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Forward

qualified allied healthcare professional that is educated and skilled in meeting the healthcare needs of individuals involved in physical activity. The athletic trainer functions as an integral member of the athletic health care team in secondary schools, colleges and universities sports medicine clinics, professional sports programs and other athletic health care settings. The athletic healthcare team includes: the athletic trainer, administrators, parents, athletes and athletic coaches in the providing an efficient and responsive athletic health care delivery system. As a member of the complete health care team, the athletic trainer works under the direction of a licensed physician and in cooperation with other healthcare professionals.

The Athletic Training Program (ATP) at Wichita State University takes great pride in the quality of education it provides to students. Realizing that athletic training is such a diverse field, athletic training students are exposed to a variety of different learning experiences and teaching

Mission Statement

The mission of the AT

- B. Demonstrate an understanding of clinical examination and diagnosis through written and practical examinations.
- C. Demonstrate an understanding of clinical examination and diagnosis through current literature review on case study projects and presentation.

Standard 4: Students will demonstrate knowledge and skills in the evaluation and immediate management of acute injuries and illnesses. (Acute Care of Injuries and Illnesses).

Objectives:

- A. Demonstrate an understanding of acute care of injuries and illnesses through oral and visual examination of competency testing on skill sheets.
- B. Demonstrate an understanding of acute care of injuries and illnesses through written examination.
- C. Demonstrate an understanding of acute care of injuries and illnesses through current literature review on case study projects and presentation.

Standard 5. Students will demonstrate the ability to assess the patient's status using clinician-and patient-oriented outcome measures to determine the stage of healing, goals, and therapeutic intervention to maximize the patient's participation and health-related quality of life. (Therapeutic Interventions)

Objectives:

- A. Demonstrate an understanding of therapeutic interventions through oral examination of competency testing on skills sheets.
- B. Demonstrate an understanding of therapeutic interventions through written and practical examinations, quizzes, and homework assignments.
- C. Demonstrate an understanding of therapeutic interventions through current literature review on case study projects and presentation.

Standard 6: Students will demonstrate the ability to recognize clients/patients exhibiting abnormal social, emotional, and mental behaviors. (Psychosocial Strategies and Referral).

Objectives:

- A. Demonstrate an understanding of psychological strategies and referral through oral examination of competency testing on skills sheets.
- B. Demonstrate an understanding of psychological strategies and referral through written and practical examinations, quizzes, and homework assignments.
- C. Demonstrate an understanding of psychological strategies and referral through current literature review on case study projects and presentation.

Standard 7: Students will demonstrate the ability to function within the context of a complex healthcare system and understand risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management. (Healthcare Administration).

Objectives:

- A. Demonstrate an understanding of healthcare administration through oral examination of competency testing on skills sheets.

- B. Demonstrate an understanding of healthcare administration through written and practical examinations, quizzes, and homework assignments.
- C. Demonstrate an understanding of healthcare administration through current literature review on case study projects and presentation.

Standard 8: Students will demonstrate the understanding maintaining competence in healthcare, embrace the athletic training practice within the limits of state and national

- c. Students are evaluated on four specific areas consisting of (1) evaluation of skills, abilities, and professional attitude while serving as an athletic training student at the clinical site, (2) evaluation of the athletic training student's participation in practicum skill tests administered while meeting the class, (3) the completion of the required clinical work hours each week, (4) student's participation in practicum class sessions and other content areas (See rubric for practicums on page 14).

experience; therefore, release time is provided during off days. Athletic training
s

Therefore, when the team is traveling, you are to have those days off from clinical
time. Unless approved by your Preceptor

Athletic training students with extended home schedules will be given extra
release time (i.e. at least one day off per seven working days). Every effort is made to
provide extra time off for academic performance. There will be NO extra time off for
outside employment.

