself – you will remember to give your obligation the respect it deserves. It is not the policy of the program to beg student athletic trainers to work. If a lack of commitment is evident and such behavior persists then you will eventually be replaced and/ or dismissed.

### **Confidentiality:**

At NO time are you to make a statement or give information of any type to a member of the press, another athlete/ student, other parents, or anyone regarding to an injury/ illness of a student-athlete. **ALL INJURY/ ILLNESS INFORMATION IS STRICTLY CONFIDENTIAL.** HIPAA and FERPA laws allow student-athletes the right to privacy of their records and medical information; **any breach in confidentiality is grounds for dismissal of the student athletic trainer program.**

## **Other Guidelines for Professional Behavior:**

- No use of cell phones in the athletic training room or on the field/ court. Pay attention.
- Address physicians, coaches, athletic directors, and officials respectfully. No first names.
- Keep the gossip to a minimum
- **No conversing with athletes on the sidelines, unless they have asked for medical attention. They need to focus, you are not there to be a distraction.**



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## **Supplies & Med Kits:**

Part of the responsibility of the student athletic trainers is to help maintain fully stocked taping tables and help with distributing travel med kits for each team. This is intended to help familiarize students with the different types of medical supplies used in the athletic training room. Each student will also have a small kit of their own to carry on the field and it is their responsibility to keep this stocked. The certified/ licensed athletic trainer will go over these supplies with all students at the beginning of the year. Students may use this list as a guide.

## **Taping Tables:**

- (1) Can Tuff Skin (Adherent Spray)
- (2) Roles Pre-Wrap
- (6-8) Roles J&J Athletic Tape –depending on sport season
- (4) Roles 2” Powerflex
- (2) Roles 3” Stretch M-Tape
- (2) Roles 2” Stretch M-Tape
- (1) Heel Lift

## **Travel Kits:**

- Gloves
  - Sterile
  - Non-Sterile
- Gauze
- Band-Aid assortment
  - Non-adherent pads
- Tripple Antibiotic Ointment packets
- Hydrocortisone packets
- Noseplugs
- Pre-Wrap
- 1 ½” Athletic Tape
- Heel & Lace Pads
- 2 or 3” Stretch M-Tape
- 2” Powerflex
- 3” Powerflex
- Hand Sanitizer
- Ambu Mask
- Scissors
- Shark
- Ice Bags
- Saline Solution
  - Contact lenses case(s)
- Mole Skin
- Penlight
- Cotton Tipped Applicators
- Tongue Depressors

### **Personal Kits:**

- Gloves
- Gauze (non-sterile)
- Band-Aid assortment
  - Non-adherent pads
- Noseplugs
- Pre-Wrap
- 1 ½" Athletic Tape
- 2" Powerflex
- 3" Powerflex
- Hand Sanitizer
- Scissors
- Shark
- Ice Bags
- Saline Solution
  - Contact lenses case(s)
- Cotton Tipped Applicators
- Tongue Depressors

### **Mandatory Requirement:**

In order to participate in the student athletic trainer aide program, you must have a current physical & all UIL/ College Park Athletic paperwork on file.

### **Discipline Policy:**

The Certified/ Licensed Athletic Trainer(s) need to be able to depend on Student Athletic Trainers to be responsible and accountable for their actions while at school and while working with teams. When expectations are not met there will be consequences.

There will be a 3 strike system, this system is as follows:

First Strike: Discussion of problem, problem solving tactics to resolve the issue, warning of first strike, call and/ or email to the parents.

Second Strike: Discussion of the problem, problem solving tactics to resolve the issue, warning of second strike, call and/ or email to the parents to discuss problem and suspension from the next football game, or determined by Athletic Trainer if you are involved in another sport.

Third Strike: Discussion of the problem, warning of third strike, call and/ or email to parents to discuss problem and dismissal from the Student Athletic Trainer Program.

Strikes include, but are not limited to the following:

- Calls or emails from a teacher of a problem in class (disrespectful in class, not adhering to classroom policy, office referral...)
- Calls or emails from a principal or other authority figure.
- Calls, emails or complaints from a coach of a problem with that sport or an athlete.

It is hoped that all Student Athletic Trainer issues can be resolved without removal from the program. The goal is to treat each student fairly and consistently.



