

## CURRICULAR CONTENT

Please be advised that in addition to stakeholder feedback the Commission is also soliciting feedback from regulatory agencies regarding the impact of these Standards to ongoing regulatory efforts. Feedback can be provided at:  
<https://www.surveymonkey.com/r/curricularcontentdraft>

This section of the Standards contains the knowledge, skills, and behaviors that must be incorporated and assessed throughout the educational program. The language used in this section describes the capabilities and level of competence that the athletic training student is expected to acquire prior to completion of their professional athletic training education.

The Curricular Content Standards are less prescriptive in nature to allow program administrators and faculty to identify contemporary best practices and to determine the basic knowledge needed to translate to clinical application. Specific skills are introduced or reinforced in some instances; however, these lists of skills are not intended to be all-inclusive of the content necessary to meet the Standard but, rather, to emphasize skills that must be included within the professional curriculum. These skills are either relatively new to athletic training practice or warrant continued curricular emphasis.

Central to these Standards is the development of healthcare professionals who have attained the necessary critical thinking skills to best deliver patient-centered care. Professional behaviors and the core competencies for healthcare providers are woven throughout. The number of Standards on a given topic area is not necessarily reflective their relative level of emphasis in a program's curriculum.

PROFESSIONAL RESPONSIBILITIES	
<b>Standard 1</b>	Practice ethical healthcare that aligns with the BOC Standards of Professional Practice, the NATA Code of Ethics, and applicable local, state, and federal regulations.
<b>Standard 2</b>	Respond to ethical situations using reasoning that aligns with professional ethics and values.
<b>Standard 3</b>	Describe the role of the athletic trainer as a healthcare provider within the context of an evolving healthcare system.
<b>Standard 4</b>	Understand the current healthcare system including but not limited to...
<b>Comments</b>	<b>For Open Comment:</b> We would like to have a Standard that speaks to understanding the global healthcare system (at the macro level). Provide suggestions for wording and inclusion.
<b>Standard 5</b>	Practice collaboratively with other healthcare professionals.
<b>Standard 6</b>	Practice in a manner that is not prejudicial or discriminatory towards anyone in a protected class and/or regardless of the individual's background, characteristics, beliefs, and circumstances.
<b>Standard 7</b>	Comply with local, state, federal, institutional/organizational laws and regulations that pertain to healthcare delivery.

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PROFESSIONAL RESPONSIBILITIES	
<b>Standard 8</b>	Use evidence-based practice as a foundation for the delivery of patient-centered care.
<b>Standard 9</b>	Advocate for the profession in the public domain and through legislative processes.
<b>Standard 10</b>	Advocate for the needs of patients/clients, communities, and populations.
<b>Standard 11</b>	Perform self-assessments of professional competence and create professional development plans to maintain necessary credentials and promote on-going learning strategies.
<b>Standard 12</b>	Develop critical thinking skills to solve problems that impact patient care, the practice of athletic training, and the healthcare system.
<b>Standard 13</b>	Communicate effectively with all stakeholders, including patients/clients, family members, athletes/coaches, administrators, other healthcare professionals, consumers, payers, and policy makers.
<b>Standard 14</b>	Engage in activities that advance the profession. (eg, research, community outreach, service).
<b>Standard 15</b>	Appreciate the professional development needs for newly credentialed athletic trainers during the transition to practice phase, and the importance of serving as mentor/preceptor for students and new professionals.
<b>Standard 16</b>	Develop strategies for the delivery of healthcare that account for social, economic, and health disparities.
<b>Standard 17</b>	Altruism
<b>Comments</b>	<b>For Open Comment:</b> We would like to capture the concept of altruism, outside of providing services for free, that includes the concepts of providing services to the underserved and placing the needs of the patient above your own (selflessness). Suggested language for the Standard is welcome.

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ORGANIZATION AND DELIVERY OF CARE	
<b>Standard 18</b>	<p>Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including but not limited to the ability to:</p> <ul style="list-style-type: none"> <li>• Maintain data privacy, protection, and data security</li> <li>• Make use of medical classification systems and terminology</li> <li>• Create, manage, and review electronic health records</li> <li>• Collect, monitor, and use longitudinal biometrics and physiologic monitoring data</li> </ul>
<b>Standard 19</b>	<p>Use the International Classification of Functioning, Disability, and Health (ICF) as a foundation in describing a patient's status.</p>
<b>Standard 20</b>	<p>Comply with relevant healthcare standards, statutes, and regulations. These standards, statutes, and regulations include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Mandatory reporting obligations</li> <li>• Health Insurance Portability and Accountability Act (HIPAA)</li> <li>• Family Education Rights and Privacy Act (FERPA)</li> <li>• Universal Precautions/OSHA Blood Borne Pathogen Standards</li> <li>• Pharmacologic management</li> </ul>
<b>Standard 21</b>	<p>Apply business principles to the management of physical, human, and financial resources in the administration and delivery of healthcare services, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Strategic planning</li> <li>• Management of a physical facility that is compliant with current standards and regulations</li> <li>• Identification and mitigation of sources of risk to the individual, the organization, and the community</li> </ul>
<b>Standard 22</b>	<p>Implement a comprehensive patient screening and pre-participation examination process for determining participation status as well as to identify individuals who are in need of intervention, education, referral, and activity modification.</p>
<b>Standard 23</b>	<p>Use contemporary documentation techniques to effectively communicate with patients, medical professionals, insurers, and other relevant stakeholders. These include using a comprehensive electronic record management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes, and billing.</p>