C) Clinical Supervision:

- a. Direct supervision applies to instruction and evaluation of clinical proficiencies
by a Preceptor. **Constant visual and auditory interaction between the student
and Preceptor must be maintained.**
- b. Clinical supervision applies to the field experience under the direction of
Preceptor. Daily personal/verbal contact at the setting of supervision between
the student and Preceptor
field experience. The Preceptor shall be physically present to intervene on
behalf of the athlete/patient.

D) Clinical Evaluation:

- a. The comprehensive assessment plan for the ATP evaluates a variety of issues
relating to student skill acquisition, personal/professional attributes, and work
performance. These assessments provide the program and student with valuable
information to appraise their overall performance. Each evaluation is kept on
office. The
ATP reviews the information and uses the evaluation tools to find any
weaknesses or strengths of the program.
- b. Students provide vital information about the effectiveness and efficiency of the
program. Therefore, students will have ample opportunity to complete various
assessments about the academic program, Preceptor, Program Director, Clinical
Education Coordinator, clinical sites, and clinical experience. An overview of
this comprehensive assessment plan includes:
 1. Written student evaluations of individual courses and instructors.
 2. Written student evaluations of supervising Preceptor for each CAATE
required clinical rotation: equipment intensive, upper extremity, lower
extremity, and general medical.
 3. Written Preceptor evaluations of students each semester.
 4. Written student evaluations of clinical sites.
 5. Written graduating senior evaluation during the last semester in the ATP.
 6. Oral exit interviews with graduating seniors during the last semester in the
ATP.
 7. Written student evaluations of advising with the HPS Undergraduate Major
Advisor regarding required coursework and degree requirements.
 8. Alumni evaluation regarding professional preparation at 1 year and 3 year.
 9. Employer evaluation within the first year of employment regarding
professional preparation.

Clinical Expectations:

Students are expected to perform the designated competencies based upon their clinical rotation.

Students are expected to bring study materials (i.e. text books.) and competencies sheets to the clinical rotation that correlates to the assigned competency. Students will have opportunities to review competencies with their Preceptor during the week prior to obtaining Preceptor or course instructor formal approval. Once approved, students can perform the competency in the clinical setting with Preceptor supervision. The following is a list of clinical expectations for each level:

Level I Athletic Training Student Clinical Expectations:

	Bracing, Taping, Padding, and Wrapping Skills:	Emergency Skills and Risk Management:
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Level I ATS

Fall Semester:
HPS 220 AT
Practicum I

**Clinical Rotation
Emphasis:**
Equipment Intensive
(Sports that use
Equipment)

Spring Semester: HPS 221 AT Practicum II Clinical Rotation Emphasis: Upper Extremity Evaluation	Bracing, Taping, Padding, and Wrapping Skills Emergency Skills and Risk Management	History inventory of injury Observation of physical signs/symptoms Palpation of head, cervical spine, shoulder, elbow, wrist, and hand anatomy Perform Active and Passive Range of Motion Resistive Muscular Testing Special Testing Functional Testing
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Level II Athletic Training Student Clinical Expectations:

Level II ATS Fall Semester: HPS 320 AT Practicum III Clinical Rotation Emphasis: Lower Extremity Evaluation	Previously Learned Skills:	Lower Extremity Evaluation:
	Bracing, Taping, Padding, and Wrapping Skills Emergency Skills and Risk Management Upper Extremity Evaluation	History inventory of injury Observation of physical signs/symptoms Palpation of head, cervical spine, shoulder, elbow, wrist, and hand anatomy Perform Active and Passive Range of Motion Resistive Muscular Testing Special Testing Functional Testing
Level II ATS Spring Semester: HPS 321 AT Practicum IV Clinical Rotation Emphasis: Therapeutic Modalities & Physical Therapy	Previously Learned Skills:	Therapeutic Modality Application:
	Bracing, Taping, Padding, and Wrapping Skills Emergency Skills and Risk Management Upper Extremity Evaluation Lower Extremity Evaluation	Ultrasound Electrical Stimulation Iontophoresis Intermittent Compression (elastic wrap, cryo- Massage Techniques Joint Mobilizations Traction (Mechanical, Positional, and Manual)

