Competencies in Athletic Therapy

The Competencies in Athletic Therapy are divided into six (6) domains. These domains are:

Domain I	Prevention
Domain II	Recognition and Evaluation
Domain III	Management, Treatment and Disposition
Domain IV	Rehabilitation
Domain V	Organization and Administration
Domain VI	Education and Counselling

Each Domain is subdivided into three (3) categories. The categories are:

Cognitive Domain

The cognitive domain reflects the knowledge and intellectual skills related to the basic and applied sciences in the area of Athletic Therapy. Topical areas include anatomy, physiology, exercise physiology, biomechanics, kinesiology, psychology, nutrition, therapeutic modalities, management science and so on.

Psychomotor Domain

The psychomotor domain involves the application of the tasks and skills derived from the cognitive domain. This includes such skills as the appropriate use of therapeutic modalities, directing a rehabilitation program, applying emergency procedures, record keeping and so on.

Affective Domain

The affective domain expresses the professional's values and attitudes related to the Canadian Athletic Therapists' Association Scope of Practice and Code of Ethics in the application of the skills and practices of the profession.

Self Study: COMPETENCIES OF ATHLETIC THERAPY CHECKLIST

The following competencies have been developed as guides to entry-level curriculum design, development of course content, and structuring of clinical experiences. Please identify those educational experiences (course work, clinical experiences) in your Athletic Therapy education program that provide your students with an opportunity to develop the competencies listed. Identify courses by department abbreviation and number (e.g., HPER 350) as they appear in your college or university catalog. Identify clinical experiences by using the letter "C". If particular competencies are taught in more than one course, or during clinical experiences as well as course work, please indicate all pertinent educational experiences. If a particular competency is not taught in your program, please indicate by using the letter "N".

PLEASE LIST ONLY THE COURSE WHERE THE COMPETENCY IS GIVEN "PRIMARY" CONSIDERATION.

DOMAIN I: Prevention

Identifies injury/illness risk factors associated with participation in competitive athletics and plans and implements all components of a comprehensive athletic injury/illness prevention program.

Cognitive Domain (Knowledge and Intellectual Skills)

_____ 1. Basic components of a comprehensive athletic injury/illness prevention program including: a) physical examinations and screening procedures, b) physical conditioning, c) fitting and maintenance of protective equipment, d) application of taping, special pads, etc., and e) control of environmental risks.

_____2. Common risk factors and causes of athletic injuries in various sports as identified by contemporary epidemiological studies and athletic injury/illness surveillance systems.

_____3 Intrinsic risk factors associated with normal physical and psychological growth and development patterns of the pre-adolescent, adolescent and adult male and female athlete.

_____4. Risk factors associated with congenital or acquired postural abnormalities, physical disabilities and diseases (i.e. epilepsy, diabetes, asthma, congenital heart disease, absence of paired organs, visual impairments, etc.).

_____5. Sports specific risk factors associated with conditioning, coaching methods and motor skill performance.

_____6. Sports specific environmental risk factors associated with climatic

conditions, facilities and equipment, sanitation, etc., and associated risk management procedures/safety guidelines.

_____7. Risk factors associated with biomechanical stress, extrinsic forces and physical demands inherent in the performance of motor skills common to various sports.

_____8. Role of physical examinations and screening procedures in the identification of intrinsic injury/illness risk factors and potential disqualifying conditions.

_____9. Recommended or required components of a pre-participation physical examination as established by institutional policy, governing athletic associations, medical associations or other authoritative groups.

_____10. Organization and administration of pre-participation physical examinations/screening including preparation of records and forms, scheduling of examining personnel, organization of examination site, etc.

_____11. Purpose of standard physical fitness tests and contemporary testing equipment and accepted test protocols for measurement of cardiovascular/respiratory fitness, body composition, posture, flexibility, and muscular strength, power and endurance.

_____12. Role of personal health habits in the prevention of injuries/illnesses including personal hygiene, nutrition, weight control, etc.

_____13. Basic components of in-season and off-season physical conditioning programs for development of cardiovascular/respiratory efficiency, flexibility and muscular strength, power and endurance specific to the needs of individual athletes and to the physical demands of specific sport activities.