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## **Grounds for Dismissal from Student Athletic Training Program:**

1. Negligence of athletic training room responsibilities
2. Negligence of practice and game responsibilities
3. Failure to comply with policies set forth in the College Park Student Athletic Trainer Handbook
4. Failure to comply with school policies and regulations
5. Continued failure to meet Texas State Academic Standards
6. Attempting to perform ANY type of medical or therapeutic procedure that is outside of the student's capability and/ or is illegal
7. ANY circumstance as seen fit for dismissal by the certified/ licensed athletic trainer

## **Dress Code/ Appearance:**

As a member of the College Park High School Sports Medicine Team you are expected to always be within the CISD dress code and behave in a professional manner. Athletic training is a medical/ health profession and personal hygiene and appearance must be maintained.

- In order to identify yourself as a student athletic trainer, you need to wear a College Park Athletic Training T-Shirt whenever you are working
- Absolutely no skirts or dresses
- No flip flops, or high heels. Must wear closed toe shoes, this is for your health/ safety. (You need to be able to run sometimes)
- No tank tops
- No ripped or transparent clothing
- Absolutely no jeans for competitions. Khaki pants or shorts. Weather appropriate clothing will be allowed
- College Park Athletic Training Polo is to be worn during games/ competitions
- Shorts that are finger tip in length only
- No dangly jewelry that can get caught or in the way
- No large earrings (also for your safety)

## **Practice:**

- Athletic Training Student Aides are required to wear athletic attire daily to practices that are in accordance with the school color system including but not limited to their outer wear. (Black, grey, white, or green)
- Clothing with logos that are not school/campus related will not be allowed
- Athletic shoes that are closed toe must be worn to all practices. Rain boots are allowed in bad weather
- Jeans for practices, training room coverage or game coverage will not be allowed

**Games:**

- Game day bottoms are khaki style shorts or pants and can be allowed in the following colors: Black, grey, and khaki. Khaki shorts must be finger tip in length.
- Shirt
  - College Park Athletic Training polo must be worn
- Outerwear/ Rain Gear
  - School outerwear can be worn
  - Any appropriate rain gear is allowed
    - Be prepared for any kind of weather

**Socializing:**

Socializing at practices/ games with athletes, fans, parents, or excessive socializing will not be permitted. You are to pay attention to the environment/ surroundings. Friendliness is encouraged, but remember that you have a job to do, this is extremely important for your safety.

**Dating/ Relationships:**

Being a Student Athletic Trainer Aide requires that you develop and maintain a professional attitude toward your work and those you work with. Dating, flirting, and other such conduct can harm the student-athlete, Student Athletic Trainer Aide working relationship and is unprofessional. Therefore; dating athletes is discouraged, but is tolerated as long as a professional working relationship is maintained. However; absolutely no PDA (public displays of affection) will be tolerated while in the Athletic Training Room(s), outside of the field house or gym, before or after any scrimmages, games, tournaments, events or ect. and are grounds for disciplinary actions.

**Grades & UIL Eligibility:**

The same grade standards and UIL eligibility required to participate in College Park Athletics will also be required to participate in the Student Athletic Trainer Aide Program.

**Communication Policy:**

Communication between the certified/ licensed athletic trainer and student athletic trainer aides will be conducted through Band App. In case of emergencies, certified/ licensed athletic trainer may be required to call the student athletic trainer and vice versa.

Student athletic trainers are not permitted to share the certified/ licensed athletic trainer's phone number with other students.



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## **Student Athletic Trainer Aide Proficiencies Check-Off List:**

A goal of this program is to educate the Student Athletic Trainers on different parts of the field of Athletic Training and Sports Medicine. One way that this is accomplished is by teaching Student Athletic Trainers simple taping and first aid techniques that will enhance their experience in the program. Students will have the opportunity to learn and practice skills and at the end of the season (or when they feel they are ready) will be evaluated on these skills. Students must complete these skills according to the check list and earn at least an 80% in order to be allowed to perform these skills. Skills that the Student Athletic Trainers have to pass must only ever be performed under the supervision of the Certified/ Licensed Athletic Trainer.