Clinical Rotation
Emphasis:
AT Administration
& BOC Preparation

Chickenpox	Conjunctivitis	Diarrhea - Infectious Disease	Diphtheria	Group A Streptococcal	Hepatitis A, B, or C
Herpes Simplex	HIV	Impetigo	Influenza	Lice (Pediculosis)	Measles (Rubeola)
Mumps	Meningitis	Pertussis	Rabies	Rubella	Scabies

Bloodborne Pathogens Safety

Post-~~9/2001 CDC OSHA 29 CFR 1910.1030~~

Students are allowed to hold part-time jobs provided they do not interfere with the clinical aspect of the program. Clinical education and field experiences take place primarily during the afternoons from approximately 2:00 pm to 6:00 pm. On occasion these

Students are placed on probation for the next semester if their cumulative WSU GPA falls below 2.50. Pre-professional students placed on probation jeopardize their admission to the professional phase. Students on probation will not be academically dismissed from the ATP until: (1) they accumulate 12 or more attempted hours after being placed on probation, (2) fail to earn at least a 2.50 GPA semester average, and (3) their cumulative or WSU grade point average remains below a 2.50. Students dismissed for academic reasons may seek readmission to the ATEP and the

performance, mastery of competency, and personal attributes. For more information and specific requirements, please contact the Head Athletic Trainer. The Department of HPS also offers scholarships for prospective students. Students can apply for these scholarships through the College of Applied Studies website under the Educational Support Services link.

Student Interpersonal Relationships

The general rule of thumb to follow is that your personal life is personal until it becomes an issue in the athletic training program, the athletic training facility, the athletic department, or clinical affiliation site. In other words, you are free to do, act and say whatever you may feel while you are outside the athletic training facility so long as those actions are not a distraction or topic of conversation during working hours.

It is strongly discouraged for athletic training students to become socially involved with the student-athletes at any level, athletic training staff, coaching staff, HPS or Athletics Department staff members. If such a relationship should exist and it in any way detracts from the normal operations of the athletic training facility it will create a situation in which the Athletic Training Students involved may be reassigned or dismissed from the athletic training program. Students should have **NO** cell phone numbers or Facebook contact of student-athletes at any clinical affiliated sites, including high schools, orthopedic clinics, or collegiate settings. While we understand friendships could have developed in the years prior, this is an area we want to avoid if situations occur.

Technology Issues

Students must be able to effectively use the following sources of technology:

1. Use WSU e-mail address and attach documents
2. Knowledge of Microsoft office including:
 - a. Word
 - b. Excel
 - c. Outlook
 - d. Power point
 - e. Publisher
3. Various Internet search engines
4. Ablah library electronic databases
5. Blackboard
6. MyWSU
7. Zoom

Therapeutic Modality Equipment Policy

To protect the health and safety of Wichita State University Athletic Training Students (ATS) and Clinical Preceptors (CP), the following policies and procedures are implemented regarding the use and maintenance of therapeutic modalities in both the classroom and clinical settings.

Many clinical education sites, including WSU, currently possess various therapeutic modalities intended for the treatment of clients and patients and as tools in instruction modality principles and practices. Any use of therapeutic modalities by ATS at any clinical site must be done under the direct supervision of a qualified clinical preceptor and within the boundaries of the clinical

st

be enforced.

Modality Calibration

All clinical education sites, including WSU, where electrical modalities are present, must be calibrated annually by a certified calibration technician. For WSU ATP, calibrations are typically completed in August of each year. As a condition of the clinical site affiliation agreement, off-

checks must be coordinated through independent contractors.

Electrical Safety

Ground fault circuit interrupters should be connected to all electric modality machines (if needed based on the location of the modality) and whirlpools devices.

Modality Problems and Repair

Any mechanical issues with any electrical modality identified by ATS, CP should be reported immediately to the CP on site. At WSU ATP Lab, issues related to therapeutic modalities should be reported immediately to the instructor. The modality unit in question should be removed from use for all clinical or educational sites until the problem is corrected. If the electrical modality requires further repair, then what can be accomplished on-site, the appropriate person will contact a technician to arrange repair or replacement. For more specific troubleshooting

Athletic Training Student Use

NO electrical modality may be performed on a patient/client without the direct supervision of a clinical preceptor.