_____14. Purposes and effects of contemporary isometric, isotonic and isokinetic strength training equipment.

_____15. Techniques and physiological effects of cardiovascular endurance training and weight training (isometric, isotonic, isokinetic and accommodating resistance exercise) on the musculoskeletal, nervous, cardiovascular and respiratory systems of the human body.

_____16. Effects of various types of flexibility programs and stretching exercises (static, passive, active, PNF techniques) on normal contractile and non-contractile tissues of the human body (muscles, tendons, nerves, fascia, etc.).

_____17. Safety precautions, contraindications and hazards associated with the use of various strength training equipment, conditioning methods and exercise

routines.

_____18. Principles of an effective heat illness prevention program including those pertaining to acclimatization and conditioning, fluid and electrolyte replacement, selection of clothing, monitoring of weight loss and scheduling and organization of practice sessions.

_____19. Normal thermoregulatory mechanisms of the human body including methods of heat dissipation and the associated effects of exposure to high environmental heat and humidity.

_____20. Recommendations, guidelines and policy statements published by professional associations and agencies regarding athletic participation during extreme weather conditions.

_____21. Principles of organization of practice sessions with regard to minimization of injury/illness risk factors.

_____22. Principles of energy absorption and force dissipation as applied to protective capabilities of commercial padding materials and various types and models of standard protective equipment.

_____23. Comparative qualities of various types of protective sports equipment, clothing and commercial padding materials with regard to their effect on body heat dissipation.

_____24. Standards for design and construction, maintenance and reconditioning of protective sports equipment (CSA, NOCSAE, etc.).

_____25. Legal concepts and considerations associated with the purchase, fitting and maintenance of protective sports equipment including those pertaining to product liability, personal liability, shared responsibility, etc.

_____26. Rules and regulations pertaining to the use of special protective equipment, braces, splints, etc as established by governing athletic associations.

Psychomotor Domain (Manipulative and Motor Skills)

_____1. Use of commercial fitness testing equipment, administration of standard physical fitness tests, and recording and interpretation of test results.

_____2. Operation of contemporary isokinetic, isotonic and isometric strength testing devices.

_____3. Administration of static and dynamic postural evaluation and screening

procedures including functional testing for muscle shortening.

_____4. Administration of anthropometric measurement techniques (skinfold measurement, underwater weighing, girth measurements, limb length measurements, height, weight, etc.) and other appropriate physical examination/screening procedures (blood pressure, pulse, etc.)

_____5. Operation and instruction in the use of commercial isometric, isotonic and isokinetic weight training equipment.

_____6. Collection and interpretation of climatic data (temperature, humidity) through the use of appropriate instruments (sling psychrometer, WGBT Index, etc.).

_____7. Selection and fitting of standard protective equipment and clothing consistent with the physical characteristics and needs of individual athletes and the demands of participation in specific sports activities.

_____8. Selection, fabrication and application of appropriate preventive taping, wrapping, splints, braces and other special protective devices consistent with sound anatomical and biomechanical principles.

Affective Domain (Attitudes and Values)

_____1. Acceptance of the moral and ethical responsibility to conduct safe athletic programs and to minimize injury/illness risk factors to the fullest extent possible.

_____2. Appreciation of the importance of developing and implementing a thorough, comprehensive injury/illness prevention program.

_____3. Appreciation of the need for cooperation among administrators, coaches, athletic therapists, athletic trainers, parents and athletes in the implementation of effective injury/illness prevention programs.

DOMAIN II: Recognition and Evaluation

Conducts and thorough initial clinical evaluation of injuries and illnesses commonly sustained by the competitive and recreational athlete or sports participant, and formulates an impression of the injury/illness for the primary purposes of (1) administering proper first aid and emergency care and (2) making appropriate referrals to physicians for diagnosis and medical treatment.

Cognitive Domain (Knowledge and Intellectual Skills)

_____1. Normal anatomical structures of the human body including the musculoskeletal (including articulations), nervous (central and peripheral), cardiovascular, respiratory, digestive, urogenital and special sensory systems.

