Sports Medicine Policies and Procedures

Revised Summer 2012
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Mission
The Angelo State University Sports Medicine Department will strive to provide the most efficient and effective treatments available to help prevent and manage athletic related injuries or illnesses. Treatment of injuries and illnesses will be based on sound medical and rehabilitative principles in conjunction with consideration of personal and team goals.

Philosophy
The Angelo State University Sports Medicine Department is committed to providing you with a dynamic based protocol for recovery that will focus on flexibility, strength, endurance and sport specific based functional activities.

Introduction
The purpose of this manual is to familiarize the staff with the policies and procedures of the Angelo State University Athletic Training Department and to provide guidelines to standardize procedures. The Athletic Training Department will function more effectively and efficiently, and therefore better serve the student athletes; all members of the sports medicine team are expected to follow these guidelines. Situations not covered by this manual should be directed to the Head Athletic Trainer.

Personal Qualities
There are several qualities necessary for a successful career in the profession of athletic training. The first and most important of these is dependability. Being dependable includes: being punctual, following directions, completing tasks as assigned, enforcing the rules of the department, asking for help if needed, showing initiative and most importantly - Giving the athlete quality care and attention. Another important quality is dedication. Athletic Trainers must be dedicated to helping each athlete without needing praise or credit. There will be no tolerance for any member of the sports medicine team caught using or in possession of illegal drugs, nor will there be any consumption of alcoholic beverages while on duty in the athletic training room or while working with athletic teams. Sincerity, honesty, loyalty, and integrity are also critical to success. Legal, ethical, and moral standards must be met.

Confidentiality
All information related to student-athletes, coaches, and sports medicine is confidential and should not be shared with anyone except the Head Athletic Trainer, Head Coach of the sport, or the Athletic Director.

Punctuality
Lateness will not be tolerated. The Athletic Trainer should be early, never late.
Guidelines and Procedures

I. Standing Order of Protocol

A. The appointed team physician(s) will supervise the Texas Licensed Athletic Trainers in all matters concerning the management of athletic related injuries and advise on matters regarding the prevention of athletic injuries at Angelo State University.

B. The Licensed Athletic Trainer will act in accordance with the Texas Department of State Health Services Athletic Trainers Act.

C. Emergency care is the responsibility of the athletic trainer according to adopted policies and procedures. The athletic trainer on duty will serve as a triage officer to determine which injuries require additional medical evaluation. If there is any question about the nature or seriousness of an injury, the athletic trainer must refer to appropriate medical services immediately. This act is in accordance with the American Red Cross and Emergency Medical Care (American Academy of Orthopedic Surgery).

D. The use of moist heat, ultrasound, electricity, manual therapy, rehabilitative techniques, traction or joint mobilization may be instituted as soon as signs and symptoms indicate that their use is proper, in accordance with sound principles of athletic training.

E. The athletic trainer shall apply at his/her discretion protective and/or preventive taping and/or taping procedures in accordance with the prevailing standard of care. The athletic trainer shall also apply a protective sleeve or support when signs and symptoms indicate. The athletic trainer should instruct the athlete in the use of crutches or canes when ordered by a physician or when symptoms indicate the necessity of their use. In consultation with team physicians, the athletic trainer shall apply protective and/or preventative braces or orthotics (Brace and orthotic is defined by Steadman’s Medical Dictionary).

F. The athletic trainer under a physicians order may institute treatment procedures that include iontophoresis and phonophoresis. The form of treatment may be changed whenever signs and symptoms indicate a need for change at the discretion of the athletic trainer. These changes will be made under the direction of the physician.

G. Graduate assistant athletic trainers are the responsibility of the Head Athletic Trainer. The full-time Assistant Athletic Trainers will also provide supervision for the graduate assistant athletic trainers in the absence of the Head Athletic Trainer.

H. The Licensed/Certified Athletic Trainers shall help design and supervise reconditioning programs for all athletic teams. No athlete will be permitted to practice for a sport, or participate in a sport, until the Angelo State University Sports Medicine Staff and its
physicians, in accordance with Texas State laws, complete a pre-participation physical examination.

I. The athletic trainer may at his/her discretion return an athlete to competition after a full physical assessment and history is completed and documented and is considered normal. Any athlete under care of a physician, other than an Angelo State University team physician, will under no circumstances be permitted to return to activity until cleared by the treating physician as well as the Angelo State University Team Physician. In the event there is a disagreement on the ability of an athlete to participate, the Angelo State University Team Physician will prevail.

J. Treatment records will be maintained for each athlete receiving assessment, physical modality, corrective exercise, and support for activity. Progress notes and physicians orders will be part of the record. It is the responsibility of the athletic trainer to maintain such records.

K. Athletes may elect to use the services of a private physician instead of the Angelo State University team physician(s). In such cases, the athletic trainer will notify the team physician(s) of this decision by the athlete, and note this decision in the athlete’s chart. No treatment will be rendered or changed by the athletic trainer unless written by the private physician, and this course of action is cleared with the ASU team physician(s).

L. Prescription medication is to be given to an athlete by the team physician(s) and/or attending physician only. See Medication Distribution Policy.

M. Records of evaluations and actions taken by the team physician will be recorded and signed. This record shall be considered privileged information.

N. The release of injury information to the public media is the responsibility of the coach of the sport or the sports information office, not the athletic trainer.

O. The athletic trainer will at all times act in accordance with the standard recognized procedures as published by the American Red Cross, Emergency Care ad Safety Institute, and OSHA.

P. The administrative chain of command for the Sports Medicine Department is as follows in descending order:

President
Athletics Director
Team Physician
Director of Sports Medicine
Assistant Athletic Trainers
Graduate Assistant Athletic Trainers
Q. The medical chain of command of the Sports Medicine Department is as follows in descending order:

Team Physician  
Director of Sports Medicine  
Assistant Athletic Trainers  
Graduate Assistant Athletic Trainers  
Student Athletic Trainers

II. Medication Distribution Policy

Prescription Medications:

1. The physician of record will administer all prescription medications during the office visit.

2. Dispensing of medications will be done in accordance with the established state and federal law.

3. The physician should administer medication only. Full disclosure about the medication (i.e. side effects/contraindications) will be given to the athlete at the time it is administered.

Non-Prescription Medication

1. All medications will be ordered and dispensed in prepackaged units by full-time staff members only.

2. All non-prescription medications that are dispensed will be logged on the Non-Prescription Medication Log Sheet.

III. Medical Decision Making

All medical decisions will be made in accordance with the established Medical Chain of Command. All decisions regarding a student-athletes medical status or ability to return to play are to be made only by an Angelo State University Team Physician or a member of the Sports Medicine Staff. Recommendations by outside physicians will be considered in all situations; however, final decisions regarding participation are the purview of the Angelo State University Head Team Physician.