**Sample Student Athletic Trainer Skills Proficiencies Sheets are attached as Appendix B.**

1. Glove Removal
2. Modalities (Heat, Ice Bag, and Cold Compression Unit)
3. First Aid (Laceration & Blister)
4. Taping (Thumb, Finger, Wrist, Ankle)

## **ATC/ LAT Eval of Student Athletic Trainer Aide:**

At the conclusion of each school year, the Certified/ Licensed Athletic Trainer will be given an opportunity to complete an evaluation of the Student Athletic Trainers. This evaluation will be used by the Certified/ Licensed Athletic Trainer to show where the Student Athletic Trainer's strengths are, and where work is needed. **A Sample ATC/ LAT Evaluation of Student Athletic Trainer is Attached as Appendix C.**

## **Student Athletic Trainer Aide Eval of Program:**

At the conclusion of each school year, the Student Athletic Trainer will have the opportunity to complete an evaluation of the program. This evaluation will be a chance for the Student Athletic Trainer to offer opinions and suggestions of the various aspects of the program that they have participated in. This will also be a chance for the Student Athletic Trainer to have an open conversation about any concerns or aspects of the program. **A Sample Student Athletic Trainer Evaluation of the Program is Attached as Appendix D.**

## **Appendix A:**

### **National Athletic Trainers' Association: Official Statement on Proper Supervision of Secondary School Student Aides**

#### **Introduction:**

This Official Statement of the National Athletic Trainers' Association provides support and guidance to school administrators and athletic trainers in the education and supervision of secondary school students enrolled in sports medicine courses or volunteering in secondary school athletic training programs. The goal of this statement is to continue to foster a positive, safe learning environment where students benefit from the instruction and observation of qualified health care professionals.

#### **Official Statement:**

The NATA recognizes that allowing secondary school students the opportunity to observe the daily professional duties and responsibilities of an athletic trainer can be a valuable educational experience. This unique experience may expose students to the foundations of various health related careers as well as provide them with important life skills. Regardless of practice setting, it is understood that all athletic trainers must comply with their state practice acts, the BOC Standards of Practice when certified, and the NATA Code of Ethics when a member. These legal and ethical parameters apply and limit the incorporation of student aides outside of the classroom and within the activities of athletic programs.

Student aides must only observe the licensed/certified athletic trainer outside of the educational environment. Coaches and school administrators must not allow or expect student aides to assist or act independently with regard to the evaluation, assessment, treatment and rehabilitation of injuries. Additionally, it is paramount that student aides not be expected, asked or permitted to make "return to play" decisions.

Specifically, licensed/certified athletic trainers, coaches and administrators must not ask athletic training student aides to engage in any of the following activities:

- (1) Interpreting referrals from other healthcare providers
- (2) Performing evaluations on a patient
- (3) Making decisions about treatments, procedures or activities
- (4) Planning patient care
- (5) Independently providing athletic training services during team travel



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## **Appendix B:**

### *Student Athletic Trainer Proficiencies Check-Off Sheets*

#### **First Aid:**

#### **Proper Removal of Gloves**

Check Box	
	With dominant hand, the student will remove other glove (non-dominant hand) by grasping it just below the wrist
	The student will pull the glove down over non-dominant hand so that it is inside out
	The student will hold the glove in their gloved hand
	With two fingers of the ungloved hand, the student will reach inside the glove without touching outside of glove
	The student will pull the glove down (inside out) over hand and remaining glove
	The student will discard the gloves in the proper container
	The Student will wash their hands or use hand sanitizer (if not visibly soiled)
/7	<b>Total Score</b>
P / F	<b>Passing = at least 80% (Subvarsity) 93% (Varsity)</b>
	<b>AT Initials &amp; Date</b>

#### **Blister Care**

Check Box	
	The student applies gloves
	The student cleans and dries the area around the wound with the appropriate cleansing fluids or wipes
	The student measures the size of the blister and gathers the appropriate materials to manage the wound (donut pad, felt, second skin...)
	The student applies the padding in the appropriate area
	The student covers the entire wound with dressing and secures the material
	The student gathers all used and soiled material and disposes of it in a proper container
	The student removes gloves without touching the soiled surfaces
	The student washes their hands or applies hand sanitizer
	The student makes sure that the bandage is not too tight by checking circulation
	The student makes sure that the athlete has signed in and treatment is recorded properly
/10	<b>Total Score</b>
P / F	<b>Passing = at least 80% (Subvarsity) 93% (Varsity)</b>
	<b>AT Initials &amp; Date</b>