_____2. Normal physiological functions of the human body including the musculoskeletal, nervous (central and peripheral), cardiovascular, respiratory, digestive, urogenital and special sensory systems.

_____3. A basic understanding of the normal histological structures and their functions within the muscular, skeletal, nervous and cardiovascular systems.

_____4. Anatomical and physiological growth and development characteristics as related to the pre-adolescent, adolescent and adult male and female athlete.

_____5. Principles and concepts of body movement including functional classifications of joints, joint biomechanics, typical ranges of joint motion, joint action terminology, muscular structures responsible for joint actions (prime movers, assistance movers, etc.), skeletal muscle contraction and kinesthesis/proprioception.

_____6. Common injuries to each major body part as indicated by contemporary epidemiological studies of injuries in various competitive sports.

_____7. Characteristic pathology of all common closed soft tissue injuries (sprains, strains, contusions, dislocation, etc.), open wounds (abrasions, lacerations, incisions, punctures, etc.) and fractures.

_____8. The human body's normal immediate and delayed physiological responses to trauma (homeostasis, inflammation, etc.).

_____9. Common etiological factors contributing to injury including congenital and/or acquired structural and functional abnormalities, inherent anatomical biomechanical characteristics, common injury mechanisms and adverse environmental conditions.

_____10. Relationships between etiological factors and resulting injury/illness pathologies.

_____11. Typical symptoms and common clinical signs associated with athletic injuries/illnesses including those associated with local tissue inflammation (cellulitis) and systemic infection (lymphangitis, lymphadenitis, bacteraemia).

_____12. Relationships between typical symptoms and clinical signs and injury/illness pathologies.

_____13. Commonly accepted techniques and procedures for clinical evaluation of common athletic injuries/ illnesses including: a) history, b) observation, c) functional testing (active, passive, isometric resisted), d) special tests, and e) palpation.

Psychomotor Domain (Manipulative and Motor Skills)

_____1. Construction and phrasing of questions appropriate to obtaining a medical history of an injured/ill athlete including a past history and a history of the present injury/illness.

_____2. Identification of observable clinical signs typically associated with common athletic injuries/ illnesses including structural deformities, edema, discolouration, etc.

_____3. Administration of active and passive range of motion tests for all major joints of the body including the use of goniometric measurements.

_____4. Use of manual muscle testing techniques including application of the principles of muscle/muscle group isolation, segmental stabilization, resistance/pressure, grading, etc.

_____5. Administration of appropriate clinical laxity (stress) tests for ligamentous/capsular instability including application of the principles of joint positioning, segmental stabilization, pressure, etc.

_____6. Administration of appropriate sensory and motor neurological tests for intracranial injuries (conscious and unconscious athlete) and injuries to the spinal cord, nerve roots, plexuses and peripheral nerves.

_____7. Administration of commonly used "special tests" for the evaluation of athletic injuries to various anatomical areas (Thompson, test, Apprehension test, etc.).

_____8. Location and palpation of "key" anatomical structures commonly involved in injury pathology including bony landmarks, ligamentous/capsular tissues, musculotendinous structure, abdominal regions, etc.

_____9. Assessment of blood pressure through the use of a sphygmomanometer and evaluation of pulse rate, strength and regularity.

_____10. Incorporation of appropriate examination techniques and procedures into an effective systematic scheme of clinical evaluation.

Affective Domain (Attitudes and Values)

_____1. Acceptance of the professional, ethical and legal parameters which define the proper role of the certified athletic therapist in the evaluation of

athletic injuries/illnesses and medical referral.

_____2. Recognition of the initial clinical evaluation by the certified athletic therapist as an assessment and screening procedure rather than a "diagnostic" procedure.

_____3. Appreciation of the practical importance of thoroughness in the initial clinical evaluation of the athlete's injury/illness.