Athletic training students who have documented completion of educational training conducted by a clinical preceptor on the proper application of a specific modality unit may apply the modality to a patient/client under the direct supervision of a clinical preceptor. Educational training does not qualify the student to decide modality selection, parameter setting, or treatment planning.

Uncalibrated Equipment Policy

Preceptors and Athletic Training Students participating in clinical experiences where therapeutic modalities (i.e. ultrasound/e-stim, whirlpool, intermittent compression, paraffin bath, etc.) are located must demonstrate proper documentation that these modalities HAVE been verified safe by a qualified technician. The athletic training student will not be allowed to participate in clinical experiences until proper documentation has been provided to the Program Director or Clinical Education Coordinator regarding updated calibrations.

Weather Policy

In the rare occasion the University decides to cancel class or close because of inclement weather, a message should be posted on the university web site. These decisions are generally made early in the morning. It is your responsibility to continually check with your Preceptor to verify if practice is cancelled. Also, it is your responsibility to determine if the road conditions are too severe to safely travel to your clinical site. In the event classes are cancelled or the university closes, all scheduled student meetings for that day are also cancelled. Please call the weather hotline at 978-6633 if you have any questions.

Work Habits

It will be expected that the ATS keep themselves and the athletic training facility clean at all times, remember that it is a healthcare facility. Report for work promptly, and be prepared to work as soon as you arrive. Take care of personal business on your own time. Observe the athletic training facility activities closely, spend as little time in the offices as possible. Keep a watchful eye on the treatments that are given, meet the athletes and listen to what they have to say. Refrain from sitting on the desks, tables, countertops, etc. Don't dress or undress in the athletic training facilities. It is expected that you help enforce all of the athletic training facility rules.

Technical Standards

Program Policy:

The Athletic Training Program (ATP) at Wichita State University (WSU) supports the undergraduate and graduate students that prepares an individual to be a knowledgeable, informed, effective, reflective, service-oriented and sensitive practitioner capable of multiple styles of thinking and learning in a diverse global world.

The ATP at WSU is a rigorous and intense academic program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. In addition to the academic requirements for admission, students must possess skills and abilities that will allow them to successfully complete the curriculum and safely practice the profession of athletic training. The technical standards set forth by the ATP establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and

competencies of an entry-level athletic trainer, as well as meet the expectations of the accrediting agency, the Commission on Accreditation of Athletic Training Education (CAATE). The purpose of this document is to broadly delineate the cognitive, affective, and psychomotor skills deemed essential for completion of this program and performance as a competent athletic trainer. All students admitted to the ATP must meet the requirements for the

accommodation.

ODS determines qualified disability status and assists students in obtaining appropriate accommodations and services. Decisions regarding reasonable accommodation are determined on a case-by-case basis, taking into account the student's disability-related needs, disability documentation, and program requirements. The ATP will make every effort to work with students with a disability to reasonably accommodate their disability-related needs. An accommodation may be considered unreasonable if it (1) poses a direct threat to the health or safety of the student or others; (2) causes a fundamental alteration of the ATP; (3) does not meet the ATP academic or technical standards, or (4) poses an undue hardship on the ATP.

Students should contact ODS directly at disability.services@wichita.edu or 316-978-3309. Candidates for selection to the ATP will be required to verify they understand and meet these technical standards or that they believe they can meet the standards, with or without reasonable accommodation.

Statement of students *NOT* requesting accommodations:

I certify that I have read and understand the technical standards for each selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards with reasonable accommodation, I will be dismissed from the program.

Name of Applicant: _____ Date: _____

Signature of Applicant: _____

Statement for students requesting accommodation:

I certify that I have read and understand the technical standards for selection listed above and I believe to the best of my knowledge that I can meet each of these standards with accommodation. I will contact the Office of Disability Services to determine what services may be available. I understand that if I am unable to meet these standards with reasonable accommodation, I will be dismissed from the program.