### Laceration Wound Care

Check Box	
	The student applies gloves
	The student assess wound (will this need stitches or bandage?)
	*If necessary the student applies gauze and applies pressure
	When the bleeding is controlled, the student cleans the area using the proper cleansing fluid or wipes
	The student dries the area and applies anti-biotic ointment
	The student covers the wound with dressing or bandage and applies tape if needed
	The student gathers all used and soiled materials and disposes of in proper container
	The student removes their gloves without touching contaminated surfaces
	The student washes their hands or applies hand sanitizer
	The student makes sure that the bandage is not too tight by checking circulation
	The student makes sure that the athlete has signed in and treatment is recorded properly
<b>/10</b>	<b>Total Score</b>
<b>P / F</b>	<b>Passing = at least 80% (Subvarsity) 93% (Varsity)</b>
	<b>AT Initials &amp; Date</b>

### Modalities:

### Moist Hot Pack Application

Check Box	
	The student positions individual in a comfortable and accessible treatment area position
	The student removes appropriate clothing including any bandages
	The student places a towel and pack cover on table, removes pack from hydrocollator using tongs, drip water off pack, close hydrocollator, prepares pack on table
	The student places the pack and several layers of towels on individual and checks individual for comfort
	The student sets the timer or notes the time
	The student checks with athlete to make sure they are not too hot
	The student removes the pack and accompanying towels, places towels in laundry, and returns the pack back into the hydrocollator
	The student makes sure that the athlete has signed in and treatment is recorded properly
<b>/8</b>	<b>Total Score</b>
<b>P / F</b>	<b>Passing = at least 80% (Subvarsity) 93% (Varsity)</b>
	<b>AT Initials &amp; Date</b>



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## Ice Bag Application

Check Box	
	The student positions the athlete in a comfortable position and removes clothing and bandages as appropriate
	The student fills the bag with sufficient amount of ice and removes air
	The student applies ice to the correct area and secures the bag as appropriate
	The student sets the timer or notes the time
	The student removes the ice bag after completion of treatment time or if they have any abnormal discomfort
	The student discards materials correctly
	The student makes sure that the athlete has signed in and treatment is recorded properly
/7	<b>Total Score</b>
P / F	<b>Passing = at least 80% (Subvarsity) 93% (Varsity)</b>
	<b>AT Initials &amp; Date</b>

## Cold Compression Unit (BCI/ Game Ready)

Check Box	
	The student positions the athlete in a comfortable position and removes clothing and bandages as appropriate
	The student fills cold compression unit with appropriate amount of ice and water
	The student applies correct attachment to appropriate body part
	The student connects the power to cold compression unit correctly
	The student connects the hose to the cold compression unit and appropriate attachment properly
	The student sets the cold compression unit on appropriate settings
	The student checks with athlete to make sure the cold compression unit is working properly
	The student removes the attachment after completion of treatment time or if they have any abnormal discomfort
	The student makes sure that the athlete has signed in and treatment is recorded properly
/9	<b>Total Score</b>
P / F	<b>Passing = at least 80% (Subvarsity) 93% (Varsity)</b>
	<b>AT Initials &amp; Date</b>

**Taping:****Ankle**

Check Box	
	The student places the ankle in dorsiflexion/ neutral position
	The student applies adherent
	The student applies heel and lace pads
	The student applies pre-wrap
	The student applies top anchors and an anchor around the arch/ forefoot
	The student applies three stirrups (upward pressure on the lateral side- from medial to lateral) and horseshoe straps in an alternating sequence
	The student applies at least two figure 8 straps
	The student applies at least two complete heel locks
	The student applies closure strips
	The student completes the task within 4 minutes
	The tape does not compromise the 5th metatarsal
	The tape is neat
	The tape is relatively wrinkle free
	The tape job is functional
	The student makes sure the tape is not too tight by checking circulation
	The student makes sure that the athlete has signed in and treatment is recorded properly
<b>/17</b>	<b>Total Score</b>
<b>P / F</b>	<b>Passing = at least 80% (Subvarsity) 93% (Varsity)</b>
	<b>AT Initials &amp; Date</b>

**Thumb  
Wrist**

Check Box	
	The student applies pre-wrap around the wrist and through the palm of the hand
	The student applies circumferential anchor strips proximal to the wrist
	The student applies anchor strip across the palm of the hand distal to the thumb
	The student measures the distance between the anchors and makes a fan using 4-6 interlocking straps
	The student applies the fan to distal anchor (palmar or dorsal depending on pain)
	The student positions the hand in slight flexion or extension (depending on pain)
	The student secures the proximal portion of the fan to the wrist
	The student applies tape around the wrist and through the palm (pinching tape between thumb and first finger)
	The student completes the task within 3 minutes
	The tape is neat and wrinkle free
	The tape is functional
	The student makes sure the tape is not too tight by checking circulation
	The student makes sure that the athlete has signed in and treatment is recorded properly
<b>/13</b>	<b>Total Score</b>
<b>P / F</b>	<b>Passing = at least 80% (Subvarsity) 93% (Varsity)</b>
	<b>AT Initials &amp; Date</b>