_____4. Respect for the injured athlete as an individual deserving of quality professional heath care.

_____5. Acceptance of the injured athlete's physical complaint(s) without personal bias or prejudice.

DOMAIN III: Management/Treatment and Disposition

Provides appropriate first aid and emergency care for acute athletic injuries/illnesses according to accepted standards (St. John Ambulance, Canadian Red Cross, Canadian Heart Foundation, or equivalent) and refers injured/ill athletes to appropriate medical/paramedical personnel for evaluation/diagnosis and follow-up care.

Cognitive Domain (Knowledge and Intellectual Skills)

_____1. Basic components of a comprehensive athletic injury emergency care plan including: a) personnel training, b) equipment, c) emergency care facilities, d) communication systems, e) transportation, f) game and practice coverage, and g) record keeping.

_____2. Typical community-based emergency health care delivery plans including communication and transportation systems.

_____3. Typical availability and capabilities of community-based emergency care facilities, common admission and treatment policies, etc.

_____4. Roles and responsibilities of various community-based emergency care personnel (paramedics, emergency medical technicians, emergency room physicians, etc.).

_____5. Legal, moral and ethical parameters which define the scope of first aid and emergency care and identify the proper role of the certified athletic therapist.

_____6. Typical administrative policies and procedures governing first aid and

emergency care including those pertaining to parental consent, notification of parents, accident reports and record keeping.

_____7. Availability, purposes and maintenance of contemporary first aid and emergency care equipment and supplies and commonly recommended contents of emergency care field kits.

_____8. Current standards for first aid and emergency care and cardiopulmonary resuscitation (Canadian Red Cross, Canadian Heart Foundation, etc.).

_____9. Role and function of various medical/paramedical specialists and their respective areas of expertise in the definitive treatment of sports related injuries/illnesses.

_____10. Medical, legal and ethical protocol governing the referral of injured/ill athletes for medical services.

_____11. Standard nomenclature of athletic injuries and communication of identified clinical signs and symptoms to medical personnel using commonly accepted medical terminology.

Psychomotor Domain (Manipulative and Motor Skills)

_____1. Application first aid procedures for closed soft tissue injuries including the use of pressure bandages, ice and elevation.

_____2. Control of external bleeding including the application of direct pressure, arterial pressure and the application of dressings and bandages.

_____3. Application of aseptic techniques in the management of open wounds (sterilization procedures, wound cleansing/debridement, dressing and bandaging, etc.).

_____4. Application of immobilization devices including cervical collars, spine boards, fixation and traction splints, shoulder immobilizers, slings, etc.

_____5. Performance of cardiopulmonary resuscitation techniques according to current standards, including assessment of the level of consciousness and vital signs and identification and removal of airway obstructions due to anatomical or mechanical causes.

_____6. Use of short distance transportation methods including walking assists, manual carries, transfers from ground/floor to stretcher/spine board and stretcher carries.

Affective Domain (Attitudes and Values)

_____1. Acceptance of the professional, ethical and legal parameters which define

the proper role of the certified athletic therapist in the first aid and emergency care of athletic injures/illnesses.

_____2. Appreciation of the importance of developing a thorough, comprehensive athletic injury emergency care plan and the need for continual review and practice of emergency care procedures.

_____3. Realization of the injured athlete's physical, emotional and psychological dependence on the certified athletic therapist as an initial health care provider.

DOMAIN IV: Rehabilitation

Plans and implements a comprehensive rehabilitation/reconditioning program for injuries/illnesses sustained by the competitive and recreational athlete.

Cognitive Domain (Knowledge and Intellectual Skills)

_____1. Basic components of a comprehensive rehabilitation program including determination of therapeutic goals and objectives, selection of therapeutic modalities and exercise, methods of evaluating and recording rehabilitation progress and development of criteria for progression and return to competition.

_____2. Physical/physiological parameters to be evaluated as a basis for the development of individualized rehabilitation programs (muscular strength, muscular endurance, range of motion, etc.).

_____3. Contemporary measurement and functional testing equipment (isokinetic devices, goniometers, dynamometers, calipers, etc.).

_____4. Pathological responses of the human body to trauma, physiological process of wound healing and tissue repaid, effects of trauma and inactivity on specific body tissues (ligaments/capsules, muscles, tendons, bones, etc.) and resulting implication for selection and use of therapeutic modalities and rehabilitation exercises.