Name of Applicant: _____ Date: _____

Signature of Applicant: _____

Wichita State University
Athletic Training Student Travel Permission Form

Date: _____

Dear Faculty Member,

Please be advised that the following Athletic Training Student is scheduled to travel with an athletic team on a clinical educational experience sponsored trip:

Student Name:			
Traveling School:		Event:	
	Date:	Time:	Day of Week:
Departure:			
Return:			

He/She will be missing your class that meets during the dates and times listed below as a part of his/her clinical education for the Athletic Training Program. He/She is asking for **your approval** of this absence and to allow him/her to make-up any missed work.

Course:	Day of Week:	Time:	Approval	Denial	Faculty Member Signature:

Traveling Preceptor	
Printed Name: _____	Phone: _____
<i>PRECEPTOR DECISION:</i> _____ Approved _____ Denied	
Signature: _____	Date: _____

ATP Clinical Education Coordinator	
Signature: _____	Date: _____

Revised 7.28.16

***Athletic Training Program
Wichita State University***

Preceptor Evaluation of Athletic Training Student

Equipment Intensive Rotation

Preceptor: _____

Dates of Rotation: _____

Athletic Training Student: _____

This evaluation is used to assess the educational competencies and clinical proficiencies of the athletic training student during the equipment intensive clinical rotation. Please provide an accurate assessment of their mastery level to apply, fabricate, secure, and/or properly fit protective equipment. Your evaluation will provide valuable feedback to the Athletic Training Program at Wichita State University. The information you provided will be kept confidential.

NA = Not Applicable; 1 = Strongly Agree; 2 = Agree; 3 = Disagree; 4 = Strongly Disagree

In my opinion, the athletic training student named above:

- NA 1 2 3 4** 1. Uses general knowledge of human anatomy and medical terminology in relation to athletic injuries to the upper extremity, lower extremity, and trunk.
- NA 1 2 3 4** 2. Demonstrates the ability to use the HOPS and/or SOAP format during the assessment procedure.
- NA 1 2 3 4** 3. Demonstrate the ability to efficiently use a quality injury history to ascertain the mechanism of injury.
- NA 1 2 3 4** 4. Demonstrate the ability to properly fit and apply protective equipment for injury prevention on various contact/collision sports.
- NA 1 2 3 4** 5. Demonstrate appropriate use of taping, bandaging, bracing, and/or wrapping for the prevention or protection upper extremity injuries.
- NA 1 2 3 4** 6. Demonstrate the ability to fabricate protective devices from various materials including but not limited to: foam padding, felt, orthoplast, soft cast, etc.
- NA 1 2 3 4** 7. Demonstrate the ability to apply principles of stretching and flexibility.
- NA 1 2 3 4** 8. Demonstrate the ability to understand the possible need for psychological intervention and referral of athletes who are injured.
- NA 1 2 3 4** 9. Demonstrate the appropriate use of acute injury management protocols for various injuries to the head, spine, upper and lower extremity.

- NA 1 2 3 4** 10. Demonstrates and practices the use of universal precautions with standard first aid protocols.
- NA 1 2 3 4** 11. Effectively communicates well with Preceptor, coaches, student-athletes, or other personnel at the clinical site.
- NA 1 2 3 4** 12. Demonstrates compliance with AT

*Athletic Training Program
Wichita State University*

Preceptor Evaluation of Athletic Training Student

Upper Extremity Rotation

Preceptor: _____

Dates of Rotation: _____

Athletic Training Student: _____

This evaluation is used to assess the educational competencies and clinical proficiencies of the athletic training student durm0 G[a03hel)7(i)7(ni)2Tm0 612 792 reW#1S(i)7(n)-20(i)7(ng)JTJET@.00000912