IV. Return to Play Policy

The Certified/Licensed Athletic Trainer may at his/her discretion return an athlete to competition after a full physical assessment and history is completed and documented and is considered normal unless otherwise ordered by a team physician. Any athlete under the care of a physician, other than an Angelo State University Team Physician, will not be permitted to return to activity unless cleared in writing by that outside physician and the appropriate team physician.
V. Athletic Injury Reporting System

1. All athletes are asked to verify that they are entered in the treatment log (Rank One Injury Tracking Software) as they enter the athletic training room. This treatment log will be the primary means for coaches to determine who has and has not completed designated treatments or rehabilitation. If an athlete’s name does not appear on the treatment log, treatment has not occurred.

2. All athletic injuries are to be recorded in Rank One by the evaluating athletic trainer. Daily Treatments are to be designated by recording the specific treatment in the space for the corresponding day. It is also the responsibility of the treating athletic trainer to make progress notes as necessary in Rank One. The athletic trainer should sign his/her name or initial before each progress note in order to keep track of treatments done by other staff members. All physician referrals and further testing should also be noted on the injury form and any hard copies of that information placed in the athlete’s permanent medical file. If the injury has been resolved or the athlete has not come in for treatment, the athletic trainer should record this in Rank One.

3. A Physician Referral Form will accompany all student-athletes to all medical visits. The form will be returned to the proper staff athletic trainer. This form will be filed in their permanent medical record at the end of the treatment period.

4. Payment of Medical Expenses:
   a. ASU will pay for the cost of treatment for all athletic injuries incurred in official practices, scrimmages, or scheduled competition for a period of twelve (12) months following the date of injury.
   b. ASU will NOT assume any financial responsibility for treatment of injuries incurred while participating in activities not associated with the student-athlete’s sport. This includes, but is NOT limited to recreational activities, intramural activities, summer activities or during the summer, injuries incurred between semesters or semester breaks, or any injury occurring on personal time.
   c. ASU will pay ONLY for medical expenses for injuries that have been reported to, and channeled through the Head Athletic Trainer. If a student-athlete does NOT inform the athletic training staff of an injury and goes to a physician, the financial responsibility is incurred by the student-athlete and parent/guardian.
   d. ASU will pay ONLY for physical or occupational therapy services that have been channeled through the Head Athletic Trainer and upon written prescription by the ASU team physicians or designated physician. Rehabilitation is to be performed in the ASU athletic training room for ALL athletic injuries incurred during scheduled practices, scrimmages, or competition. If a student-athlete chooses to seek therapy services through a private rehabilitation facility, the financial responsibility is incurred by the student-athlete and the parent/guardian.
   e. ASU will NOT assume any financial responsibility for illnesses unless related to scheduled practices, scrimmages, or competition. The NCAA regulates financial situations for illnesses and restricts payment of such expenses.
VI. Athletic Insurance Claim Procedure

Every student-athlete participating in intercollegiate sports at Angelo State University is covered by the Department of Athletics insurance policy. **This policy is a SECONDARY INSURANCE POLICY**, consisting of both basic medical coverage and catastrophic injury coverage, which takes effect only when the primary insurance coverage for an injured student-athlete is denied or exhausted. This policy will pay only for athletic related injuries that occurred while participating in Intercollegiate Athletics at Angelo State University. It is recommended that all Angelo State University student-athletes have primary medical coverage not supplied by the Department of Athletics upon entering school. The Sports Medicine Staff is responsible for processing all athletic injury and illness related claims after the claims have been filed with the primary insurance. In order to make the claims process as smooth as possible, please follow these simple steps:

1. The Sports Medicine staff must be notified of all injuries sustained during practice or competition that require further testing and/or surgery prior to that designated treatment. Bills will not be covered without proper pre-visit notification. Follow all PRIMARY INSURANCE PROCEDURES, including securing referrals and pre-certifications for x-rays and MRIs.

2. Upon receiving a bill for services rendered, the bill should be copied and the original sent to the Director of Sports Medicine or appropriate staff trainer.

3. The student-athlete’s primary insurance company will generate an E.O.B (Explanation of Benefits). This E.O.B will explain what the primary insurance company will and will not pay for and the reasoning. Copy the E.O.B and send/give the original to the Director of Sports Medicine for processing. Bills cannot be sent for processing without the E.O.B.

4. The original bill and original E.O.B. will be sent by the Sports Medicine Staff to the Angelo State University athletic insurance carrier for processing or to the Angelo State University Accounts Payable Department for payment. Payment will be made directly by the insurance carrier or Angelo State University.

All bills must be processed in a timely fashion. The Athletic Department will not process any claim(s) after one year past the date of services.

All other claims for grant monies, i.e., Pell and NCAA Special Assistance Fund, will only be processed during that specific academic year and will not exceed the specific allotment. Contact the Angelo State University Athletic Director for more information.

VII. Transportation

1. Angelo State University Athletic Trainers should not use personal vehicles for any official purposes except for their own transportation to and from fields. The sports medicine vehicle will be used to transport all water, ice, and equipment to the fields for all contests and in-season practices. It is the coach’s responsibility to inform the medicine staff of practice times.
and schedules, as well as any changes that occur to those schedules.

2. Angelo State University Athletic Trainers are permitted to transport acutely injured athletes in their personal vehicles. If the injury is not an emergency, the athlete is responsible for his/her own transportation to the physician’s office. If an injury is severe enough to necessitate care beyond the realm of athletic training the athlete should be transported by ambulance only.

3. Transportation to and from doctors appointments, surgeries, etc. is the responsibility of the athlete and or coach, not the responsibility of the sports medicine staff. The sports medicine staff will ensure that the athlete has transportation before making an appointment. The sports medicine staff should NOT transport athletes in their personal vehicles, especially student sports medicine staff.

VIII. Threatening Weather Policy

1. The Angelo State University sports medicine staff will be responsible for monitoring threatening weather conditions. The sports medicine staff will make all decisions on whether a team or individual athletes need to be removed from an event site. Note: in the event that a member of the sports medicine staff is unavailable at a specific site it will become the head coach’s responsibility to make any decisions based on the threatening weather policy.

Monitoring Methods: Local Forecasts
National Weather Service Advisories (NWS)
Weather Sentry (Telvent DTN)

Prior to each practice or competition the sports medicine staff will obtain a weather report in order to alert the staff of any potential threatening weather conditions or NWS advisories. On field monitoring will be accomplished by using the Telvent DTN System. Should the Telvent DTN System send a text alert, the fields will be cleared immediately with all athletes and coaches moving indoors until Telvent DTN System sends the all clear.