_____5. Commonly used techniques of primary and reconstructive surgery, associated anatomical and/or biomechanical alterations and resulting implication for the selection and use of therapeutic modalities and rehabilitation exercises.

_____6. General physiological effects of inactivity and immobilization on the musculoskeletal, cardiovascular, nervous and respiratory systems of the human body and resulting implications for rehabilitation and

reconditioning.

_____7. Role and function of commonly used prescription and non-prescription pharmacological agents in the medical treatment of common athletic injuries/illnesses.

_____8. Contemporary immobilization devices (casting materials, splints, etc.) and special protective/ correction equipment (braces, special, pads, modified taping procedures, orthotics, etc.).

_____9. Contemporary ambulation aids and ambulation techniques (crutch gaits, cane gaits, special ambulation techniques.).

_____10. Contemporary therapeutic modalities (electrotherapy, hydrotherapy, etc.) and exercise equipment (isokinetic, isotonic and isometric devices, stationary bicycles, pulleys, etc.).

_____11. Prevailing pain control theories and associated rationale for the selection and use of physical agents and/or psychological techniques for the control of acute and chronic pain.

_____12. Systemic and local physiological effects of therapeutic heat and cold on normal and traumatized tissues of the human body.

_____13. Principles of electrophysics including basic concepts associated with the electromagnetic and acoustic spectra (frequency, wavelength, etc.) and electrical units (amperes, volts, watts, ohms, etc.).

_____14. Principles of electrophysics and biophysics, specific physiological effects and therapeutic indications and contraindications associated with the use of, but not limited to, the following: a) electrotherapeutic modalities (transcutaneous electrical nerve stimulation, electrical muscle stimulation, galvanism, etc.), b) hydrotherapeutic modalities, c) cryotherapy, d) radiant energy, e) paraffin, f) intermittent compression units g) cervical and lumbar traction units, h) massage, and i) other contemporary therapeutic modalities.

_____15. Mechanical physics as applied to the design and operation of rehabilitation exercise equipment (leverage, force, etc.).

_____16. Specific physiological effects, therapeutic indications and contraindications associated with the use of passive, active, active assisted and resistive (isokinetic, isotonic and isometric) exercise and specific rehabilitation equipment.

_____17. Theory and principles associated with the use of special evaluation/therapeutic exercise techniques including: a) manual muscle testing, b) proprioceptive neuromuscular facilitation (PNF), c) underwater/pool exercises, and d) joint mobilization.

_____18. Typical psychological and emotional responses to trauma and forced physical inactivity as factors affecting the rehabilitation process (motivation, anxiety, apprehension, etc.).

_____19. Comparative effectiveness of taping and bandaging, special padding and standard protective equipment as related to the safe return of injured athletes to competition.

_____20. Environmental risk factors affecting the safe return of injured/ill athletes to competition including those associated with weather conditions, facilities and playing surfaces, inherent physical demands of particular sports, coaching methods, etc.

Psychomotor Domain (Manipulative and Motor Skills)

_____1. Use of manual muscle testing techniques including application of the principles of muscle/muscle group isolation, segmental stabilization, resistance/pressure, grading, etc.

_____2. Measurement and recording of muscular strength, endurance and power through the use of contemporary isometric, isotonic and isokinetic testing devices.

_____3. Measurement of ranges of motion for all major joints of the body through the use of a goniometer or other commonly used techniques.

_____4. Anthropometric measurement including girth measurement, skinfold measurement, underwater weighting, limb length measurement, height, weight, etc.

_____5. Administration of static and dynamic postural evaluation and screening procedures including functional testing for muscle shortening.

_____6. Measurement and fitting of ambulation aids and proper instruction in the use of common crutch/ cane gaits.

_____7. Clinical application of contemporary therapeutic modalities (see Cognitive Domain #14 above) including patient preparation, set-up, determination of dosage and operational procedures.

_____8. Application of passive, active, active assisted and resisted exercise through the use of manual exercise and contemporary commercial exercise equipment.