- NA 1 2 3 4** 9. Demonstrates the ability to efficiently name, perform, and provide outcome results on special testing procedures.
- NA 1 2 3 4** 10. Demonstrate appropriate use of taping, bandaging, bracing, and/or wrapping for the prevention or protection upper extremity injuries.
- NA 1 2 3 4** 11. Demonstrate the appropriate use of acute injury management protocol for upper extremity injuries.
- NA 1 2 3 4** 12. Demonstrates and practices

Athletic Training Program
Wichita State University

Preceptor Evaluation of Athletic Training Student

Lower Extremity Rotation

Preceptor: _____

Dates of Rotation:

- NA 1 2 3 4 9. Demonstrates the ability to efficiently name, perform, and provide outcome results on special testing procedures.
- NA 1 2 3 4 10. Demonstrate appropriate use of taping, bandaging, bracing, and/or wrapping for the prevention or protection lower extremity injuries.
- NA 1 2 3 4 11. Demonstrates the appropriate use of acute injury management protocol for lower extremity injuries.
- NA 1 2 3 4 12. Demonstrates and practices the use of universal precautions with standard first aid protocols.
- NA 1 2 3 4 13. Effectively communicates well with Preceptor, coaches, student-athletes, or other personnel at the clinical site.
- NA 1 2 3 4 14. Demonstrates compliance with ATP clinical education policies and procedures.
- NA 1 2 3 4 15. Demonstrates professional and personal attributes during clinical rotation.
- NA 1 2 3 4 16. Serves as a role model for the ATP and WSU.

Other comments:

e: _____ Date: _____

Preceptor Signature: _____ Date: _____

**Please return to: Whitney Bailey, MEd, LAT, ATC,
Athletic Training Clinical Education Coordinator
Wichita State University
1845 Fairmount; Campus Box 16
Wichita, KS 67260-0016**

***Athletic Training Program
Wichita State University***

Preceptor Evaluation of Athletic Training Student

General Medical Rotation

Preceptor: _____

Dates of Rotation: _____

Athletic Training Student: _____

This evaluation is used to assess the educational competencies and clinical proficiencies of the athletic training student during the equipment intensive clinical rotation. Please provide an accurate assessment of their mastery level to apply, fabricate, secure, and/or properly fit protective equipment. Your evaluation will provide valuable feedback to the Athletic Training Program at Wichita State University. The information you provided will be kept confidential.

NA = Not Applicable; 1 = Strongly Agree; 2 = Agree; 3 = Disagree; 4 = Strongly Disagree

In my opinion, the athletic training student named above:

- | | |
|-------------------|--|
| NA 1 2 3 4 | 1. Uses general knowledge of human anatomy and medical terminology in relation to general medical conditions. |
| NA 1 2 3 4 | 2. Demonstrates the ability to use the HOPS and/or SOAP format during the assessment procedure. |
| NA 1 2 3 4 | 3. Demonstrates the ability to efficiently ascertain a comprehensive medical history
chief complaint, past medical history,
current health status, family history, and social history. |
| NA 1 2 3 4 | 4. Demonstrates the ability to transcript information from the patient for use during the medical evaluation. |
| NA 1 2 3 4 | 5. Demonstrates the ability to use various medical evaluation techniques and equipment |

and referral of patients who are injured or ill.

- NA 1 2 3 4 10. Demonstrates and practices the use of universal precautions with standard first aid protocols.
- NA 1 2 3 4 11. Effectively communicates well with Preceptor, MD, DO, PA, RN, patients, or other personnel at the clinical site.
- NA 1 2 3 4 12. Demonstrates compliance with clinical site and ATEP clinical education policies and procedures.
- NA 1 2 3 4 13. Demonstrates professional and personal attributes during clinical rotation.
- NA 1 2 3 4 14. Serves as a role model for the ATP and WSU.