2. In the event that the sports medicine staff or a coach decides that the fields need to be cleared, all athletes and spectators should be instructed to proceed to the nearest “safe structure of location.” The following “safe structures of locations” are recommended for their respective areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Safe Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s Softball and Soccer Complex</td>
<td>Concessions Building</td>
</tr>
<tr>
<td>Football Practice</td>
<td>Junell Center/Stephens Arena</td>
</tr>
<tr>
<td>Men’s/Women’s Track and Field/CC</td>
<td>Junell Center/Stephens Arena</td>
</tr>
<tr>
<td>Baseball Game/Practice (at ASU)</td>
<td>Baseball Locker Room/Junell Center</td>
</tr>
<tr>
<td>Football Game</td>
<td>Turf/Locker Rooms</td>
</tr>
</tbody>
</table>

In the event that a safe structure cannot be reached, any vehicle with a hard metal roof will provide adequate protection.
In the event that a lighting storm hits before a safe structure can be reached, avoid the following:
- Tall individual trees in the area
- Light or flagpoles
- Any metal objects such as fences or bleachers
- Standing pools of water
- Open fields

It is recommended that in cases where a safe structure cannot be reached before a lightning strike hits or an individual feels his or her hair stand on end or skin begin to tingle the following position should be assumed. Crouch down low to the ground with only the balls of feet touching the ground, wrap arms around knees and lower head. Minimize contact with the ground because lightning current often enters the victim through the ground. Never lie flat on the ground. Avoid using landline telephones during a lightning storm; a cellular phone is a safe alternative as long as the user is in a safe structure.

3. The athletic event may not proceed until the all clear has been sent from the Telvent DTN System.

IX. Environmental Monitoring Recommendations

Prior to each practice session, a reading of the Wet Bulb Globe Temperature (WBGT) will be taken. Based on this reading the sports medicine staff and the head team physician have recommended the following game and practice modifications. It is expected that all Angelo State University Athletic Teams follow these modifications during practices. During competition, the sports medicine staff will make recommendations to the officials on the number and timing of water breaks based on the WBGT reading. The final number and timing of those breaks as well as the responsibility lies with the head official’s decision whether or not to heed those recommendations.

<table>
<thead>
<tr>
<th>WBGT</th>
<th>Risk</th>
<th>Water Breaks</th>
<th>Practice Intensity</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 77</td>
<td>Low</td>
<td>Coaches Discretion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>78-81</td>
<td>Med</td>
<td>Minimum every 20 min</td>
<td>Moderate</td>
<td>Warm weather gear</td>
</tr>
<tr>
<td>82-89</td>
<td>High</td>
<td>Minimum every 10 min</td>
<td>Low</td>
<td>No equipment</td>
</tr>
<tr>
<td>90+</td>
<td></td>
<td></td>
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</tbody>
</table>

Cold weather guidelines should be followed as stated in the NCAA Sports Medicine Handbook 2009-2010. Other institutional guidelines should be as follows:

If the temperature or wind chill is above 30°F, practice is allowed outside with appropriate clothing.
If the air temperature or wind chill is 30°F-25°F, then teams may practice outside but must come inside to warm up every 45 minutes for 10 minutes.
If the air temperature or wind chill is 25°F-15°F, then teams may practice outside but must come inside to warm up every 30 minutes for 10 minutes.
If the air temperature or wind chill is 5°F-15°F, then teams may practice outside but must come inside to warm up every 15 minutes for 10 minutes.
If the air temperature or wind chill is less than 5°F, no outside practices are permitted.

X. Treatment of Heat Illness

In response to the Inter-Association Task Force on Exertional Heat Illnesses Consensus Statement published in 2002; Angelo State University Sports Medicine has decided to adopt the following recommendations concerning heat illnesses.

Recognition – Axillary, oral, and tympanic temperatures have been shown to be invalid in individuals participating in hot environments. Therefore, the Angelo State University Sports Medicine Staff will be trained and equipped to assess core temperature via rectal thermometer in any situation involving heat illness.

Treatment – Immediate whole body cooling via cold-water immersion has been shown to be the best treatment for exertional heat stroke (core body temperature above 104 degrees F), and should be initiated within minutes of recognition. Cold-water immersion should be continued until core body temperature reaches 101-102 degrees F; at this time the athlete will be transported to a medical facility.

XI. Angelo State University Asthma Policy

The Angelo State University Sports Medicine Asthma Policy provides those athletes who have a history of asthma and have been medically cleared to participate in sports conditional clearance based on the following criteria:

1. The athlete must undergo an evaluation by a member of the sports medicine staff, including a thorough asthma history and a base line peak flow reading.

2. The asthmatic athlete’s inhaler(s) must always be present and available during competition or practice. The athlete must also provide the sports medicine staff an additional inhaler(s) to be carried in the medical kit in case the inhaler is unavailable or has run out.

3. The athlete’s must be controlled by the proper medication.
   a) An athlete is considered to be unstable if he/she must resort to using his/her rescue inhaler two or more times in any one exercise period, more than three times in any given week beyond normal preventive use, or has been awakened by asthma more than twice a month.
   b) Once an athlete has been identified with unstable asthma, he/she will be referred to the Head Team Physician for evaluation and possible adjustment to medication.
4. The athlete must inform the sports medicine staff about asthma stability. For instance, if the player was up the previous night with an asthma attack, he/she must tell the sports medicine staff so proper decisions can be made about participation on the following day.

5. The athlete must also notify the sports medicine staff of any change in medication protocol that was initiated by a physician other than the Angelo State University Team Physician.

If at any time, during competition or practice, an athlete suffers an asthma attack strong enough to warrant use of the rescue inhaler, that athlete will not be permitted to return to competition or practice on that day until they provide a peak flow reading that is at least 80% of their baseline peak flow reading.

See following attached Asthma Evaluation sheet for information regarding information that should be put in permanent medical file.
XII. Asthma Evaluation

Name ______________________ CID#___________________ Sport _____________________

When were you first diagnosed with asthma
___________________________________________________________________________

Name of Physician making the diagnosis
___________________________________________________________________________

Did you have any Pulmonary Function Tests Done?
___________________________________________________________________________

Do you know your Peak Flow Reading?
___________________________________________________________________________

Give names of any medication using at the present time to control your asthma -
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Describe when, how, and how frequently you use each of these medications –
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Describe any problems you have had with your asthma in the last year – i.e. emergency room visits, hospitalization, night time symptoms.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Peak Flow Reading ___________________________

Evaluating Athletic Trainer ___________________________ Date ____________
XIII. Head Injury Policy

1. In the event an athlete sustains a head injury and was rendered unconscious for any period of time, EMS should be contacted and the athlete transported to the hospital.