_____9. Application of proprioceptive neuromuscular facilitation techniques for the development of muscular strength and endurance, muscle stretching and improved range of motion.

_____10. Application of passive and resisted underwater/pool exercise for the improvement of joint range of motion, muscular strength, etc.

_____11. Application of special protective devices (braces, splints, special pads, etc.) and taping, bandaging and wrapping procedures.

Affective Domain (Attitudes and Values)

_____1. Acceptance of the professional, ethical and legal parameters which define the proper role of the certified athletic therapist in the treatment and rehabilitation of injured athletes including the use of drugs and therapeutic agents.

_____2. Acceptance of the moral and ethical obligation to provide for rehabilitation of the injured/ill athlete to the fullest extent possible.

_____3. Respect for the proper role of attending physicians and other medical and paramedical personnel in the treatment and rehabilitation of injured/ill athletes.

_____4. Respect for accepted medical/paramedical protocol involving confidentiality of medical information, medical/therapeutic prescriptions and health care referral as related to the rehabilitation process.

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DOMAIN V: Organization and Administration

Plans, co-ordinates and supervises all administrative components of an athletic therapy/training program including those pertaining to: 1) health care services (physical examinations and screening, first aid and emergency care, follow-up care and rehabilitation, etc.), 2) financial management, 3) training/therapy room management, 4) personnel management, and 5) public relations.

Cognitive Domain (Knowledge and Intellectual Skills)

_____1. Basic legal concepts as they apply to the certified athletic therapist and his/her performance of job responsibilities (standard of care, liability, defence against negligence, informed consent, etc.).

_____2. Typical institution, local and regional health care delivery systems including health care services, medical/allied health care personnel and referral procedures.

_____3. Policies, guidelines and rules and regulations of governing athletic associations, professional associations and other authoritative groups pertaining to the health, safety and welfare of the athlete.

_____4. Local, provincial and federal safety and sanitation standards for health care facilities, therapeutic modalities and other equipment.

_____5. Current guidelines and recommendations for the conduction of athletic physical examination developed by governing athletic associations, medical groups or other related professional organizations.

_____6. Basic components of a comprehensive plan for physical examination and screening of athletes for competition including: a) medical history, b) physical examination, and c) medical authorization for participation.

_____7. Typical organizational plans for conducting individual and group physical examinations, their comparative advantages and disadvantages and the respective roles of various medical and paramedical personnel in each.

_____8. Basic components of an effective physical examination including commonly recommended health factors to be evaluated and potential disqualifying conditions.

_____9. Principles of organizing and co-ordinating group physical examination including scheduling of personnel, preparation of examination sites, etc.

_____10. Ethical and legal considerations associated with the conduction of physical examinations and treatment as related to confidentiality of medical information, medical authorization for participation, record keeping, as well as other duties association within the scope of practice.

_____11. Basic records and forms (medical history, physical examination, medical authorization, etc.) and filing systems pertinent to the conduction of athletic physical examinations.

_____12. Basic concepts of organizing and co-ordinating a drug testing and screening program.

_____13. Current banned drug lists published by various governing athletic associations (IOC, COA, CIAU).

_____14. Basic components of a comprehensive athletic injury/illness emergency care plan including those pertaining to: a) personnel training, b) purchase, maintenance and storage of supplies and equipment, c) identification of emergency care facilities, d) developments of communication and transportation systems, e) assignment of personnel for emergency care coverage, and f) accident reporting and record keeping.

_____15. Basic records and forms pertaining to the management of athletic injuries including those used for: a) securing emergency care information and parental consent, b) accident reporting, c) medical referral, d) documentation of treatment, e) recording of rehabilitation progress, and f)

release of medical information.

_____16. Computer operations as related to data collection, record keeping and data analysis.

_____17. Typical policies and procedures associated with athletic hearth care insurance including those pertaining to common benefits and exclusions, preparation and submission of claims and financial restitution.

_____18. Current athletic injury/illness surveillance and reporting systems.

_____19. Principles of therapy/training room management related to the acquisition and maintenance of supplies and equipment including supply inventory and needs assessment, evaluation and selection of products, development and submission of budget requests and purchase orders, bidding procedures, etc.