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ORGANIZATION AND DELIVERY OF CARE	
<b>Standard 24</b>	Develop systems for the collection, analysis, and translation of healthcare outcomes to determine appropriate changes to improve patient care.
<b>Standard 25</b>	Implement <a href="#">practice patterns</a> that adhere to standards and best practices.
<b>Standard 26</b>	Implement systems of quality assurance and improvement in the delivery of cost effective health care.
<b>Standard 27</b>	Apply principles and policies of public health, including integration of epidemiological data, in planning prevention programs and the care of patients/clients, communities, and populations.
<b>Standard 28</b>	Create and implement policies that pertain to emergency preparedness. These policies address emergencies that occur in community, workplace, and athletic venues, and also situations with multiple casualties, terrorism, and natural disasters.
<b>Comments</b>	This is directly related to Department of Homeland Security inclusion of athletic training in their initiative "Stop the Bleeding."
<b>Standard 29</b>	Organize and provide athletic training services in a way that prioritizes patient/client care to maximize efficiency.
<b>Comments</b>	<b>For Open Comment:</b> We would like to capture the need for ATs to balance competing needs for patient/client care against non-healthcare related tasks and requests for coverage that are not based on injury trends. Does this language capture that?

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The AT will utilize critical judgment, problem solving, clinical reasoning, and evidence in the delivery of patient/client care and enhancement of patient/client health and well-being. Specific content is based on the best available evidence, including position papers, clinical practice guidelines, and consensus statements.

PATIENT/CLIENT CARE	
<b>Standard 30</b>	Practice in a manner that respects the cultures, values, and circumstances (eg, socioeconomic status, mental status) of individual patients and clients.
<b>Standard 31</b>	Reassess the patient's status, including the use of appropriate outcome measures, on an on-going basis and adjust care accordingly with consideration of patient goals.
<b>Standard 32</b>	Establish a coordinated plan of care from patient intake through transfer and/or discharge, to include referral when appropriate.
<b>Standard 33</b>	Empower the patient to participate in their health care through the inclusion of patient education and self-care programs.
<b>Standard 34</b>	<p>Perform a comprehensive examination to formulate a clinical diagnosis and treatment plan. This exam includes:</p> <ul style="list-style-type: none"> <li>A. Obtaining a medical history from patient/client or other individual</li> <li>B. A review of systems</li> <li>C. Assessment of function (including gait and patient-specific functional tasks)</li> <li>D. Selection and utilization of appropriate tests and measures including those that assess the following;               <ul style="list-style-type: none"> <li>1. Musculoskeletal system,</li> <li>2. Neurological system, (sensory, motor, reflex, balance, cranial nerves)</li> <li>3. Integumentary system</li> <li>4. Cardiovascular system (including auscultation)</li> <li>5. Respiratory system (including auscultation)</li> <li>6. Eyes, ears, nose, and throat</li> <li>7. Dental</li> <li>8. Reproductive System</li> <li>9. Genitourinary System</li> <li>10. Gastrointestinal System</li> <li>11. Endocrine System</li> <li>12. Mental Status</li> <li>13. Pain</li> <li>14. Anaerobic and aerobic capacity and endurance</li> </ul> </li> <li>E. Evaluation of all results to make a clinical judgement regarding the treatment/intervention plan</li> </ul>

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PATIENT/CLIENT CARE	
<b>Standard 35</b>	Identify the necessary and appropriate diagnostic tests (including imaging, blood work, urinalysis, EKG/ECG), and use the results to make a clinical judgment.
<b>Standard 36</b>	Develop and implement a plan of care (pre-, post-, and non-surgical conditions) designed to meet the needs of the patient.
<b>Standard 37</b>	<p>Prescribe and perform therapeutic interventions to address identified impairments, functional limitations, and participation restrictions.</p> <p>Interventions include:</p> <ul style="list-style-type: none"> <li>A. Therapeutic and corrective exercise</li> <li>B. Joint mobilization and manipulation</li> <li>C. Soft tissue techniques</li> <li>D. Gait training</li> <li>E. Myofascial, trigger point, and connective tissue therapies</li> <li>F. Proprioceptive activities</li> <li>G. Task-specific functional training</li> <li>H. Therapeutic modalities</li> </ul>
<b>Standard 38</b>	<p>Integrate restrictive, assistive, and prophylactic devices into the plan of care; including the following:</p> <ul style="list-style-type: none"> <li>A. Durable medical equipment</li> <li>B. Orthotic devices</li> <li>C. Taping, bracing, splinting, and casting</li> <li>D. Prosthetics</li> <li>E. Gait training devices</li> </ul>
<b>Standard 39</b>	Identify and select appropriate pharmacological agents for the management of a patient's medical condition considering indications, contraindications, dosing, interactions, adverse reactions, and patient education.
<b>Standard 40</b>	Give medications using enteral (oral, sublingual, rectal, and buccal), parenteral (inhalation; intravenous, subcutaneous, and intramuscular injections; topical, transdermal) route of administration appropriate to the drug and the patient.