2. Any athlete who has sustained a head injury and demonstrates symptoms consistent with a concussion for longer than fifteen minutes as assessed by a Certified Athletic Trainer or physician will be deemed as having a concussion.

Concussion symptoms may include one or more of the following:

Dizziness, headache, nausea, vomiting, balance problems, drowsiness, sensitivity to light/noise, irritability, numbness or tingling, memory difficulties, and/or difficulty concentrating.

3. Any athlete deemed to have a concussion would not be permitted to return to activity for that day and until assessed by the Team Physician. An athlete with a concussion cannot be returned to activity without direct orders from the Team Physician.

4. The Certified Athletic Trainer should manage the concussion in the following manner

   a) Evaluate the athlete for any life threatening situations associated with the head injury. If there are any threats to the athlete’s life, contact EMS and perform Basic Life Support until their arrival.
   b) If there are no immediate threats to the athlete’s life, the athletic trainer should gather data by which to evaluate the degree of the sustained concussion and a safe return to participation date.
   c) The student athlete may undergo post concussion testing using the ImPact Concussion Test. This may occur 48-72 hours after the initial injury or when appropriate depending on the symptoms of the student athlete.
   d) The athletic trainer should contact the team physician immediately upon assessing a head injury believed to involve any loss of consciousness and follow his/her directions. If the Team Physician in unavailable, EMS should be contacted and the athlete transported to the hospital.

5. The Certified Athletic Trainer should track the athlete’s progress by completing the SAC test order to provide the Head Team Physician adequate basis for return to play and future care decisions.

6. If there are any questions regarding concussions or management of concussions, please refer to ASU Concussion Management Plan.

7. Each student athlete is also responsible for reporting symptoms to athletic training staff (Appendix B). Appendix B will be signed prior to the start of each season. Each student athlete will receive information on the signs and symptoms of concussions.
XIV. Psychological Incident Policy

Athletic trainers often develop strong trust relationships with athletes. It is this trust that allows athletes to share information that others do not need to know. In these instances the athletic trainer may discover a situation that requires further specific medical or mental health care. This can place the athletic trainer in a difficult situation. The following is a guideline to assist the athletic trainer in dealing properly with these situations:

1. Documentation is the most important aspect of these situations. Proper documentation will not only allow better care to be provided to the athlete and will also protect the athletic trainer from any liability. Document every conversation with the athlete and what occurred. Document every attempt to provide continued care and any and every refusal by that individual. Keep notes brief and general about the situation, and make those notes as soon as possible after meeting with the athlete to avoid “forgetting” important issues.

2. Consult the Head Team Physician regarding all psychological issues.

3. Never agree to complete confidentiality with an athlete. An athletic trainer working under the supervision of a physician is obligated to consult with that Team Physician. Also, there are several circumstances in which the athletic trainer is required by law to disclose specific information. Making this clear to the athlete from the beginning will help avoid any breach of trust issues later on.

4. If an athlete reveals information indicating he/she may be a danger to himself/herself or others, athletic trainers are obligated by law to disclose this information to the proper authorities. If information about any kind of abuse, child, elder, or spousal, is provided, athletic trainers are required to report it to the proper authorities.

5. The goal is to get the athlete the care that he/she needs. Information need not be provided to parents/guardians (if the athlete is over 18), coaches, and administrators if the athlete requests that the information be held in confidence. However, the athletic trainer should take the time to stress the importance of informing the parents and request that the athlete do so, since it is in his/her best interest for parents to know.

6. In order for the athlete to get the proper care, he/she must agree to seek the help that the athletic trainer and Head Team Physician believe to be necessary. Encourage the athlete to make and keep appointments. If an athlete refuses to accept referral, the athletic trainer cannot force the athlete to accept the referral and continue to encourage the athlete to make the appointment. If the athlete continues to refuse and the situation seems to be getting worse, consult with the Head Team Physician on the best course of action.
XV. Parent/Guardian Communication Policy

Athletes **under** the age of 18: Parents/Guardians will be contacted when an injury has occurred and be made aware of the care that their child is receiving and any need for further testing.

Athletes **over** the age of 18: Parents/Guardians will only be contacted in case of an emergency unless specifically requested by the athlete. It is the responsibility of the athlete to communicate injury information to their parents.

Should an emergency situation requiring immediate and/or specialized care arise, the sports medicine staff may NOT discuss any athlete’s medical situation with a parent or guardian without receiving consent/permission from the athlete.

By direction of the National Athletic Trainer’s Association Bylaws, the Texas Department of Health Athletic Training Act, and the Health Insurance Portability and Accountability Act (HIPAA) the sports medicine staff may be bound by confidentiality. If an athlete requests specific information to be held in confidence and doing so does not compromise future care, the sports medicine staff cannot disclose information to coaches, administrators, and/or parents/guardians without consent from that athlete.

Once consent from the athlete is received and documented, the sports medicine staff will be happy to discuss the care that their child is receiving and any need for further testing.

XVI. Coaching Staff Communication Policy

1. The method of communication most efficient will be established on a sport-to-sport basis by the primary athletic trainer and the head coach and coaching staff. If a method cannot be agreed upon by the two parties, the Head Athletic Trainer will develop a compromise with regard to how injury information will be communicated to the coaching staff.

2. The coaching staff will be notified by already established means of communication of any athletes who have specific limitations or who are completely restricted from participation prior to the development of practice plans for that day.

3. The coaching staff will **not** be notified of each individual treatment provided to their athletes. If the coaching staff wishes to monitor whether or not an athlete has shown up for treatment/rehabilitation coaches may view the athletic training room treatment log. Athletes are required to verify their name before every treatment in this log for exactly this purpose.

4. The treatment log is the only written documentation that the sports medicine staff is allowed to share with the coaches. Individual athlete’s files are privileged medical records and cannot be shared without written authorization from the athlete.

5. During evaluation and re-evaluation the athletic trainer will often give recommendations to the athlete for modifying practice regimen in order to speed up the healing process or avoid
re-injury. It is the responsibility of the sport specific full-time trainer to discuss these modifications with the head coach before holding any athlete out of practice activities.

6. By direction of the National Athletic Trainer’s Association Bylaws and the Texas Athletic Training Act the sports medicine staff may be bound by confidentiality. If an athlete requests specific information to be held in confidence and doing so does not compromise future care, the sports medicine staff cannot disclose information to coaches, administrators, and/or parents/guardians without consent from that athlete.

VIII. Coverage Policy

Practice

1. An attempt will be made to provide all traditional season teams with on-site coverage by a Certified Athletic Trainer. If circumstances do not allow for a Certified Athletic Trainer to be present on-site during practice, communication by walkie-talkie or cellular phone will be in place. During all practice times there will be a Certified Athletic Trainer available to respond within four minutes of all on campus practice facilities.