_____20. Principles of training room management and operation including those pertaining to assignment of personnel, scheduling and supervision of therapy/training room services, storage and use of supplies and equipment, cleaning and maintenance, etc.

_____21. Federal and/or provincial regulations pertaining to safety and sanitary standards for health care facilities and the installation and maintenance of therapeutic equipment.

_____22. Basic architectural considerations pertinent to the design of safe and efficient athletic therapy/ training rooms.

_____23. Purposes and functions of exercise equipment, therapeutic modalities and other equipment and supplies essential to equipping an athletic therapy/training room.

_____24. Principles of personnel management including a) recruitment and selection of athletic therapy staff members (students and full-time), b) development of policies and procedures governing employment (job responsibilities, codes of conduct, operational procedures, etc.), c) development of work schedules and assignment of personnel for therapy/training room, practice and game coverage, and d) in-service training.

_____25. Principles in recruitment, selection, employment and utilization of team physicians and other medical/allied health care personnel in the deployment of athletic health care services.

Psychomotor Domain (Manipulative and Motor Skills)

Affective Domain (Attitudes and Values)

_____1. Acceptance of the professional, ethical and legal parameters which define the proper role of the certified athletic therapist in the administration and implementation of athletic health care delivery systems.

_____2. Recognition and acceptance of the need for organization and conduction of athletic therapy/ training programs on the basis of sound administrative policies and procedures.

_____3. Acceptance of the responsibility for completion of paper work and maintenance of records associated with the administration of athletic therapy/training programs.

_____4. Respect for the roles of medical personnel, administrators and other staff members in the organization and administration of athletic therapy/training programs and recognition of the need for cooperation among involved personnel.

_____5. Recognition and acceptance of the need for good interpersonal relationships between the athletic therapy staff and athletes, medical/paramedical personnel, coaches and other institution personnel.

_____6. Recognition and acceptance of the importance of good public relations with the media (radio, television, press), parents and the general public.

DOMAIN VI: Education and Counselling

Provides health care information and counsels athletes, parents and coaches on matters pertaining to the physical, psychological and emotional health and well-being of the athlete. Interprets the role of the certified athletic therapist as a health care provider, promotes athletic therapy as a professional discipline and provides instruction in athletic therapy/sports medicine subject matter areas.

Cognitive Domain (Knowledge and Intellectual Skills)

_____1. Role of coaches and athletes in reducing the risk of injury/illness including those related to physical conditioning, acclimatization, fluid and electrolyte replacement, care and maintenance of protective equipment,

organization of practice sessions, coaching methods, etc.

_____2. Physiological effects of physical activity on menstruation (oligomenorrhea, amenorrhea, dysmenorrhea) and associated psychological considerations.

_____3. Principles of nutrition including the roles of carbohydrates, proteins, fats, vitamins, minerals and water as they relate to the nutritional needs of the competitive and recreational athlete.

_____4. Prevailing misconceptions regarding the proper utilization of foodstuffs including common food fads and fallacies, dietary supplements, weight control diets, etc.

_____5. Symptoms and clinical signs of common eating disorders (anorexia nervosa, bulimia, nervosa, etc.).

_____6. Principles of weight control including methods of determining body fat percentage and caloric requirements and the effects of exercise and fluid loss.

_____7. Physiological processes and time factors involved in the digestion, absorption and assimilation of various foodstuffs as related to the design and planning of pre-game/pre-event meals including consideration of menu content, scheduling and the effects of pre-event tension and anxiety.

_____8. Physiological effects, comparative benefits and contraindications of the use of ergogenic aids (drugs, foodstuffs, physical agents, etc.).

_____9. Effects of commonly abused drugs and other substances on the athlete's physical and psychological health and athletic performance (alcohol, tobacco, stimulants, steroids, narcotics, etc.).

_____10. General principles of health maintenance and personal hygiene pertaining to skin care, dental hygiene, environmental sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, weight control, etc.