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Check Box	
	The student applies proximal anchors to the wrist
	The student applies distal anchors around the distal phalax of the thumb
	The student measures to create a fan of at least 3 strips
	The student applies the fan to the distal anchor and then secures the fan to the original distal anchors along the side that is painful
	The student applies distal portion of the fan to the proximal anchor and re-anchors
	The student applies at least two figure 8 straps to provide additional support
	The student applies proximal anchors to secure the figure 8 straps
	The student completes the task within 5 minutes
	The tape is neat
	The tape is relatively wrinkle free
	The tape is functional
	The student makes sure that the tape is not too tight by checking circulation
	The student makes sure that the athlete has signed in and treatment is recorded properly
<b>/13</b>	<b>Total Score</b>
<b>P / F</b>	<b>Passing = at least 80% (Subvarsity) 93% (Varsity)</b>
	<b>AT Initials &amp; Date</b>

## Finger (Buddy Taping)

Check Box	
	The student applies an anchor proximal to the injury site; including adjacent finger
	The student applies an anchor distal to the injury site; including adjacent finger
	The student completes the task within 3 minutes
	The tape is neat
	The tape is relatively wrinkle free
	The tape is functional
	The student makes sure that the tape is not too tight by checking circulation
	The student makes sure that the athlete has signed in and treatment is recorded properly
<b>/8</b>	<b>Total Score</b>
<b>P / F</b>	<b>Passing = at least 80% (Subvarsity) 93% (Varsity)</b>
	<b>AT Initials &amp; Date</b>



## ATC/ LAT Eval of Student Athletic Trainer

### Appendix C:

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

Season/ Sport: \_\_\_\_\_

<u>Evaluation Area</u>	<u>Score</u>	<u>Comments</u>
EAP Knowledge	5 4 3 2 1	
Knowledge of Supplies	5 4 3 2 1	
Game/ Practice Setup	5 4 3 2 1	
ATR Maintenance	5 4 3 2 1	
Work Ethic	5 4 3 2 1	
Promptness	5 4 3 2 1	
Initiative	5 4 3 2 1	
Attitude Towards Profession	5 4 3 2 1	
Attitude Toward Athletes	5 4 3 2 1	
Attitude Towards ATC/ LAT	5 4 3 2 1	
Appearance	5 4 3 2 1	

What did the student do well?

What can the student work on/ improve for next year?

Was the student productive and a team player? (Did they enhance the group?)

Comments:

ATC/ LAT Name: \_\_\_\_\_

ATC/ LAT Signature: \_\_\_\_\_

## **Appendix D:**

### **Student Athletic Trainer Eval of Program**

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

How long have you been part of the program: \_\_\_\_\_

<b><u>Evaluation Area</u></b>	<b><u>Score</u></b>	<b><u>Comments</u></b>
Quality of the program	5 4 3 2 1	
Opportunity to learn new skills	5 4 3 2 1	
Opportunity to use skills learned	5 4 3 2 1	
Were expectations met?	5 4 3 2 1	
Amount of hours required appropriate?	5 4 3 2 1	
Encouragement by the ATC/ LAT	5 4 3 2 1	
Will you recommend this to others?	5 4 3 2 1	

What are some things that you liked about the program?

What did you dislike about the program?

What would you like to see added to the program?

Comments:

Student Athletic Trainer Name: \_\_\_\_\_

Student Athletic Trainer Signature: \_\_\_\_\_



## **Appendix E: Glossary of Medical Terms**

**Abduction:** movement of a body part away from the midline of the body  
**Abrasion:** a type of open wound from scraping or rubbing  
**Adduction:** movement of a body part toward the midline of the body  
**Accident:** occurring by chance or without intention  
**Ambulation:** move or walk from place to place  
**Amnesia:** loss of memory  
**Acute:** sudden onset and short duration  
**Anorexia:** lack or loss of appetite; aversion to eating  
**Anorexia Nervosa:** eating disorder characterized by a distorted body image and aversion to eating  
**Anterior:** before or in front of  
**Anteroposterior:** refers to position or movement of front to back  
**Anxiety:** a feeling of uncertainty or apprehension  
**Apophysis:** attachment site of muscle to bone, usually a slightly raised outgrowth of bone  
**Apophysitis:** inflammation at an apophysis caused by repetitive stress  
**Arthroscopic:** describes viewing the interior of a joint utilizing a small camera lens and a non-invasive surgical technique  
**Articulation:** a joint, site where two or more bones move on one another  
**Assumption of risk:** an individual, through expressed or implied agreement, assumes that some risk or danger will be involved in a particular undertaking  
**Asymmetry:** lack of symmetry, noted difference on one side of the body  
**Atrophic Necrosis:** death or wasting away of an area of the body due to nerve damage  
**Atrophy:** diminution of size; wasting away due to lack of nutrition or nervous stimulation  
**Avascular Necrosis:** death of a tissue or bone due to lack of blood supply  
**Avulsion:** tearing away, usually muscle from bone  
**Bandage:** a strip of cloth or other material used to hold a dressing in place  
**Bilateral:** pertaining to both sides of a body  
**Biomechanics:** branch of study that applies the laws of mechanics and motion to living organism and biological tissues  
**Bulimia:** eating disorder characterized by distorted body image and binge-purge eating habit  
**Bursa:** a fibrous sac acting as a protective cushion between certain tendons and bone, allowing smooth movement during muscle pattern  
**Bursitis:** inflammation of a bursa, can be acute or chronic  
**Catastrophic injury:** any injury or condition with a potential permanent loss or damage; usually refers to cardiac or spinal injury  
**Chondromalacia:** a degeneration of a joint's articular surface, leading to softening  
**Chronic:** long onset and long duration  
**Circumduct:** act of moving a limb such as the arm or hip in a circular motion  
**Closed fracture:** any fracture that does not penetrate the superficial tissue  
**Communicable disease:** a disease that is transmitted directly or indirectly from one individual to another

**Concentric muscle contraction:** contraction of a muscle by shortening

**Concussion:** an injury to the brain or spinal cord due to jarring from a blow or fall

**Conduction:** transfer of temperature thermal energy by direct contact with a medium

**Contact sport:** any sport involving regular physical contact

**Contrecoup brain injury:** after head is struck, brain continues to move within the skull and becomes injured on the side opposite the force

**Contusion:** a bruise

**Convection:** transfer of thermal energy indirectly through another medium such as air or liquid

**Conversion:** transfer of thermal energy by other forms of energy such as electricity

**Convulsion:** paroxysm of involuntary muscular contraction and relaxation

**Crepitation:** a crackling sound heard during movement of body part or joint; related to inflammation or fractured bone

**Debride:** remove dirt and dead tissue from a wound; smooth or clean damaged tissue

**Degeneration:** deterioration of tissue

**Diaphragm:** a musculomembranous wall separating the abdomen from the thoracic cavity

**Diastolic blood pressure:** the residual pressure when the heart is relaxed (in between beats)

**Distal:** furthest away from the point of reference or midline of the body

**Dorsiflexion:** bending toward the dorsum or rear, opposite of plantar flexion

**Dressing:** a material, such as gauze, applied to a wound (held in place with a bandage)

**Duration:** length of time

**Eccentric:** muscle contraction by lengthening of the muscle

**Ecchymosis:** skin discoloration due to hemorrhage

**Ectopic:** located in an abnormal place

**Edema:** swelling; collection of fluid as result

**Electrolyte:** solution that is a conductor of electricity; important to proper hydration (i.e. sodium and potassium)

**Electrotherapy:** treating a disease by electrical devices

**Endurance:** ability to undergo prolonged physical demand

**Epiphysis:** the cartilaginous growth region of a bone

**Etiology:** pertaining to the cause or origin of a condition

**Eversion:** (of the ankle) to abduct the foot, stressing medial tissues of the ankle

**Fascia:** fibrous membrane that covers, supports, and separates muscles

**Fasciitis:** inflammation of the fascia

**Frequency:** number of times (i.e. twice per week)

**Genu recurvatus:** hyperextension of the knee

**Genu valgum:** knock knees

**Genu varum:** bow legs

**Heat exhaustion:** a condition characterized by faintness, rapid pulse, nausea, profuse sweating, cool skin, and collapse, caused by prolonged exposure to heat accompanied by loss of adequate fluid and salt from the body