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### PATIENT/CLIENT CARE

**Standard 41** Evaluate and manage patient(s) with acute conditions including triaging those that are life threatening or otherwise emergent. These conditions include but are not limited to:

- A. Cardiac compromise (including use of CPR/AED, supplemental oxygen, suction, adjunct airways, pharmacological intervention)
- B. Respiratory conditions (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers)
- C. Environmental related conditions: cold, heat, lightning (including use of rectal thermometry)
- D. Cervical spine compromise
- E. Internal and external hemorrhage (including use of a tourniquet)
- F. Fractures and dislocations (including reduction of dislocation)
- G. Anaphylaxis
- H. Exertional sickling, rhabdomyolysis, and hyponatremia
- I. Diabetic emergencies (including use of glucometer)
- J. Drug overdose
- K. Wound care (including suturing and surgical adhesives)
- L. Testicular injury (including trauma and torsion)
- M. Other musculoskeletal injuries

**Standard 42** Develop and implement a management plan for a person with a brain injury, including:

- A. Education of all stakeholders
- B. Recognition, appraisal, and mitigation of risk factors
- C. Selection and interpretation of baseline testing
- D. Agreement on a protocol to be followed including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation

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<b>Standard 43</b>	Evaluate and treat a patient who has sustained a brain injury, including: <ul style="list-style-type: none"> <li>A. Performing a comprehensive examination designed to recognize concussion or other brain injury in keeping with current best practice (including but not limited to neurocognitive evaluation, assessment of the vestibular and vision systems, psychological assessment, sleep assessment, exertional testing, nutritional status, clinical interview)</li> <li>B. Re-examination of the patient on an on-going basis.</li> <li>C. Recognition of an atypical response to brain injury</li> <li>D. Implement a treatment plan (addressing vestibular and vision disturbance, vision, psychological needs, nutrition, sleep, hygiene, exercise, academic and behavioral accommodations, and risk reduction.)</li> </ul>
<b>Standard 44</b>	Develop and implement an emergency action plan (EAP) to manage a patient with a behavioral health crisis.
<b>Annotation</b>	This plan should be developed collaboratively utilizing available resources.
<b>Standard 45</b>	Identify (with the use of basic screening tools), refer, and give support to patients with behavioral health conditions including but not limited to suicidal ideation, depression, anxiety disorder, psychosis, mania, eating disorders, and attention deficit disorders. Facilitate case management, while working with other healthcare professionals, to monitor a patient's treatment (including counseling and psychopharmacologic intervention) and progress.
<b>Standard 46</b>	Understand and apply principles of disease prevention and behavioral change appropriate for specific populations with which patients may identify. Understand the links among healthy lifestyles, prevention, and the cost of health care.
<b>Standard 47</b>	Develop, implement, and monitor prevention strategies for at-risk individuals/ groups (eg, persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait, persons at risk of cardiac conditions) to allow safe physical activity in a variety of conditions.
<b>Standard 48</b>	Recommend and educate clients/patients on fluids and nutrients for pre-activity, activity, and recovery for a variety of activities and environmental conditions.

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PATIENT/CLIENT CARE	
<b>Standard 49</b>	Educate clients/patients on the importance of nutrition, healthy caloric intake, hydration, regular exercise, and general preventative strategies for improving or maintaining health and quality of life.
<b>Standard 50</b>	Select and use biometrics/physiological monitoring systems and translate the data into effective preventative measures, clinical interventions, and performance enhancement.
<b>Standard 51</b>	Educate clients/patients about effects and risks of misuse and abuse of alcohol, and prescription and recreational drugs.
<b>Standard 52</b>	Develop, implement, and assess the effectiveness of exercise/fitness programs that promote a healthy lifestyle, wellness across the lifespan, reduced injury risk, disease prevention, and improved sport, work, and physical performance.
<b>Standard 53</b>	Select, apply, remove, evaluate, and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to minimize the risk of injury or re-injury during physical activity.
<b>Standard 54</b>	Monitor and evaluate environmental conditions to make appropriate recommendations to start or stop activity in order to prevent environmental illness or injury.
<b>Standard 55</b>	Incorporate contemporary behavioral change theory when educating clients/patients and associated individuals to effect health-related change.
<b>Standard 56</b>	Develop and implement an exercise program to maximize sport performance (including strength, endurance, speed, balance, and agility) that is specific to the client's activity.
<b>Standard 57</b>	Educate clients/patients about the physiological effects and risks of taking performance-enhancing drugs/substances and ergogenic aids.