_____11. Risk factors associated with the exposure to blood and body secretions (AIDS, STDs, etc.).

_____12. Common signs and indications of mental disorders (psychoses, etc.), emotional disorders (neuroses, depressions, etc.), or personal/social conflict (family problems, school related stress, personal assault/abuse, etc.).

_____13. Contemporary personal and community health issues and commonly available school health services, community health agencies and community based psychological and social support services.

_____14. Role and function of various community-based medical/paramedical specialists (orthopaedists, neurologists, internists, etc.) and other health care providers (psychologists, counsellors, social workers, etc.).

_____15. Accepted protocol governing the referral of athletes for medical, personal health, psychological or social services.

_____16. Availability of education materials and programs in health related subject matter areas (audio-visual aids, pamphlets, newsletters, workshops, seminars, etc.).

_____17. Techniques and methods for the dissemination of information about injury prevention and health care among athletes, coaches, parents and the general public (team meetings, parents' night, workshops, seminars, etc.).

_____18. Physical requirements of various sports activities as related to the injured/ill athlete's readiness to resume athletic participation.

_____19. History and development of athletic therapy and sports medicine in Canada.

_____20. History of the Canadian Athletic Therapists' Association including historical events and contributions of influential leaders.

_____21. Organizational structure, goals and objectives, professional activities, Constitution, Scope of Practice, Code of Ethics, and other documents of the Canadian Athletic Therapists' Association.

_____22. Current activities and requirements pertaining to the professional preparation, credentializing (certification/licensure) and continuing education programs of athletic therapists in Canada.

_____23. Availability of continuing education opportunities and resources for certified athletic therapists.

_____24. Purposes, objectives and professional activities of major medical/paramedical organizations and other professional sports medicine groups in Canada.

_____25. Contemporary issues and problems confronting athletic therapy/sports medicine and their effects on athletic health care in Canada.

_____26. Comprehension of basic research design and statistical analysis and ability to interpret research in athletic therapy, sports medicine and related areas.

_____27. Tasks required for entry-level proficiency of athletic therapists within the six major domains as described in the document "*COMPETENCIES IN*

ATHLETIC THERAPY."

_____28. Theoretical concepts, knowledge and technical skills comprising the subject matter of athletic therapy (i.e. Competencies in Athletic Therapy).

_____29. Basic principles of learning and motivation and methods of classroom instruction including instructional techniques, use of audio-visual aids, test construction and evaluation of student competencies.

_____30. Principles of organizing laboratory/clinical experiences and techniques of instruction in applied skills.

_____31. Theories and techniques of interpersonal communication among athletic therapists, athletes, administrators, coaches, health care professionals, parents and others.

_____32. Principles of planning and organizing workshops, seminars and clinics in athletic health care for personnel, administrators, coaches and the general public.

_____33. Psychological parameters associated with performance enhancement and rehabilitation.

Psychomotor Domain (Manipulative and Motor Skills)

Affective Domain (Attitudes and Values)

_____1. Acceptance of the professional, ethical and legal parameters which define the proper role of the certified athletic therapist in providing health care information and counselling.

_____2. Acceptance of the responsibility to provide health care information and counselling consistent with the certified athletic therapist's professional training and expertise.

_____3. Recognition of the certified athletic therapist's role as a liaison between athletes, coaches, health care professionals, parents and other involved individuals.

_____4. Acceptance of the moral and ethical responsibility to intervene in situations of suspected or known use and/or abuse of legal and illegal drugs and chemicals.

_____5. Acceptance of the professional, ethical and legal parameters which define the proper role of the certified athletic therapist as an educator.

_____6. Acceptance of the responsibility to interpret and promote athletic therapy

as a professional discipline among allied professional groups and the general public.

_____7. Acceptance of the professional responsibility to remain abreast of current theory and practice in athletic therapy and sports medicine.

_____8. Acceptance of the responsibility to enhance the professional growth of athletic therapy students, colleagues and peers through a continual sharing of knowledge and skills.

_____9. Acceptance of the professional responsibility to create learning experiences which will provide athletic therapy students with an opportunity to develop the competencies necessary for effective functioning as a certified athletic therapist.