2. Non-traditional season practices will be afforded on-site coverage by a Certified Athletic Trainer if possible. Access to qualified sports medicine staff will be provided. It is the coach’s responsibility to inform the Head Athletic Trainer of non-traditional season practice schedules. Coverage must be provided as required by the Athletic Director due to liability issues, even on Saturdays and Sundays.

It is the head coach’s responsibility to provide the Head Athletic Trainer with a tentative practice schedule at the beginning of each season, traditional or non-traditional. It is expected that the Head Athletic Trainer or Primary Athletic Trainer will be notified of any change in the practice schedule 4-8 hours prior to that change. Exemptions will be inclement weather or emergency situations.

Competition

1. On-site coverage by a Certified Athletic Trainer will be provided for all traditional season competitions hosted by Angelo State University. Nontraditional coverage will be provided by a Certified Athletic Trainer if possible. During all competition times there will be a Certified Athletic Trainer available to respond within four minutes of all on campus competition sites.

2. A Certified Athletic Trainer will provide on-site coverage for all away traditional season competitions unless a home athletic event takes priority, with the exception of the following sports: Football

On-site coverage on overnight trips for the Women’s Volleyball, Baseball, Softball, Soccer, and the Outdoor Track and Field/CC teams will be decided upon on a case-by-case basis. This decision will be based on the following factors; the risk of injury associated with the sport, the nature of the competition (single game, tournament), the
level of care provided by the host institution, and the demands of home competitions.

4. An attempt will be made to provide all teams on-site coverage for conference championships. This decision will be based on the following factors: the risk of injury associated with the sport, the nature of the competition (single game, tournament), the level of care provided by the host institution, and the demands of home competitions.

5. Non-traditional season away competitions will not be afforded on-site coverage by an Angelo State University Certified Athletic Trainer. The host institution will be contacted before each competition for which an Angelo State University Certified Athletic Trainer will be unable to provide on-site coverage, traditional or non-traditional season. The Angelo State University sports medicine staff will notify the host institution of any athletes that need taping or treatments prior to competition. An adequately stocked medical kit will be provided to any team traveling without an athletic trainer. The host institution will be responsible for providing any on-site care needed.

6. The head coaches of those sports that will have an athletic trainer traveling are responsible for communicating departure times to either the Head Athletic Trainer or the Primary Athletic Trainer.
XIX. Pre-Participation Athletic Physicals

The Department of Intercollegiate Athletics at Angelo State University requires all student-athletes to receive medical approval/certification from the Angelo State University Sports Medicine Department BEFORE a student-athlete is issued equipment and/or permitted to attend any practice, strength and conditioning sessions, and/or compete in any intercollegiate athletic events. An Angelo State University Team Physician and/or his/her designee must administer the pre-participation physical examination. This procedure must be completed on an **ANNUAL basis**. No member of the Angelo State University Department of Intercollegiate Athletics will permit a student-athlete to participate, nor will Angelo State University provide insurance coverage to any student-athlete who has not completed the pre-participation physical examination procedure.

**Incoming Freshman, Transfer Student-Athletes, and Returning Student Athletes:**
Incoming transfer and freshman student-athletes must have the following materials completed and on file in the Angelo State University Sports Medicine Department in order to be considered for medical clearance/certification:

- Health History Questionnaire Form;
- Health Insurance Information & Authorization Form;
- Photocopy (front & back) of their Health Insurance Card;
- Medical Examination;
- Received copy of NCAA banned drug list.

Every incoming transfer, returning, and freshman student-athlete must also undergo a Pre-Participation Physical Examination done by an Angelo State University Team Physician and/or his/her designee. The Angelo State University Pre-Participation Physical Examination will include, but is not limited to, the following:

- Medical history review;
- Height, weight, and vision screen;
- Pulse, blood pressure screening examination;
- Medical Physical examination; and
- Orthopedic screening examination.

All student athletes that are required to provide their own pre-participation physical examination will need to do so at their own cost and per bylaw 17.1.5; the evaluation must be administered or supervised by a physician (e.g., family physician, team physician.) The examination must also be administered within six months prior to participation in any practice, competition, or out-of-season conditioning activities.

Costs associated with any tests, consultations, and/or medical procedures needed to gain medical approval/certification for participation will be sent to the student-athlete’s primary health insurance for payment.

If, for any reason, the incoming freshman, returning, and/or transfer student-athlete is not medically approved/certified for intercollegiate athletics participation, he/she will be notified by the Angelo State University Team Physician and/or a member of the Angelo State University
Sports Medicine Department (after the sports medicine team notifies the head coach) at the end of the pre-participation physical examination.

The Angelo State University Sports Medicine Department reserves the right to refuse medical approval/certification for participation in Angelo State University Intercollegiate Athletics based on the medical opinion of the Angelo State University Team Physician and/or his/her designee. Under no circumstances may a student-athlete participate until he/she is cleared by one of the Angelo State University approved physicians.

All athletes will be required to fill out an exit physical questionnaire (Appendix A) during their exit evaluations with their respective coach.

XX. Emergency Response Plan

Personnel

The responding personnel will vary from venue to venue based on coverage guidelines established by the sports medicine staff. In order to cover all the venues on the Angelo State University campus that athletes may be present will require cooperation between many groups. All of the following groups are considered an integral part of all or some of the venue specific emergency response plans.

Certified Athletic Trainers, Security Personnel, Coaches, Administrative Staff

The following emergency response plans have been created to make all of the groups aware of their specific roles in a medical emergency.

Communication

Each venue specific emergency response plan identifies several ways in which EMS can be contacted and further help can be summoned. Many of the venues have a fixed telephone line that is easily accessible in case of an emergency, for those locations that do not, a cellular phone or walkie-talkie relay system will be used. Note: In the event that a member of the sports medicine staff is not on site during and emergency due to coverage guidelines it is the coach’s responsibility to initiate the Emergency Response Plan.

Equipment

All equipment necessary to care for an emergency situation will be on site during practice and/or competition.
Emergency Plan: Junell Center/Stephens Arena

Emergency Personnel:
Certified Athletic Trainer and athletic training students on site for practice and competition; additional sports medicine staff accessible from Junell Center athletic training facility; MD on call for competition and practice; paramedic crew on call during competition stationed less than 2 miles away at Station No. 7.

Emergency Communication:
Walkie-talkie on site of practice/competition, which relays to sports medicine staff near fixed telephone line or cellular telephone is on court.

Emergency Equipment:
All supplies (Trauma kit, splint kit, spine board, AED, Cervical Collar) maintained in Junell Center athletic training facility or on-site.