**Heat stroke:** a disturbance of the temperature-regulating mechanisms of the body caused by overexposure to excessive heat, resulting in fever, hot and dry skin, and rapid pulse, sometimes progressing to delirium and coma

**Hematoma:** blood tumor or mass





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**Hemoglobin:** oxygen carrying pigment of red blood cells; give blood its red color

**Hemophilia:** a hereditary blood disease in which coagulation is greatly prolonged

**Hemorrhage:** discharge of blood

**Hemothorax:** bloody fluid in the pleural cavity

**Hyperextension:** stretching of a joint beyond its normal extension

**Hyperflexibility:** soft tissue flexibility beyond a joint's normal range without force

**Hypermobility:** mobility or instability of a joint involving insufficient soft tissue or bony support

**Hyperthermia:** abnormally high body temperature

**Hypertension:** high blood pressure; abnormally high tension

**Hypertrophy:** enlargement of a tissue caused by increased cell size

**Hyperventilation:** abnormally rapid and deep breathing that cannot be controlled; causes a decrease in carbon dioxide, fall in blood pressure and fainting

**Hypoallergenic:** produces lower amount of allergens

**Hypotension:** low blood pressure

**Hypothermia:** abnormally low body temperature

**Hypoxia:** lack of an adequate amount of oxygen

**Injury:** an action that causes damage or pain

**Innervation:** nerve distribution throughout a body part

**Intensity:** magnitude of energy or force; workload

**Interosseous membrane:** connective tissue membrane between two parallel bones

**Intervertebral:** between two vertebrae

**Intramuscular bleeding:** bleeding within a muscle

**Intravenous:** describes a method of administering substances via a vein

**Inversion:** (of the foot and ankle) adduction of the foot stressing the tissues on the lateral side of the ankle

**Ischemia:** local anemia

**Isokinetic:** describes muscle contraction with a resistance depending on the magnitude of force applied by the athlete and speed remaining constant

**Isometric:** describes contraction with no change in muscle length

**Isotonic:** describes contraction that shortens and lengthens the muscle

**Joint:** articulation of two or more bones

**Joint capsule:** saclike structure that encloses the articulating ends of bones and some related soft tissue structures

**Keloid:** an overgrowth of collagenous scar tissue

**Kyphosis:** exaggeration of the normal curve of the thoracic spine

**Laceration:** a rough, jagged tear of the skin

**Lateral:** point of reference away from the sagittal midline of the body

**Liability:** the legal responsibility to perform an act in a reasonable and prudent manner

**Ligament:** connective tissue with no contractile qualities that connects bone to bone and acts as a support against excessive joint motion

**Lordosis:** Abnormal exaggerated curve of the lumbar spine.

**Medial:** point of reference closest to the sagittal midline of the body.

**Muscle:** tissue that, when stimulated, contracts and produces motion around a joint

**Muscle contracture:** abnormal shortening of a muscle in which there is great resistance toward passive stretch

**Muscular endurance:** ability to perform repetitive muscular contractions against some resistance

**Muscular strength:** maximum force that can be produced by a muscle during a single contraction

**Musculoskeletal:** pertaining to muscles and the skeleton

**Necrosis:** death of tissue

**Negligence:** failure to use ordinary or reasonable care or perform a standard, necessary action

**Nerve entrapment:** a nerve that is compressed between bone or soft tissue

**Neuroma:** a tumor formed of nerve tissue

**Non-contact sport:** any sport that does not place athletes in regular physical contact

**Nystagmus:** a constant involuntary movement of the eyeball up and down or back and forth

**Open fracture:** any fracture that involves penetration of bone through superficial tissues

**Orthosis:** an appliance or apparatus used to support, align, prevent, or correct deformities, or to improve function of a movable body part

**Osgood Schlatter's Disease:** apophysitis at the insertion of the quadriceps tendon on the Tibia

**Palpate:** to use hands or fingers to examine

**Paraplegia:** paralysis of lower portion of the body and both legs

**Parathesia:** abnormal sensation such as numbness, prickling, tingling

**Pathology:** study of the nature and cause of disease

**Periosteum:** fibrous covering of bone

**Plantarflexion:** movement in which the forepart of the foot is depressed relative to the ankle

**Plyometric:** (exercise) used in workouts to maximize the stretch-contract reflex of the muscles, increasing speed and agility