Other comments:

***Athletic Training Program
Wichita State University***

Preceptor Evaluation of Athletic Training Student

Transfer Student (Koch Arena Rotation)

Preceptor: _____

Dates of Rotation: _____

Athletic Training Student: _____

This evaluation is used to assess the educational competencies and clinical proficiencies of the athletic training student during the equipment intensive clinical rotation. Please provide an accurate assessment of their mastery level to apply, fabricate, secure, and/or properly fit protective equipment. Your evaluation will provide valuable feedback to the Athletic Training Program at Wichita State University. The information you provided will be kept confidential.

NA = Not Applicable; 1 = Strongly Agree; 2 = Agree; 3 = Disagree; 4 = Strongly Disagree

In my opinion, the athletic training student named above:

- | | |
|-------------------|---|
| NA 1 2 3 4 | 1. Uses general knowledge of human anatomy and medical terminology in relation to athletic injuries to the upper extremity, lower extremity, and trunk. |
| NA 1 2 3 4 | 2. Demonstrates the ability to use the HOPS and/or SOAP format during the assessment procedure. |
| NA 1 2 3 4 | 3. Demonstrate the ability to efficiently use a quality injury history to ascertain the mechanism of injury. |
| NA 1 2 3 4 | 4. Demonstrate appropriate use of taping, bandaging, bracing, and/or wrapping for the prevention or protection upper extremity injuries. |
| NA 1 2 3 4 | 5. Demonstrate the ability to fabricate protective devices from various materials including but not limited to: foam padding, felt, orthoplast, soft cast, etc. |
| NA 1 2 3 4 | 6. Demonstrate the ability to apply principles of stretching and flexibility. |
| NA 1 2 3 4 | 7. Demonstrate the ability to understand the possible need for psychological intervention and referral of athletes who are injured. |
| NA 1 2 3 4 | 8. Demonstrate the appropriate use of acute injury management protocols for various injuries to the head, spine, upper and lower extremity. |
| NA 1 2 3 4 | 9. Demonstrates and practices the use of universal precautions with standard first aid protocols. |

***Athletic Training Program
Wichita State University***

Preceptor Evaluation of Athletic Training Student

Therapeutic Modalities Rotation

Preceptor: _____

Dates of Rotation: _____

Athletic Training Student: _____

This evaluation is used to assess the educational competencies and clinical proficiencies of the athletic training student during the therapeutic modalities clinical rotation. Please provide an accurate assessment of their mastery level for understanding program design, exercise techniques, and exercise modifications. Your evaluation will provide valuable feedback to the Athletic Training Program at Wichita State University. The information you provided will be kept confidential.

NA = Not Applicable; 1 = Strongly Agree; 2 = Agree; 3 = Disagree; 4 = Strongly Disagree

In my opinion, the athletic training student named above:

- | | |
|-------------------|--|
| NA 1 2 3 4 | 1. Uses general knowledge of human anatomy and medical terminology in relation to athletic injuries. |
| NA 1 2 3 4 | 2. Demonstrates the ability to understand the physiological effects of therapeutic modalities on the treatment of athletic injuries. |
| NA 1 2 3 4 | 3. Demonstrates the ability to understand indications for the use of therapeutic modalities in the rehabilitation program. |
| NA 1 2 3 4 | 4. Demonstrates the ability to understand contraindications for the use of therapeutic modalities in the rehabilitation program. |
| NA 1 2 3 4 | 5. Demonstrates the ability to understand the use of cryotherapy on the treatment of athletic injuries. |
| NA 1 2 3 4 | 6. Demonstrates the ability to understand the use of thermotherapy on the treatment of athletic injuries. |
| NA 1 2 3 4 | 7. Demonstrates the ability to understand the use of different electrotherapy treatments to control pain on athletic injuries. |
| NA 1 2 3 4 | 8. Demonstrates the ability to understand the use of different electrotherapy treatments to produce muscle contractions (i.e. muscle re-education, retardation of atrophy, muscle pump, etc..) on athletic injuries. |
| NA 1 2 3 4 | 9. Demonstrates the ability to understand the use of iontophoresis on athletic injuries. |
| NA 1 2 3 4 | 10. Demonstrates the ability to understand the use of intermittent compression to control |

swelling on athletic injuries.