Role of First Responders:
1. Immediate Care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of Emergency Medical System (EMS)
   a. Call 911 (Provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment being provided, specific directions, other information as requested.
   b. Call University Police at 942-2071
4. Direction of EMS to scene.
   a. Open appropriate access doors.
   b. Designate individual to “flag down” EMS and direct to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from the area.

Venue Directions:
Junell Center is located on Jackson Street adjacent to Colts Stadium. The Junell Center also has entrances from Varsity Lane, which is accessible from Dena Drive and University Avenue, which are side streets from Johnson Street.

Court level Entrance: From Station #7 - Follow Knickerbocker Rd. to Jackson Street. Turn Left on Jackson Street and follow street through four (4) way stop and turn Left into East side parking area to Junell Center. A sports medicine staff member will meet the paramedics and direct them through the appropriate doors and guide them to the arena floor.

From Station #1 – Travel Southbound on 277 (Bryant Blvd.) until you reach the intersection of Ave. N. Turn right on Ave. N, travel west on Ave. N until you reach Jackson St. intersection. Turn left on Jackson and then turn right into faculty parking area of Junell Center. A sports medicine staff member will meet the paramedics and direct them through the appropriate doors and guide them to the arena floor.

Important Numbers:
911 – Emergency Services 325-942-2264 x 234 or 247 – AT Office
325-942-2071 – University Police 325-942-2264 x 222 or 233 – AD Office
Emergency Plan: Foster Field

Emergency Personnel:
Certified Athletic Trainer and athletic training students on site for practice and competition; additional sports medicine staff accessible from Junell Center athletic training facility; MD on call for competition and practice; paramedic crew on call during competition stationed less than 2 miles away at Station No. 7.

Emergency Communication:
Walkie-talkie on site of practice/competition, which relays to sports medicine staff near fixed telephone line or cellular telephone is on court.

Emergency Equipment:
All supplies (Trauma kit, splint kit, spine board, AED, Cervical Collar) maintained in Junell Center athletic training facility or on-site.

Role of First Responders:
1. Immediate Care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of Emergency Medical System (EMS)
   c. Call 911 (Provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment being provided, specific directions, other information as requested.
   d. Call University Police at 942-2071
4. Direction of EMS to scene.
   d. Open appropriate access doors.
   e. Designate individual to “flag down” EMS and direct to scene.
   f. Scene control: limit scene to first aid providers and move bystanders away from the area.

Venue Directions:
Foster Field is located on Jackson Street adjacent to the Junell Center. Foster Field also has entrances from University Avenue, which is accessible from Knickerbocker Rd. or Jackson St.

Court level Entrance: From Station #7 - Follow Knickerbocker Rd. to Jackson Street. Turn Left on Jackson Street and follow street through four (4) way stop and turn Right into West side parking area of Foster Field. A sports medicine staff member will meet the paramedics and direct them through the appropriate gates and guide them to the field/training area.

From Station #1 – Travel Southbound on 277 (Bryant Blvd.) until you reach the intersection of Knickerbocker Rd. Turn right on Knickerbocker Rd. and turn right on University Ave. until you reach Jackson St. intersection. Turn Right on Jackson and then turn right into faculty parking area of Foster Field. A sports medicine staff member will meet the paramedics and direct them through the appropriate gates and guide them to the field/training area.

Important Numbers:
911 – Emergency Services 325-942-2264 x 234 or 247 – AT Office
325-942-2071 – University Police 325-942-2264 x 222 or 233 – AD Office
Emergency Plan: Soccer/Softball Complex

Emergency Personnel:
Certified Athletic Trainer and athletic training students on site for practice and competition; additional sports medicine staff accessible from Junell Center athletic training facility; MD on call for competition and practice; paramedic crew on call during competition stationed less than 2 miles away at Station No. 7. If Station 7 has been dispatched, Station #1 will be sent to Angelo State University.

Emergency Communication:
Walkie-talkie on site of practice/competition, which relays to sports medicine staff near fixed telephone line or cellular telephone is on field.

Emergency Equipment:
All supplies (Trauma kit, splint kit, spine board, AED, Cervical Collar) maintained in Junell Center athletic training facility or on-site.

Role of First Responders:
1. Immediate Care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of Emergency Medical System (EMS)
   e. Call 911 (Provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment being provided, specific directions, other information as requested.
   f. Call University Police at 942-2071
4. Direction of EMS to scene.
   g. Open appropriate access gates. (ABUS 700 Key)
   h. Designate individual to “flag down” EMS and direct to scene.
   i. Scene control: limit scene to first aid providers and move bystanders away from the area.

Venue Directions:
The Soccer/Softball Fields are located on Victory Lane adjacent to Johnson Street Church of Christ and the Junell Center. The Soccer/Softball fields also have entrances from Varsity Lane, which is accessible from Dena Drive and University Avenue, which are side streets from Johnson Street.

Field/Track Entrance: From Station #7 – Follow Knickerbocker Rd. to Johnson Street. Turn Left on Johnson Street and follow street through stop light and turn Right onto Victory Lane. A sports medicine staff member will meet the paramedics and direct them through the appropriate gates and to the track venue.

From Station #1 – Travel Southbound on 277 (Bryant Blvd.) until you reach the intersection of Ave. N. Turn right on Ave. N, travel west on Ave. N until you reach Johnson St. intersection. Turn left on Johnson St. and then turn left onto Victory Lane. A sports medicine staff member will meet the paramedics and direct them through the appropriate gates and to the track venue.

Important Numbers:
911 – Emergency Services 325-942-2264 x 234 or 247 – AT Office
325-942-2071 – University Police 325-942-2264 x 222 or 233 – AD Office
Emergency Plan: LeGrand Sports Complex

Emergency Personnel:
Certified Athletic Trainer and athletic training students on site for practice and competition;
additional sports medicine staff accessible from Junell Center athletic training facility; MD on
call for competition and practice; paramedic crew on call during competition stationed less than
2 miles away at Station No. 7. If Station 7 has been dispatched, Station #1 will be sent to Angelo
State University.

Emergency Communication:
Walkie-talkie on site of practice/competition, which relays to sports medicine staff near fixed
telephone line or cellular telephone is on field.

Emergency Equipment:
All supplies (Trauma kit, splint kit, spine board, AED, Cervical Collar) maintained in Junell
Center athletic training facility or on-site.

Role of First Responders:
1. Immediate Care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of Emergency Medical System (EMS)
   g. Call 911 (Provide name, address, telephone number, number of individuals
      injured, condition of the injured, first aid treatment being provided, specific directions,
      other information as requested.
   h. Call University Police at 942-2071
4. Direction of EMS to scene.
   j. Open appropriate access gates. (ABUS 700 Key)
   k. Designate individual to “flag down” EMS and direct to scene.
   l. Scene control: limit scene to first aid providers and move bystanders away from the area.