**Pneumothorax:** a collapse of a lung due to air in the pleural cavity

**Posterior:** toward the back or rear

**Power:** ability to accelerate a load, depending on the level of strength and velocity of a muscle contraction

**Primary assessment:** Initial first aid evaluation

**Prone:** refers to a position with anterior side facing down; laying on stomach

**Pronate:** movement (as with hands or feet) of palmar or plantar side to face posterior or away from midline

**Proprioceptive Neuromuscular Facilitation:** stretching techniques that involve alternating contraction and passive stretches

**Proprioceptors:** organs within the body that provide the athlete with an awareness of where the body is in space

**Proximal:** nearest to the point of reference

**Quadriplegia:** paralysis affecting all four limbs

**Referred pain:** pain that is felt at a point of the body other than the source

**Regeneration:** repair, regrowth, or restoration of a part such as tissue

**Residual:** that which remains; often used to describe a permanent condition resulting from an injury or disease

**Rotation:** turning around an axis in an angular motion



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**Sciatica:** inflammatory condition of the sciatic nerve; commonly associated with peripheral nerve root compression

**Scoliosis:** a lateral deviation curve of the spine

**Secondary assessment:** follow up examination, more detailed

**Seizure:** sudden attack

**Sever's Disease:** apophysitis at the insertion of the Achilles tendon on the calcaneus

**Spasm:** a sudden, involuntary muscle contraction

**Spica:** a figure-8 formed bracing technique

**Spondylolisthesis:** forward slipping of a vertebral body

**Spondylolysis:** a degeneration of the vertebrae and a defect in the articulating process of the vertebra

**Sprain:** a stretch or tear of a ligament

**Strain:** a stretch or tear of a muscle

**Static stretching:** passively stretching a muscle by placing it in maximal stretch and maintaining constant stretch

**Stress:** the positive and negative forces that can disrupt the body's normal equilibrium

**Superior:** point of reference toward the top or above another

**Supine:** refers to a position with anterior side facing up; laying on one's back

**Supinate:** movement (as with the hand or foot) of palmar or plantar side to face anterior or toward midline

**Tendon:** connective tissue that attaches muscle to bone; more elastic than ligament but not contractile

**Tendonitis:** inflammation of a tendon within a synovial sheath

**Tenosynovitis:** inflammation of the synovial sheath around a tendon

## **College Park HS Student Athletic Trainer Commitment:**

I, as a student athletic trainer aide in the College Park Sports Medicine Department, have read the expectations for a student athletic trainer at College Park HS and will abide by the standards established therein. I commit myself to be loyal to my school and the sports medicine department, to cooperate with ALL teachers, coaches, and administration of College Park HS. I will be supportive of all athletes in our program. It is my intention to be honest in all my dealings, to be respectful toward all people and their property, and to work hard to become the best student athletic trainer possible.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print Name

*Signature of Student Athletic Trainer Aide:* \_\_\_\_\_

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As a parent/ guardian of the above-named student athletic trainer, I give my consent and approval of him/ her to undertake the rigors of being a student athletic trainer at College Park HS. I am aware that working as a student athletic trainer is a privilege and students must meet specific requirements in order to participate. I have read the expectations for student athletic trainers in the College Park Student Athletic Trainer Handbook and support them fully in their participation within the framework of those standards.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print Name

*Signature of Parent/ Guardian:* \_\_\_\_\_

**\*Needs to be returned to Coach McDonald\***



# ATHLETIC cavaliers TRAINING

## **Student Athletic Trainer Aide Code of Conduct Contract:**

**This contract is to be signed by both the student and parent/ guardian before the student will be allowed to participate in activities.**

I, \_\_\_\_\_, understand first and foremost that my involvement as a Student Athletic Trainer Aide is a privilege and shall be treated as such. In addition, I am aware that Athletic Training is a profession and I will be held to professional standards when I am representing my school in the school building, in the community, and events where others may recognize my involvement or position as a Student Athletic Trainer. I fully understand that the goal is to foster and encourage my interest in Athletic Training and other Sports Medicine fields. Being a Student Athletic Trainer does not make me a Certified and/ or Licensed Athletic Trainer or other healthcare provider and I should not be treated as one by the administration, coaches, officials, or student athletes; also, I will not present myself as a certified and/ or licensed healthcare provide. My goal is to learn about Athletic Training and Sports Medicine.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Singed

**\*Needs to be returned to Coach McDonald\***