NA 1 2 3 4 11. Demonstrates the ability to understand the use of massage in the treatment of athletic injuries.

NA 1 2 3 4 12. Demonstrates the ability to understand the use of traction in the treatment of athletic injuries.

NA 1 2 3 4 13. Demonstrates the ability to understand the use of joint mobilization in the treatment of athletic injuries.

NA 1 2 3 4 14. Effectively communicates well with Preceptor, or other personnel at the clinical site.

NA 1 2 3 4 15. Demonstrates compliance with clinical site and ATEP clinical education policies and procedures.

NA 1 2 3 4 16. Demonstrates professional and personal attributes during clinical rotation.

NA 01215426(10088) v012 > BDC n 0000091210 612 W92J. ET Q 3 356.15 265.83 Tm 0 0 1 37cT 510EC

Other comments:

_____ Date: _____

Preceptor Signature: _____ Date: _____

Please return to: Whitney Bailey, MEd, LAT, ATC,

***Athletic Training Program
Wichita State University***

Preceptor Evaluation of Athletic Training Student

Rehabilitation Rotation

Preceptor: _____

Dates of Rotation: _____

Athletic Training Student: _____

This evaluation is used to assess the educational competencies and clinical proficiencies of the athletic training student during the physical therapy clinical rotation. Please provide an accurate assessment of their mastery level for understanding program design, exercise techniques, and exercise modifications. Your evaluation will provide valuable feedback to the Athletic Training Program at Wichita State University. The information you provided will be kept confidential.

NA = Not Applicable; 1 = Strongly Agree; 2 = Agree; 3 = Disagree; 4 = Strongly Disagree

In my opinion, the athletic training student named above:

- | | |
|-------------------|--|
| NA 1 2 3 4 | 1. Uses general knowledge of human anatomy and medical terminology in relation to athletic injuries. |
| NA 1 2 3 4 | 2. Demonstrates the ability to understand rehabilitation program design to establish an exercise protocol. |
| NA 1 2 3 4 | 3. Demonstrates the ability to understand indications and contraindications for the establishment of an exercise protocol. |
| NA 1 2 3 4 | 4. Demonstrates the ability to understand biomechanical relationships to sport performance and exercise technique. |
| NA 1 2 3 4 | 5. Demonstrates the ability to understand exercise technique when monitoring a patient during exercise. |
| NA 1 2 3 4 | 6. Demonstrates the ability to understand and/or employ modifications to exercise technique when necessary. |
| NA 1 2 3 4 | 7. Demonstrates the ability to understand AROM and PROM testing using visual and/or goniometer measurements. |
| NA 1 2 3 4 | 8. Demonstrates the ability to understand the importance of incorporating exercises of |

neuromuscular control, balance, postural stability in the rehabilitation program.

- NA 1 2 3 4 11. Demonstrate the ability to understand the importance of incorporating exercises of core training in the rehabilitation program.
- NA 1 2 3 4 12. Demonstrate the ability to understand the importance of incorporating exercises of open and closed kinetic chains in the rehabilitation program.
- NA 1 2 3 4 13. Demonstrates the ability to understand the importance of incorporating exercise to improve physical reconditioning in the rehabilitation program.
- NA 1 2 3 4 14. Effectively communicates well with Preceptor, or other personnel at the clinical site.
- NA 1 2 3 4 15. Demonstrates compliance with clinical site and ATEP clinical education policies and procedures.
- NA 1 2 3 4 16. Demonstrates professional and personal attributes during clinical rotation.
- NA 1 2 3 4 17. Serves as a role model for the ATP and WSU.

Other comments:

Agreement Statement

I have read and understand all of the policies and procedures outlined in the Professional Phase Athletic Training Student Policies and Procedure Manual. I agree to abide by these rules and regulations in good faith until my requirement has been fulfilled. Failure to abide by this agreement may result in my dismissal from the Athletic Training Program. Return this page to the Program Director.

Student Name (Print)

Date

Student Signature