Venue Directions:
Junell Center is located on Jackson Street adjacent to Colts Stadium. The Junell Center also has
entrances from Varsity Lane, which is accessible from Dena Drive and University Avenue,
which are side streets from Johnson Street.

Field/Track Entrance: From Station #7 - Follow Knickerbocker Rd. to Jackson Street. Turn
Left on Jackson Street and follow street through four (4) way stop and turn Left into East side
parking area to Junell Center. A sports medicine staff member will meet the paramedics and
direct them through the appropriate gates and to the track venue.

From Station #1 – Travel Southbound on 277 (Bryant Blvd.) until you reach the intersection of
Ave. N. Turn right on Ave. N, travel west on Ave. N until you reach Jackson St. intersection.
Turn left on Jackson and then turn right into faculty parking area of Junell Center. A sports
medicine staff member will meet the paramedics and direct them through the appropriate gates
and to the track venue.

Important Numbers:
911 – Emergency Services                        325-942-2264 x 234 or 247 – AT Office
325-942-2071 – University Police             325-942-2264 x 222 or 233 – AD Office
Emergency Plan: SAY Complex

Emergency Personnel:
Certified Athletic Trainer and athletic training students on site for practice and competition; additional sports medicine staff accessible from Junell Center athletic training facility; MD on call for competition and practice; paramedic crew on call during competition stationed at Station No. 7.

Emergency Communication:
Walkie-talkie on site of practice/competition, which relays to sports medicine staff near fixed telephone line or cellular telephone which is on site.

Emergency Equipment:
All supplies (Trauma kit, splint kit, spine board, AED, Cervical Collar) maintained in Junell Center athletic training facility or on-site.

Role of First Responders:
5. Immediate Care of the injured or ill student athlete.
7. Activation of Emergency Medical System (EMS)
   i. Call 911 (Provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment being provided, specific directions, other information as requested.
   j. Call University Police at 942-2071
8. Direction of EMS to scene.
   m. Open appropriate access doors.
   n. Designate individual to “flag down” EMS and direct to scene.
   o. Scene control: limit scene to first aid providers and move bystanders away from the area.

Venue Directions:
The SAY Complex is located at 4565 Arden Road.

Field level Entrance: From Station #7 - Follow Knickerbocker Rd. to W. Loop 306. Turn Right on W. Loop 306 and follow loop to Arden Rd. exit. Take left under overpass and follow Arden Road to SAY Complex. A sports medicine staff member will meet the paramedics and direct them through the appropriate gates and guide them to the field/training area.

From Station #1 – Travel North on 277 (Bryant Blvd.) until you reach the intersection of West Loop 306. Turn Left on W. Loop 306 and then take a right on Arden Rd. exit and follow Arden Rd. until you reach SAY Complex on left. A sports medicine staff member will meet the paramedics and direct them through the appropriate gates and guide them to the field/training area.

Important Numbers:
911 – Emergency Services
325-942-2071 – University Police
325-942-2264 x 234 or 247 – AT Office
325-942-2264 x 222 or 233 – AD Office
XXI. Game Conduct Policy
1. Dress: Game attire for outdoor sports include athletic training game shirt or t-shirt, khaki pants or shorts and tennis shoes (no open toe shoes). Indoor sports; proper dress includes slacks, dress shirt, tie (optional), sport jacket (optional), dress shoes, Sunday dress, and no short skirts. Women should be cognizant of having to treat athletes on the court, which may require them to bend over or squat courtside and should dress accordingly.

2. Location: All athletic training staff members will be located on the bench or in the dugout during the duration of the game or match and should not sit in the stands or visit with friends while on duty. At no time during competition will an athletic training staff member be allowed to leave the area unless there is an emergency. This includes talking to other staff members, athletic training students, student-athletes, or physicians. If at any time the athletic trainer on duty must leave during competition, another staff member should be notified so a replacement is on duty.

3. Availability: As a general rule of thumb, arrive at an event at least one hour before the competition begins or 30 minutes before treatments are scheduled and be prepared to stay until all treatments are complete. Emergencies may arise during the process of the game and require time in the emergency room. Athletic training staff members will need to be flexible.

XXII. General Medical Referrals
1. General medical conditions will arise as part of the time spent as a student athlete at Angelo State University. All general medical conditions will be referred through the University Health Clinic located on the campus of Angelo State University. A general medical referral form must be filled out prior to the athlete going to the clinic and returning from the clinic. A medical doctor or nurse practitioner will examine and determine the course of treatment for general medical conditions. If follow up testing is required, the athlete will be responsible for making the necessary arrangements for getting to and from the appointment. The clinic will close during the school year and these student-athletes will be referred to a medical clinic in San Angelo with the assistance of the sports medicine staff.
XXIII. ASU Clinic Referral for a General Medical Condition

I understand that the ASU athletic training staff has referred me to the Angelo State University Health Center and/or a physician of the student athletes’ choice for a general medical condition that requires further treatment by a physician, physician assistant, or nurse practitioner. I also understand that I will provide the ASU athletic training staff with documentation from the clinic stating the diagnosis of the condition and limitations set forth by the university health clinic staff or other health care facility (i.e., no practice, no contact, sent home, return to play conditions).

________________________________________________________________________  ____________________________________________________________________
Student Athlete Signature                      Date

________________________________________________________________________  ____________________________________________________________________
Staff ATC Signature                          Date

Documentation from University Health Center was provided and a copy is attached to this form.

________________________________________________________________________  ____________________________________________________________________
Student Athlete Signature                      Date

________________________________________________________________________  ____________________________________________________________________
Staff ATC Signature                          Date
XXIV. Standing Athletic Training Room Protocols:
1. Report **ALL** injuries to a staff athletic trainer immediately.
2. All athletes must remove shoes/footwear before entering the athletic training room.
3. All athletes must shower before receiving treatment.
4. NO food, drink, or tobacco in the athletic training room.
5. Horseplay, loitering, loudness, and foul language will not be tolerated.
6. No taking of supplies without permission from the athletic training staff.
7. Proper attire must be worn at all times.
8. It is the responsibility of the athlete to allow enough time for treatment and still report to practice time.
9. Athletes are not allowed to turn on, off, or adjust any treatment machines.
10. No self-treatment or self-taping by athletes.
11. Treat all sports medicine staff members, student-athletes, and coaches with respect.

XXV. Orthopedic Injury Protocol:

Orthopedic injuries are a part of playing sports while in intercollegiate athletics. When an orthopedic injury occurs, the following protocol should be followed in reference to the standard of care:

**Initial Evaluation**
The primary goals of the initial orthopedic evaluation are to 1) determine whether or not a true orthopedic emergency is present, 2) begin appropriate treatment, and 3) determine the mode of transport for emergencies or routine extremity trauma.

Evaluation of neurovascular status is the first step in the initial evaluation. Distal pulse, motor, sensation, and capillary refill (PMSC) should be assessed with any deficiencies and/or changes noted. Visual inspection for deformity and palpation for deformity and point tenderness should be performed, followed by evaluation for gross joint instability. Clinical tests for suspected long bone fractures such as torque, compression and percussion might be utilized as appropriate by the athletic trainer. Application of Initial Evaluation splints for fracture or gross joint instability is the final step prior to transport. If splints are applied to an extremity injury, PMSC should be evaluated both before and after placement of splints.

*Never allow an obvious orthopedic injury to distract from an underlying injury or illness, which may be life threatening.*

**Orthopedic Emergencies**
The increased incidence of bleeding, neurovascular compromise, and treatment complications resulting from infection classify *open fractures and/or dislocations* as a true orthopedic emergency. Open fractures and dislocations should have a sterile compressive dressing applied as rapidly as possible. As with any open wound, direct pressure should be used to control major bleeding. If direct pressure does not slow/stop the flow of blood, arterial pressure points should be used. Tourniquets **should not** be applied to control bleeding. Treatment should then be identical to that of a closed fracture with immediate transport to the closest appropriate emergency facility by ambulance.
The athletic trainer must also be aware of *internal hemorrhage*. Occult hemorrhage into the *pelvis or femur fracture* can account for significant blood loss. *Large joint dislocations* (shoulder, elbow, hip, knee and ankle) constitute an orthopedic emergency. Special attention should be given to knee and elbow dislocations as well as dislocations of the sternoclavicular joint. These most commonly result in neurovascular complications, necessitating emergency management.

Delay in treatment of fractures and dislocations with *neurovascular compromise* may lead to disastrous consequences including loss of limb and even death. Immediate reduction or realignment by a physician should be performed. If a physician or an emergency facility is not readily available, the athletic trainer may attempt these maneuvers to restore circulation as a part of emergency medical care in a potentially life- or limb-threatening situation. This procedure may be performed by athletic training staff who:

1. are emergency medical technician-intermediates (EMT-I) and have large joint dislocation reduction training;

2. who have **verbal orders from the team physician or physician assistant** in regard to joint reduction after consulting regarding patient’s current signs and symptoms and medical history. If, however, in the clinical opinion of the ATC/EMT-I, the athlete is in a life-or limb-threatening situation that would benefit from joint reduction and a MD verbal order is not immediately available then the ATC/EMT-I should call 911 and may attempt to reduce the dislocation. If unable to reduce, the athletic trainer should immobilize the joint in the position found, continue to monitor PMSC, and immediate transport to the closest appropriate emergency facility by ambulance.

Any emergency situations where there is neurovascular compromise should be considered a **“load and go”** situation and emphasis placed on rapid evaluation, treatment and transportation. In order to provide the best possible care for Angelo State Athletics, transportation to one of the utilized medical facilities is based upon the strengths of each facility. All vascular emergencies are to be transported to San Angelo Community Medical Center or Shannon Medical Center.

**Splinting Guidelines**
- General rules to follow during the application of a splint include:
  - Splinting is useful in emergency situations, for decreased pain, and to allow for easier transport.
  - Deformity, gross instability, or crepitus is an indication for immediate splinting, and prompt referral of an unstable joint to an orthopedic surgeon is necessary.
  - Assess neurovascular status (PMSC) prior to and after the application of a splint;
  - Cover all wounds with sterile compressive dressings prior to the application of a splint;
  - Pad the splint to prevent local pressure;
  - Immobilization of the joint above and below a fracture or dislocation will decrease movement at the injury site;
  - Splinting can be performed in the position of deformity but with experience limb alignment may be helpful.
“When in doubt, splint”.

Splinting of Orthopedic Injuries
Splints are used to decrease pain, increase ease of transportation, to prevent closed fracture from becoming open, to minimize damage to nerves, muscles and blood vessels, and to prevent movement at fracture sites or in the presence of gross instability. The basic rule of splinting is to splint in the position of function. With experience or in the presence of a physician, limb realignment before the application of a splint is acceptable. There are three basic types of splint: 1) rigid, 2) vacuum, and 3) traction. Rigid splints are useful with non-aligned fractures or in the presence of gross instabilities of joints. Vacuum splints consist of a fabric or vinyl splint containing small Styrofoam beads. The splint is placed on the extremity and secured with straps. A pump is attached and the air is drawn from the splint, compressing the beads together and creating a hard splint conformed to the extremity. Vacuum splints are versatile because of their adaptability to the position of the injured extremity. Traction splints are most frequently used to treat lower extremity femoral fractures. They exert a steady longitudinal pull on the extremity. Traction splints are not suitable for the upper extremity because of potential damage to neurovascular structures in the axilla.
Appendix A

Exit Physical
In - Season Medial History

1. Have you had a medical problem or injury since your pre-season physical?
   Y   N

2. Have you had any injury problems (strain, sprain, dislocation, fracture) in any of the following: Y N
   □ Shoulder L R
   □ Upper Arm L R
   □ Forearm L R
   □ Hip L R
   □ Hamstring L R
   □ Ankle L R
   □ Achilles L R
   □ Wrist L R
   □ Elbow L R
   □ Hand/Fingers L R
   □ Low Back
   □ Knee L R
   □ Foot/Toes L R
   □ Calf L R
   □ Head L R
   □ Neck
   □ Face
   □ Quad L R
   □ Lower Leg L R
   □ Other
   □ Other: __________________________________________________________________

3. Explanation of any YES answers from above:

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

I certify that the above answers that I have provided are true to the best of my knowledge.

Athlete Name (Printed):___________________ Athlete Signature:_____________________

Coaches Signature:________________________________________________________

Date: _____________________________

Athletic Trainer: _________________________________________________________
Appendix B

If you experience any of these symptoms or you have any questions as to whether or not that you sustained a concussion or head injury, please report these symptoms to the sports medicine staff immediately. The symptoms that I need to be aware of are, but not limited to:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance Problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Do not “feel right”

I understand that it is my responsibility as a student-athlete at Angelo State University (ASU) to report any and/or all symptoms that may be related to a concussion. I have received and will read the fact sheet for student-athletes on concussions that I was given as part of my pre-participation physical packet.

Athlete’s Name (Print): _______________________________________________________

Athlete’s Name (Signature): _________________________________________________

Sport: _________________________________________________________________

Date: ____________________________________________________________________